

Application Form

Organization Information

Brief Project Descriptor

Please briefly describe this organization's request.

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*

WestCare GulfCoast-Florida Inc.

Proposal Name*

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

WCGC Camp Mariposa St. Petersburg

EIN*

59-3714627

Incorporation Year*

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

2001

Organizational Mission Statement*

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

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

Unique Entity ID (SAM)

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

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

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

Character Limit: 12

HNG6XDT1MNL5

Annual Operating Budget Size*

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

\$13,379,960.00

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.

\$59,575.00

Request Specifics

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.

WestCare GulfCoast-Florida, Inc. (WCGC), a community-based nonprofit organization, is part of the WestCare Foundation network operating in 17 States and 3 Territories. WCGC consistently demonstrates its capacity to achieve programmatic goals, manage public funds, and exceed reporting requirements of funders. WCGC operates in compliance with OMB Uniform Guidance, is independently audited, is accredited by The Commission on Accreditation of Rehabilitation Facilities and is licensed by Florida Department of Children and Families. WCGC has provided homeless services since 2001, including an emergency intervention shelter, transitional housing, supportive housing, wraparound services, case management, skills education, and treatment of substance use and co-occurring disorders. WCGC's proposed purchase of a passenger van and trailer supports our program Camp Mariposa and is strongly aligned with ARPA Round 2 Priority Funding for mental health and substance use disorders. Camp Mariposa is an award-winning national addiction prevention and mentoring program serving youth ages 9-12 who are affected by the substance use disorder of a loved one. Eluna has partnered with WCGC for the past seven years to serve youth from Pinellas County. Eluna is a national non-profit organization with a mission to support children and families impacted by grief or addiction, and currently works with substance abuse disorder and mental health issues-focused organizations such as WCGC to offer Camp Mariposa in 19 communities across the United States. In 2022, over 90% of the youth served through Camp Mariposa had not used any substances to get high and had not

been involved in the juvenile justice system. WCGC's goal with Eluna's support is to increase this program's capacity by 16% additional children and families served annually. Funding for a new van and trailer will both enable this vital program to reach this goal and meet ARPA's Round 2 Priority Funding.

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.

WCGC's Camp Mariposa St. Petersburg supports youth ages 9-12 who have been affected by the addiction of a family member. It does this in two ways: provides preventative coping and resiliency mechanisms and prosocial peer support/mentoring. The Florida State University College of Criminology & Criminal Justice's "Predicting Reoffending and Informing Treatment for Florida Residential Youth FINAL PROJECT REPORT" (June 30, 2020) identifies prosocial peers as a top key predictor of reoffending among youth in the Florida juvenile justice system. Camp Mariposa's model provides an opportunity for children to reduce risk factors and begin to break the intergenerational cycle of substance abuse and addiction. WCGC's Camp Mariposa St. Petersburg is the only program of its kind in Pinellas County offering free weekend camp experiences that enhances and celebrates resiliency: "I came to Camp Mariposa to learn how to deal with my dad's drug addiction. I've never had a friend before I could talk to but here everyone understands what I'm going through. I learned healthy ways to cope with addiction in my family and that I can make choices to be different", Jessica age 11. Camp Mariposa addresses Pinellas County gaps in services. The Florida Department of Juvenile Justice's "2020 Service Continuum Analysis" findings show the top resource gaps for these youth and their families are: 'structured activities/prevention programs and mentoring.'" According to the data in this Service Continuum Analysis, Pinellas County youth like Jessica above, face the alarming rate of criminal violence among her peers in Pinellas County where nearly 20% of all felony and misdemeanor arrests occurred on school grounds, a school bus stop, or at a school activity. "In 2022, over 90% of the youth served through Camp Mariposa had not used any substances to get high and had not been involved in the juvenile justice system", Brian Maus - Director of Addiction Prevention and Mentoring Programs, Eluna.

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.

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

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

Proposal Description*

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

Please describe your purchase proposal and address the following:

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

The project undertaken with these funds is the purchase of a new passenger van and trailer for WCGC's Camp Mariposa St. Petersburg. The current van is over 15 years old and both this vehicle and current trailer were over-utilized during the COVID 19 pandemic. Not only were these vehicles used for transporting youth participants and their gear to camp and back, the van was used to take adult clients of WCGC's treatment and

recovery services to work due to the passenger number restrictions on public buses. The existing trailer was additionally used to pick up donations. A new van and trailer will both help to expand existing numbers of youth in the program from 18 to 25 every other month and be a reliable client transport back up in case the older van and trailer breakdown and are no longer repairable from overuse during the pandemic. The estimated life span of a new vehicle and trailer is expected to be over ten years with upkeep and needed repairs.

The combined budget deficit for residential treatment, outpatient, and MAT services was \$1,026,831 during FY21. WCGC's Residential and Outpatient programs are critical sources of unrestricted revenue and this deficit directly impacted WCGC's ability to purchase equipment or start capital projects. Comparing our negative economic harm of \$1,026,831 with a total budgetary project request of \$1,533,551, and a total agency budget of \$13,466,026, we believe our request is reasonable and proportional to the level of economic impact our organization experienced.

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?

In line with the one of the guiding principles of this fund, WCGC Camp Mariposa St. Petersburg serves one of the most vulnerable priority populations, those who experience the unfortunate generational cycles of substance use disorders, mental health issues, and criminal recidivism inherent in the lives of youth and their families experiencing entrenched and persistent poverty. The National Institute on Drug Abuse reports that individuals with substance use disorder are 1.5 times more likely to contract COVID-19 (<https://www.drugabuse.gov/drug-topics/comorbidity/covid-19-substance-use>). Public health agencies have widely reported increased mental health needs related to depression and anxiety exasperated by pandemic-related financial stress and isolation. Research published in The Lancet Psychiatry ([https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366\(20\)30462-4/fulltext](https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(20)30462-4/fulltext)) indicates at 18.1 percent of individuals diagnosed with COVID-19 also have a psychiatric diagnosis within three months, 5.8 percent of which is a first psychiatric diagnosis.

Additionally, WCGC specializes in serving populations with high vulnerability including individuals experiencing entrenched generational poverty, at risk of homelessness, individuals with substance misuse and co-occurring disorders, and Veterans. Based on tracked program data, at least 90% of clients are in the 30% Area Median Income (AMI) bracket, and the other 10% of clients are in the 50% and 80% AMI bracket.

Number Served*

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

25

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
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.

The communities from which clients will benefit from this capital purchase represent the most economic and socially challenged in the St. Petersburg and Pinellas County demographic areas. The intent and goal of Camp Mariposa is to provide resilience and support as key prevention activities and thereby reducing the disproportional negative impacts of the pandemic on these vulnerable communities struggling with both substance use disorders and mental health issues endemic in entrenched generational poverty and underserved communities. The capital purchase of a passenger van and trailer will be put into use every other month for WCGC Camp Mariposa St. Petersburg's weekend long camp activities which takes place at the DaySpring Episcopal Conference Center located at 8411 25th St E, Parrish, FL 34219 located near the Tampa metropolitan area. WCGC staff will use the passenger van and trailer to transport youth participants and camping gear from WCGC office location 1735 Dr Martin Luther King Jr St S, St Petersburg, FL 33705 to and from DaySpring. In 1979, the Episcopal Diocese of Southwest Florida recognized the need for a place where guests from all over the world could congregate in a tranquil, transformative environment. DaySpring found an idyllic home in what is now 97 acres of "Old Florida" property along the north bank of the Manatee River. Today, DaySpring welcomes hundreds of groups a year, as well as their adult and youth programs, camps and daytime events. all located near the Tampa metropolitan area.

Headquarters Location*

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

8800 49th Street N #402 Pinellas Park, FL 33782

QCT Determination - Headquarters*

Is this organization headquartered in a QCT?

Further determination required

Community Connection

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.

WCGC has a myriad of active connections and referral linkages within the community our proposal seeks to serve. WCGC is an active participant in the HLA CoC. WCGC actively attends meetings and participates in the Provider's Council, Veterans, and Coordinated Entry Subcommittees. WCGC also works closely with Pinellas and Pasco County Health and Human Services, Pinellas and Pasco County Jails, the Pinellas County Health Department, the Veteran's Administration and others. In our outreach for WCGC Camp Mariposa St. Petersburg, we connect with Pinellas County schools, community centers, and places of worship and congregations.

WCGC Active and Ongoing Community Partnerships and Linkages:

Pinellas County: Department of Health and Human Services: provides to WCGC Public health services, smoking cessation, wellness programs, nutrition education, mobile medical unit, and warm handoffs to weekly health van for Blue Card system of primary health care. Bay Pines Veteran Homeless Assistance: provides to WCGC VA services available to Veterans, including health and veteran's benefits. Accepts referrals from WCGC for VA assistance and benefits administration. Pinellas County Department of Health: provides to WCGC immunizations and vaccines, COVID-19 care, infectious disease care, TB screenings, VH/STI testing and counseling, HIV confirmatory testing and navigation, counseling, health care and public health services. BayCare Medical Group; BayCare Health System; BayCare Pathways to Hope: provides to WCGC primary care, health coverage & urgent, emergency, specialty and primary care, lab services, and imaging. Pathways to Hope provides SA/MH navigation services. Additional referrals include community-based ARNP for homeless services, St. Anthony Hospital urgent care and medical detox, and referral source for SUD treatment. Pinellas County Sheriff's Office: Pinellas Safe Harbor is an emergency homeless shelter and a jail-diversion program designed to be a safe haven for people who are homeless and require services to get back on their feet. Linkages also include referral sources for individuals requiring SUD treatment services.

Leadership Demographics - Board Membership*

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

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

BIPOC
LGBTQ+

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."

BIPOC
LGBTQ+

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."

BIPOC
LGBTQ+

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.

Bid/Estimate #1*

PDF files are accepted.

Estimate 1.pdf

Bid/Estimate #2*

PDF files are accepted.

Estimate 2.pdf

Bid/Estimate #3

PDF files are accepted.

Estimate 3.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.

Otherwise, write "N/A" below.

N/A

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.

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.

The current passenger van we use to transport children to weekend camps is 15 years old with high milage and our trailer to transport all things needed for camp and for family fun days is 28 years old and has been repaired multiple times. We are requesting a passenger van and a trailer to replace the older van and trailer, so we have safer equipment to transport the children, their belongings, and all items needed for camp activities.

We have taken the average of the highest and lowest quotes for the passenger van to give a good estimate of cost for it. The trailer will be of good construction and able to carry all equipment needed for the children such as cots, bedding, towels, containers with crafts, outdoor activity equipment, hygiene needs, and any other items as needed for each camp.

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.

There are no additional funding sources.

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.

This purchase does not affect operating costs.

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.

GCFL 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

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.

WCGC Organization Budget.pdf

Board of Directors List*

Please upload your Board of Directors list.

Excel, Word, and PDF file formats are accepted.

Board of Directors.pdf

IRS Form 990*

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

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

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

Only PDF files are permitted.

WCGC 990.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.

WCGC Financial Statement.pdf

Post-Grant Requirements

Reporting Requirements Acknowledgment*

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

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

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

If you have any questions, please contact Rose Cervantes, ARPA Program Officer at rcervantes@pinellascf.org.

Yes, I agree to submit this grant agreement and impact report within the specified timeframes.

Additional Information

Additional Upload

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

Supporting documents.pdf

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

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

Applicant File Uploads

- Estimate 1.pdf
- Estimate 2.pdf
- Estimate 3.pdf
- GCFL Insurance.pdf
- WCGC Organization Budget.pdf
- Board of Directors.pdf
- WCGC 990.pdf
- WCGC Financial Statement.pdf
- Supporting documents.pdf



#1 HAULSTAR CARGO,
ROCK SOLID CARGO,
SPARTAN CARGO, &
DOWN TO EARTH
TRAILER DEALER

☎ 1-800-270-6264 (tel:18002706264)



(<https://www.facebook.com/southerntrailerdepot/>)

📍 MAP & HOURS DOUGLAS, GA (/contact-us)

- TRAILERS FOR SALE
- CUSTOM CARGO TRAILERS
- TRAILER OPTIONS
- PRICING
- OUR REVIEWS (/OUR-REVIEWS)
- CONTACT US
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New 2023 - Rock Solid Cargo 8.5x16 Enclosed Trailer 10K - GVWR

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(https://s3.amazonaws.com/distillery-trailercentral/1e80P4/0K6o4m/New_2023_-_Rock_Solid_Cargo_8.5x16_Enclosed_Trailer_w_Polycore_Exterior_and_10K_-_GVWR_YD8Hplp371em.jpg)



Item Location

Southern Trailer Depot Sales Lot
www.southerntrailerdepot.com
sales@southerntrailerdepot.com
25 Harvey Vickers Rd
Douglas, Georgia, 31535
(800) 270-6264

This item is currently on special!

Stock No: 287

Our Price: \$8,995.00

Condition:	new
Year:	2023
Manufacturer:	Rock Solid Cargo
Model:	8.5x16
Floor Length:	16' or 192.00"
Width:	8' 6" or 102.00"
Height:	84' or 1008.00"
Weight:	2800 lbs
GVWR:	10000 lbs
Payload Capacity:	7200 lbs
Axle Capacity:	2 lbs
Color:	Silver

REQUEST MORE INFO

New 2023 - Rock Solid Cargo 8.5x16 Enclosed Trailer 10K - GVWR

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

First Name*

Last Name*

Preferred Contact*

Email Address

Phone Number*

Zip Code

Comments



NEW - 2023 Rock Solid Cargo 8.5x16 Tandem Axle 10K GVWR

Optional Upgrades:

- 5200lb Axles
- 60" Triple Tube Tongue
- 16" OC Roof
- .030" White Frost Metal
- Super Stealth Blackout Package
- Semi-Screwless Exterior
- 7' Height Interior (84")
- Side Bar Lock (Black)

Upgraded Features: (Included @ No Additional Costs)

- Therma Cool Ceiling Liner (\$130.00 Upgrade)
- Radial Tires (\$200.00 Upgrade)
- LED Exterior Lights (\$150.00 Upgrade)
- 16" OC Floor Crossmembers on TA Trailers (\$60.00 Upgrade)
- 36" Side Door on 6x10+

- Z-Tech Under Coating (\$85.00 Upgrade)
- LED Dome Light (\$45.00 Upgrade)
- 11 Gauge Steel Tubing on All Models (\$100.00 Upgrade)
- 3" Bottom Trim on all 8.5 Wides (\$75.00 Upgrade)

[CLICK TO TEXT FROM PHONE](#)

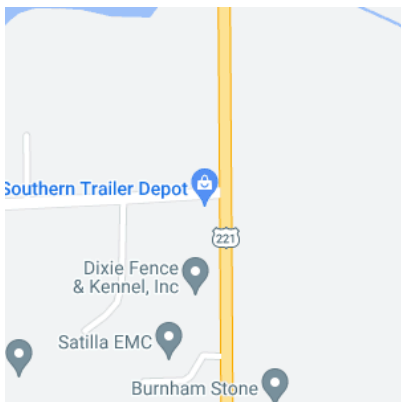
DISCLAIMER This promotion applies only to standard trailer features, and does not apply to added features. Other exclusions may apply.

DISCLAIMER This promotion applies only to standard trailer features and does not apply to added features. Other exclusions may apply.

Standard Features:

- 7000 GVWR
- 5 Year Factory Warranty
- LED Tail Lights
- Undercoating and Moisture Barrier
- 16" OC Cross Members In Floor
- 24" OC Tubing Roof Members
- 16" OC Tubing Sidewalls
- 2000LB A-Frame Jack W/ Sand Foot
- 2-5/16" Coupler
- 36" Side Door W/ Flush Lock
- ATP Covered Step Well
- 6" Steel Tube Main Frame
- Heavy Duty Rear Spring Assisted Ramp Door W/ 16" Flap
- White Screwed Aluminum Exterior W/ Baked Enamel Finish
- 78" Interior Height
- 3/4" Plywood Floors
- 3/8" Plywood Side Walls
- 12v Interior Dome Light
- (4) Recessed Floor D-Rings
- Silver Mod Wheels
- ST205 15" Tires
- 3500LB 4" Drop Leaf Spring Axles W/ Electric Brakes & E-Z Lube Hubs
- Aluminum Exterior Fenderettes
- Galvalume Roof
- 24" ATP Front Stone Guard
- 7 Way Round RV Style Trailer Connector
- V-Nose W/ ATP Trim
- Dove Tail Built In Rear of Floor

Map



([https://www.google.com/maps?](https://www.google.com/maps?q=25%20Harvey%20Vickers%20Rd%2C%20Douglas%2C%20Georgia%2031535)

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Payment Calculator

Purchase Amount	<input type="text" value="8995"/>
Down Payment	<input type="text" value="0"/>
Amount Financed	<input type="text" value="8995.00"/>
A.P.R.	<input type="text" value="6.500%"/>
Term	<input type="text" value="12 Months (1 Year)"/>

Estimated Monthly Payment:

CALCULATE

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

OTHER RECOMMENDATIONS



Vehicles > Gas > Van > New > Ford > Transit Passenger Wagon

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2023 Ford Transit Passenger Wagon T-350 148" Low Roof XL RWD

NEW 7 Mileage  In Stock

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Highlights



Exterior Color
Blue Metallic



Interior Color
Dark Palazzo Gray



Engine
3.5l V6 Cylinder Engine



Transmission
Automatic



Drive Type
Rear Wheel Drive



Body Style
Van



Seat Count
15



VIN
1FBAX2Y82PKA84427

Packages and Options



Features



Specifications



Special offers



Notes from the store

The following options are installed on this vehicle:

- 3rd Row Seat
- Wi-Fi 4G Lte Hotspot Delete *Credit*
- Adaptive Cruise Control -Inc: Adjustable Speed Limiting Device (Asld)



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OTHER

Home (/) / 2023 Fast Cargo 8.5x16 Enclosed 10K Cargo Trailer w/Blackout Package & Extra Height

2023 FAST CARGO 8.5X16 ENCLOSED 10K CARGO TRAILER W/BLACKOUT PACKAGE & EXTRA HEIGHT [Go Back](#)

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itemID=2826503&year=2023&model=8.5x16+Enclosed+10K&stock=P1005690&itemStock=P1005690&trailerStock=P1005690
fast-cargo-8-LsRI.html&imageLocation=https%3A%2F%2Fs3.amazonaws.com%3A

[Print Unit Info \(https://dashboard.trailercentral.com/print-unit-info.html?id=2826503\)](https://dashboard.trailercentral.com/print-unit-info.html?id=2826503)



ITEM LOCATION

Central NH Trailers
www.centralnhtrailers.com
info@centralnhtrailers.com
612 Rt 106 N
Loudon, NH, 03307
(603) 708-1041

Stock No: P1005690



[\(/financing/rent-to-own?stock_no=P1005690\)](/financing/rent-to-own?stock_no=P1005690)

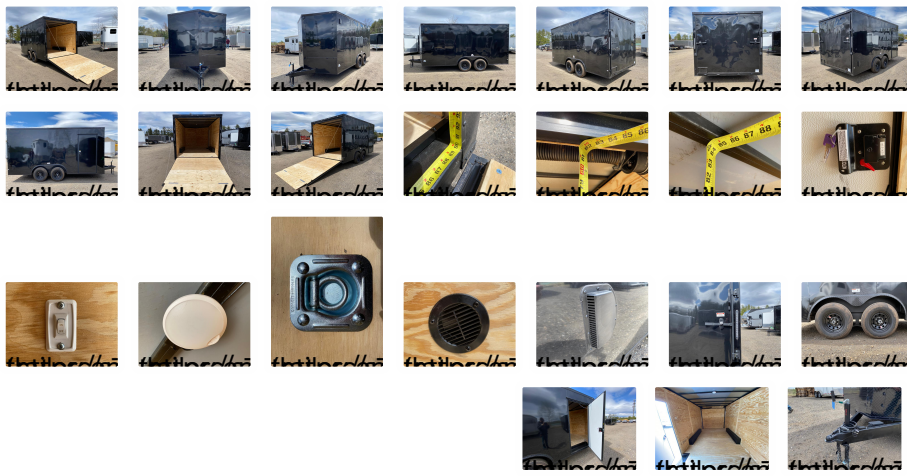
Condition: new

Manufacturer: Fast

Model: 8.5x16

https://s3.amazonaws.com/distillery-trailercentral/J8KAr8/YtWbPk/2022_Fast_Cargo_8.5x16_Enclosed_10K_Cargo_Trailer_w/Blackout_Package_Extra_Height_p





Floor Length:	16' or 192.00"
Width:	8' 4" or 100.00"
Weight:	2800 lbs
GVWR:	9990 lbs
Payload Capacity:	7190 lbs
Color:	Black

2023 Fast Cargo 8.5x16 Enclosed 10K Cargo Trailer w/Blackout Package & Extra Height

Vehicle Details:

Year: 2023
 Make: Fast Cargo
 Model: 8.5x16TA
 Color: Blackout
 Condition: New

Upgraded Features:

6" Extra Height
 Blackout Package
 5,200lb Axle Upgrade

Standard Features:

(4) Heavy Duty D-Rings
 12V Dome Light w/Switch
 Salem Vents
 3/8" Plywood Walls
 16" O/C Wall Post
 3/4" Plywood Floors
 16" O/C Floor Cross Members
 36" Side Access Door w/Paddle Handle
 Aluminum Tread Plate Stepwell
 V-Nose Front
 LED Exterior Lights
 Aluminum Fenders
 Galvalume Roofing
 24" Stoneguard
 6" Steel Tubular Main Frame
 (2) 3500 lb Braked Axles
 E-Z Lube Hubs
 2000 LB Tongue Jack w/Sand Foot
 2-5/16" Coupler
 7-Way Round Pigtail
 15" Radial Tires

Rear Door Opening: 89" (W) x 78" (H)

Interior Height: 84"

Weights:

GVWR: 9,990 lbs

EVW: 2,800 lbs

Payload: 7,190 lbs

Sale Price: \$10,250 or \$205/Month

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Central NH Trailers & Equipment

612 Rt. 106 N

Loudon, NH 03307

(603) 708-1041

M-F: 9am-5pm

Sat: 8am-2pm

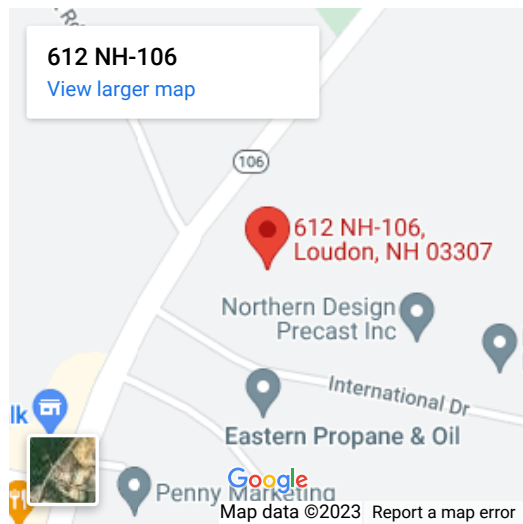
Sun: 8am-12pm

Stock Number:

P1005690

Prices quotes, including online prices, and the price in this ad, are cash or check discounted prices. The original price is 3% higher. Credit and debit cards are the original price. Payment is based on 6.99% APR financing for 60/mo with taxes & fees included with no money down for qualified applicants. Available interest rates vary from state to state, please contact our finance department with questions. We also offer higher payment rent-to-own options which do not require a credit check, but do require a utility bill under 60 days old, full bank statement, valid drivers license, and 10% up front. Other requirements may apply. Price, information, and availability are subject to change at any time. Mistakes occasionally happen, therefore information and specifications are not guaranteed.

Map



(<https://www.google.com/maps?>

q=612%20Rt%20106%20N%2C%20Loudon%2C%20NH%2003307)

Payment Calculator

Purchase Amount	<input type="text" value="10250"/>
Down Payment	<input type="text" value="0"/>
Amount Financed	<input type="text" value="10250.00"/>
A.P.R.	<input type="text" value="6.500%"/>
Term	<input type="text" value="12 Months (1 Year)"/>

Estimated Monthly Payment:

Calculate

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

OTHER RECOMMENDATIONS





2023 ITI Cargo 6x10 Enclosed 3K Cargo Trailer w/Rear Ramp Door

[View Details \(/2023-iti-cargo-6x10-enclosed-3k-cargo-trailer-w-rear-ramp-door-o6Go.html\)](#)

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2023 NEO Trailers 7.5x12 Aluminum 7K Motorcycle Trailer w/Nudo Floor & Finished Interior

[View Details \(/2023-neo-trailers-7-5x12-aluminum-7k-motorcycle-trailer-w-nudo-floor-finished-interior-d6Go.html\)](#)

2023 Aluminum 7K Motorcycle Trailer w/Nudo Floor & Finished Interior

[View trailer 7k-m-nu-int](#)



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[itemID=2826503&year=2023&model=8.5x16+Enclosed+10K&stock=P1005690&itemStock=P1005690&trailerStock=P1005690-fast-cargo-8-LsRI.html&imageLocation=https%3A%2F%2F3.amazonaws.com%](#)

[Print Unit Info \(https://dashboard.trailercentral.com/print-unit-info.html?id=2826503\)](https://dashboard.trailercentral.com/print-unit-info.html?id=2826503)

VISIT US

612 RT 106 N
LOUDON, NH 03307

[\(603\) 708-1041 \(TEL:+16037081041\)](tel:6037081041)
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2023 Sure-Trac 8.5x16' Enclosed Cargo Trailer 9900# GVW [Go Back](#) *** SILVER * TORSION * 5200# AXLES *** **CONTRACTOR/LANDSCAPER TRAILER**

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PHOTO GALLERY

VIDEO

ITEM LOCATION

**Best Choice Trailers -
Carlisle**

<http://www.bestchoicetrailers.com>
sales@bestchoicetrailers.com

1512 Spring Road
Carlisle, PA, 17013

(717) 220-4220

Stock No: 24216

Our Price: \$11,795.00

Condition: new

Year: 2023

Manufacturer: Sure-Trac

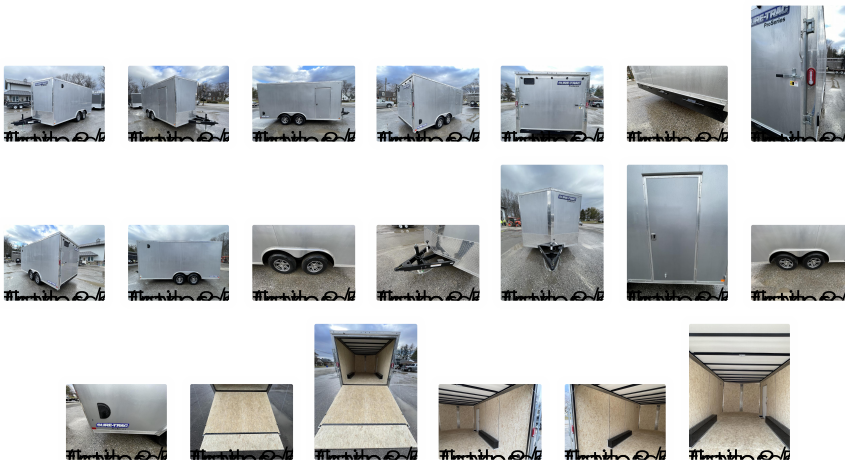
Model: STW10216TA-100

Best Choice Trailers



(717) 220-4220

(<https://s3.amazonaws.com/distillery-trailercentral/MEovBw/sCt2qO/876f48e7e110029a38d8d4fc75b26c0a.jpeg>)



Floor Length:	16' or 192.00"
Width:	8' 6" or 102.00"
Height:	6' 6" or 78.00"
Weight:	3350 lbs
GVWR:	9900 lbs
Payload Capacity:	6550 lbs
Axle Capacity:	5200 lbs
Color:	Silver

REQUEST MORE INFO

**2023 Sure-Trac 8.5x16'
Enclosed Cargo Trailer
9900# GVW * SILVER *
TORSION * 5200# AXLES *
CONTRACTOR/LANDSCAPER
TRAILER**

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

UNIT IS SILVER IN COLOR AND HAS UPGRADED TORSION SUSPENSION AND BACKUP LIGHTS.

The Sure Trac line of commercial level cargo trailers are our top-of-the-line in steel subframe trailers. A enclosed cargo trailer is ideal for moving most types of goods, such as general cargo, motorcycles, UTV's, mowing equipment, and of course cars in a car hauler model. The low profile drop axle design makes the approaching load angle very easy to maneuver most items. One benefit to an enclosed trailer is security of valuables, and it keeps your cargo out of the elements. A 8.5x20 and a 8.5x24' are the most common sizes in 8.5' wide cargo's, but other sizes are available by order. We order most 8.5' wide cargo's in a upgraded 9900# GVW, but they are also offered in several other weight ratings (7000#, 12000#, 14000#, etc). This trailer is equipped standard with a 2 5/16" ball, and comes with a 7-pin 12V plug, which is standard on most

all current pickup trucks. This model comes in either a STWCH flat top/V-nose model, or an STRCH round top/radius front model. All 8.5' wide cargo will weigh about 3400-3800#, giving payloads with tongue weight of about 7000# or more on a 9900# GVW model. An ideal tow vehicle for this size trailer would be a 1/2 or 3/4 ton truck. A 8.5' wide model is distinguishable by the enclosed wheel wells, and is the widest cargo trailer you can get. 8.5' wides are known as car haulers, and are equipped with such features: 4 HD D-rings, side door step well, a triple tube tongue, oversize side door, and a rear beavertail. The model comes pretty well equipped, but does have a fairly extensive list of available options. Sure Trac's attention to detail and quality is shown throughout on these models with many standard features not offered on other brands on the market. When you compare the nuts and bolts of this trailer to most others on the market, you will be pleasantly surprised with what you find. If you are looking for a trailer that is not overbuilt, is not under built, but well built for either a commercial use or a discerning homeowner (and a good value), you should take a closer look.

Watch a video walk around of this model trailer here:
https://youtu.be/FffD3V_m-Zk (https://youtu.be/FffD3V_m-Zk)

FEATURES

- 3 Year Structural Limited Warranty
- 6'6" Interior Height
- 3/4" Engineered Wood Flooring
- Fully Cured Undercoating
- Polyethylene Vapor Barrier
- Aluminum Door Hold Back
- 3" Exterior Trim
- Aluminum Wheels
- LED Interior Dome Lights
- Color Matched Screws
- Easy Lube Hubs
- 4" Drop Axles
- 15" Radial Tires
- Zinc Plated Jack
- 6" Tube Frame and Tongue
- 16" On-Center Tube Wall Studs
- 16" On-Center C-Channel Cross Members
- Tube Roof Bows
- 48" Beavertail
- All LED Lights
- 3/8" Plywood Walls
- (4) 5K D-Rings
- .030 Aluminum Exterior

Name *

First Name

Last Name

Preferred Contact Method *

E-mail *

ex: myname@example.co

Phone

-

Area Code

Phone Number

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Comments *

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- Bright Front Nose Cap
- Bright Rear Hoop
- Seamless Aluminum Roof
- 48" RV Side Door
- 4,100 lb. HD Ramp Door with Wood Flap
- Silver Thermo-Sheath Ceiling Liner

Comparison to industry standards:

-Standard Ramp Gate (Many manufacturers are standard with barn doors and charge extra for a ramp. A ramp is standard on all Sure Trac enclosed trailers. The ramp has full width hinges with grease zirts, is trimmed out with aluminum trim, has plenty of bumpers, and has dual aluminum grab handles. Many ramp doors have undersized hinges, are exposed steel, and have a single plastic handle. A ramp flap extension is also a standard feature, and it has lots more lags in the hinge than we've seen on other models).

-Spring assist ramp gate (Not only is the gate sprung, but it's properly adjusted. This ramp is a breeze to lift).

-3" top and bottom trim (Not only is the trim stylish and completes the look, but it also has a lot more lags than most to keep it secured. The trim is also mitered at the joints whereas we see some that just butt joint the trim. Industry standard bottom trim is around 1" and is often poorly fastened).

-Zinc set back jack (More corrosion resistant than most, and also in a set back position to reduce the chance of impact with your tail gate. Many still use a standard painted A-frame jack that is in the way).

-Sealed LED lights (Brighter, longer lasting, and they have less draw. Now with the new bullet style. The rear stop/turn/tail lights are a high output light and have a fancy chrome bezel. Some competitors are still using incandescent, stud mount lights)

-Protected wiring (Unlike many trailers that literally either have the wiring stapled to the underside of the bed, or ran through a torched hole, the wiring is ran to a junction box and gel filled. The wiring is also ran in frame and grommetted. Interior wiring is also ran through plastic grommets.

-Easy lube hubs (This standard feature makes servicing your bearings a breeze for any homeowner armed with a grease gun and a few hand tools)

-15" Radial Tires (Longer lasting and better riding, radial tires should be on all trailers, but sadly many still use bias...beware of the "hybrid" tire, which looks like a radial, but is still a bias tire at heart).

-Self adjusting brakes (We equip all of our tandem axles with brakes on both axles. The brakes are self or forward adjusting, much like a vehicle, and automatically adjust to the proper clearance via spring tension).

-Aluminum wheels...standard (Aluminum wheels complete the look of the trailer and make it "pop". Lightweight, stylish, corrosion resistant are all traits of an aluminum wheel).

-Semi-screwless exterior (All trailers are glued on the "in between" studs and screwed at every 4' seam. This reduces the screws by 66% and keeps the trailer looking sharp. This not only looks good, but is also appealing to anyone looking to decal the trailer. Semi-screwless gives the benefit of a nice, clean look, without the risk of having a "pop" with a completely screwless trailer).

-Tube crossmembers (All wall studs and roof bows are made from tubular posts. Tube steel, due to the shape of the extrusion, is much stronger than Z-post and hat post. All posts do a decent job withstanding vertical load, but tube does a much better job at resisting torsional buckling. Ask to try our in-store example to see for yourself the difference in strength. Tube floor studs are available by special order for HD contractor and landscaper models).

-RV Side Door (The RV side door is both stylish and functional, and uses chrome plated door hardware instead of plastic. The door gives a completed look to a trailer, and the strap hinge doors are a bit old fashion. It also provides the ability to lock the trailer from both inside or outside, and provides 2 different

locking methods. Many cheaper trailer brands save a few bucks by building strap hinge doors in house).

- Z-Tech Undercoating (Yes, the trailer is undercoated with industry leader Z-Tech to make it last a lot longer. Many don't undercoat while others just undercoat the bottom frame, however, this trailer is undercoated on both the bottom frame and the ceiling bows)
- (8.5' wide)Triple tube tongue (A Standard feature on all 8.5' wide car hauler models. Much more support and stability than the inferior trailers offering only a single tube or an A-frame tongue. If you ever load tongue heavy, this is the trailer for you).
- (8.5' wide) Tie downs (All car hauler models are equipped standard with 4 D-rings. The rings are placed in the most ideal setup for a car or similar. The D-rings are heavy duty 5000# rated each. If you take a peek under the trailer, you'll notice the backer is much different than most. Rather than using fender washers or a piece of 1/8" flat between crossmembers, the backer is a 3-sided formed backer to give maximum subfloor strength to the D-ring).
- Powdercoat Tough (We are not aware of any cargo manufacturer powdercoating the tongue of the trailer. In fact, we've seen some inferior product that almost needs repainted before it leaves the lot from new! The main reason most cargo trailers have poor paint finish is because of the minimal amount of the trailer that gets painted. For most, it's not worth the investment in equipment. Sure Trac, on the other hand, builds many open trailers and already has access to a better prep and finish).
- Vapor Barrier (A vapor barrier is often left off cheaper brands, but remains critical to the longevity of a well built trailer. A vapor barrier is designed to prevent electrolysis, which occurs when dissimilar metals touch. Trailers without a vapor barrier will start to corrode at the bottom exterior of the trailer...not if, but when. This process we've seen happen in as little as 3-4 years depending on the trailer and how it's used, and creates little pinhole size holes that grow over time).
- Color matched screws (Painted screws not only blend it better with the trailer, but they also will help protect screw heads from the acid rain).
- 6'6" Standard Height (While 6'6" is pretty standard for car haulers, Sure Trac also builds 7' wide cargo's with the taller inside height. Those extra couple inches not only help to keep from banging your head, but can also make the difference in getting a UTV inside, and standing up things like a appliance or furniture).
- 4" drop axles (While most all enclosed trailers use drop axles standard, some of the more economy ones use straight axles. You can generally pick these out pretty easily as they look exceptionally tall. A drop axle makes the trailer not only less top heavy, but also easier to load).
- 6" tube frame and tongue (On all Sure Trac enclosed 7' wide and 8.5' car haulers, a 6" frame and tongue is standard. Many use a 4" tube, while we see some using 5" tube on 7' wides, and often see 6" mini I-beam on car haulers. Tube is widely regarded in the industry as the best frame as it's both strong and lightweight, and resists torsional buckling).
- Tube header (Where the A-frame meets the first crossmember, we often see a formed crossmember. Sure Trac uses a piece of tube for a more solid foundation).
- .030 Aluminum Exterior (.030 used to be an industry standard years ago. Ever wonder why trailers in the last 10 years started looking wavy? It's partly because you see more colors now, which absorb more heat, but it's also because many today are using a thinner .024 aluminum. Combine a nice dark color, .024 metal, a light duty frame, and a longer trailer and you've got yourself a recipe for a buckled and puckered eyesore going down the road).
- Bright front corners & rear hoop (The bright anodized front and rear provide a nice, clean, finished look to the trailer).
- 16" O.C. Wall/Floor Crossmembers (Not only do these pro series trailers come with a heavy duty frame, but they also have HD crossmembers. A 16" O.C. crossmember is heavy enough for most any contractor, both on the floor and walls. Many in the industry use either 24" O.C. on one or the other, and sometimes both!)

- Seamless One Piece Roof (A seamless roof gives piece of mind to the user that there are zero penetrations in the roof. The roof is also made from aluminum, which will stay a bit cooler than a seamed galvalume roof, which is a mixture of steel and aluminum. A one-piece roof will also last the life of the trailer as you don't have to worry about rust).
- .080 Seamless Roof Cove (All round top roof's get a 1-piece roof cove that runs the length of the trailer. Not only does it lok cleaner than a seamed radius, but it is also significantly thicker).
- (8.5' wide) Tube outriggers (On car haulers, you essentially have a 7' wide frame, and approx. 9" outriggers that box in the fenders wells. Most all cargo trailers use fairly light duty formed floor crossmembers to keep weight down, but most aso use these light crossmembers for outriggers. On a Sure Trac, the outriggers are a much heavier box tube. This is critical because your wall, and anything on top of it, are being supported by these outriggers).
- Little details(Things we appreciate that are small, but add to the value in our opinion, include: door hardware that actually functions and fits without needing adjustment, aluminum door holdbacks ILO plastic, taller 24" stoneguard where many are using a shorter stoneguard, LED dome lights where many are still using incandescent, etc.)
- 5-year warranty (Many do a 1, 2, or 3 year warranty. Some are offering 5 year warranties, which are longer than they've been in business!)
- 5 standard colors - White, black, silver, charcoal, and pewter (All the colors are standard all the colors are .030. Other colors are available at an additional cost).
- (8.5' wide) 48" side door (Many use a 32", while others offer a 36", but Sure Trac is equipping all 8.5' wide car haulers with a 48" side door standard).

Map



([https://www.google.com/maps?](https://www.google.com/maps?q=1512%20Spring%20Road%2C%20Carlisle%2C%20PA%2017013)

[q=1512%20Spring%20Road%2C%20Carlisle%2C%20PA%2017013](https://www.google.com/maps?q=1512%20Spring%20Road%2C%20Carlisle%2C%20PA%2017013))

Payment Calculator

Purchase Amount	<input type="text" value="11795"/>
Down Payment	<input type="text" value="0"/>
Amount Financed	<input type="text" value="11795.00"/>
A.P.R.	<input type="text" value="6.500%"/>
Term	<input type="text" value="12 Months (1 Year)"/>

Estimated Monthly Payment:

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

[Calculate](#)

OTHER RECOMMENDATIONS



2023 Xtreme Cargo 6x12'
 Enclosed Cargo Trailer 2990#
 GVW * 6'3" HEIGHT * 16" FLOOR
 CROSSMEMBERS * CHARCOAL
 EXTERIOR * .030 SEMI-
 SCREWLESS * RV DOOR *
 PLYWOOD WALLS AND FLOOR *
 TUBE STUDS

View Details (/2023-
 xtreme-cargo-6x12-
 enclosed-cargo-trailer-
 2990-gvw-63-height-16-
 floor-crossmembers-
 charcoal-exterior-030-
 semi-screwless-rv-door-
 plywood-walls-and-floor-
 tube-studs-DtFo.html)

USED 2023 Legend Trailers 7x14'
 Aluminum Enclosed Cargo Trailer
 7000# GVW * CHARCOAL * ALL
 ALUMINUM * RAMP DOOR * D-
 RINGS * SIDE RV DOOR W/STEP *
 SCREWLESS EXTERIOR * 6'6"
 INTERIOR HEIGHT

View Details (/used-2023-
 legend-trailers-7x14-
 aluminum-enclosed-
 cargo-trailer-7000-gvw-
 charcoal-all-aluminum-
 ramp-door-d-rings-side-rv-
 door-w-step-screwless-
 exterior-66-interior-height-
 OREo.html)

USED 2018 Horton Trailers 4x6'
 Enclosed Cargo Trailers 2000#
 GVW * BLACK * SINGLE SWING
 DOOR * PLYWOOD

View Details (/used-2018-
 horton-trailers-4x6-
 enclosed-cargo-trailers-
 2000-gvw-black-single-
 swing-door-plywood-
 nQEo.html)

Send Us a Text

Request More Info

Apply For Financing (/finance-app-trailers)

Print Unit Info (/export-inventory-pdf?id=2752941)

CONTACT US

CARLISLE

1512 SPRING ROAD
 CARLISLE PA, 17013

(HTTPS://WWW.GOOGLE.COM/MAPS?Q=1512+SPRING+ROAD%2C+CARLISLE%2C+PA+17013)

(717) 220-4220

(717) 220-4220

(TEL:+17172204220)

PITTSBURGH

1449 ARONA ROAD
 IRWIN PA, 15642

(HTTPS://WWW.GOOGLE.COM/MAPS?Q=1449+ARONA+ROAD%2C+IRWIN+PA+15642)

(724) 864-1449

EMAIL US

(MAILTO:SALES@BESTCHOICETRAILERS.COM)

HOURS

MONDAY: 9AM - 5PM

TUESDAY 9AM - 5PM

WEDNESDAY 9AM - 5PM

THURSDAY 9AM - 5PM

QUICK LINKS

▶ ALL INVENTORY (/ALL-INVENTORY)

▶ STAFF CONTACTS (/CONTACT-US/MEET-OUR-STARR)

▶ FINANCING

✉ EMAIL US

(MAILTO:SALES@BESTCHOICETRAILERS.COM)

FRIDAY 9AM -

SATURDAY: 9AM -

2PM

SUNDAY: CLOSED

(/FINANCING)

▶ [FEEDBACK \(/FEEDBACK\)](#)



([HTTP://WWW.TRAILERCENTRAL.COM](http://www.trailercentral.com))

[XML SITE MAP \(/SITEMAP.XML\)](#)



Inventory Results

Saved (0)



Photos (7)

2023 CHEVROLET EXPRESS PASSENGER 2500 REGULAR WHEELBASE, 1LS RWD

VIN: 1GAWGFP2P1136683 | Stock ID: T6042

[Window Sticker](#)

[Send](#)

[Save](#)

Dealer Price **\$46,810[±]**










Price provided by [TEFFERTILLER MOTORS INC.](#)

Home Location 33701 [Edit](#)

[Trade-in Appraisal](#)

[Request A Test Drive](#)


Installed options on this 1LS

 CHEVROLET Driver Convenience Package \$395	 CHEVROLET Side Blind Zone Alert \$395	 CHEVROLET Automatic locking rear differential \$325
 CHEVROLET Remote Start \$300	 CHEVROLET Rear Park Assist \$295	 CHEVROLET Heavy-duty trailering equipment \$280
 CHEVROLET Leather-wrapped steering wheel \$185	 CHEVROLET Remote Keyless Entry \$175	 CHEVROLET Chrome front and rear bumpers

Manufacturer's Suggested Retail Price Detail


Standard Vehicle Price **\$42,300**

Installed Options	\$2,715
Driver Convenience Package	\$395
Side Blind Zone Alert	\$395
Automatic locking rear differential	\$325
Remote Start	\$300
Rear Park Assist	\$295
Heavy-duty trailering equipment	\$280
Leather-wrapped steering wheel	\$185
Remote Keyless Entry	\$175
Chrome front and rear bumpers	\$160
Rear window defogger	\$155


CHEVROLET


Rear window defogger

\$155


CHEVROLET


Bluetooth®

\$50


CHEVROLET

4.3L V6 Gas engine

\$0


CHEVROLET

8-speed automatic transmission

\$0

3.42 rear axle ratio	No Charge
4.3L V6 Gas engine	No Charge
8-speed automatic transmission	No Charge
Emissions, Federal requirements	No Charge

Total Vehicle and Options	\$45,015
Destination Charge	\$1,795
MSRP - Total Vehicle Price	\$46,810

Net Price with Dealer Fees **\$46,810[±]**

Other offers you may qualify for:

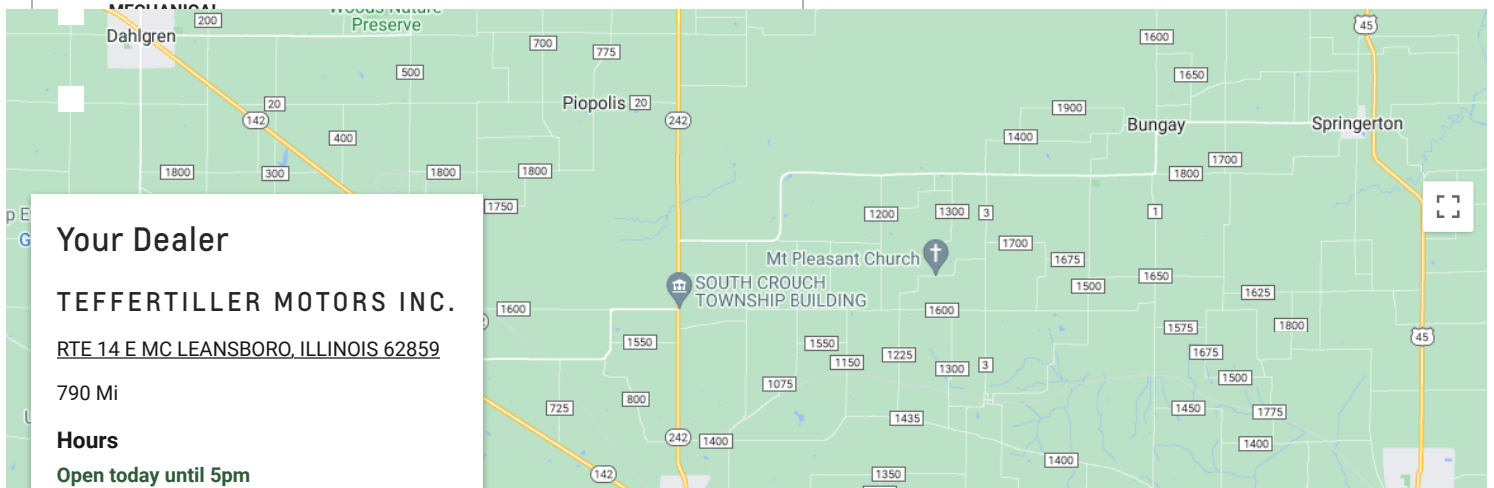
Disaster Relief Assistance	-\$1,000 [±]
GM Military Offer	-\$500 [±]
GM First Responder Offer	-\$500 [±]
GM College Offer	-\$500 [±]
GM Healthcare Professional Offer	-\$500 [±]

Key Attributes

ENGINE	TRANSMISSION	FUEL TYPE
4.3L V6 Gas engine	Automatic	Gasoline Fuel
DRIVE TYPE	HORSEPOWER	
RWD	276 hp	

Express Passenger 2500 1LS Standard Equipment

EXTERIOR
ENTERTAINMENT
INTERIOR
SAFETY
PACKAGE
MECHANICAL



Your Dealer

TEFFERTILLER MOTORS INC.

RTE 14 E MC LEANSBORO, ILLINOIS 62859

790 Mi

Hours

Open today until 5pm



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/30/2022

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

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

PRODUCER AssuredPartners, Lake Mary 300 Colonial Center Parkway, Suite 270 Lake Mary, FL 32746	CONTACT NAME: Deidre Williams PHONE (A/C, No, Ext): _____ FAX (A/C, No): _____ E-MAIL ADDRESS: deedee.williams@assuredpartners.com
	INSURER(S) AFFORDING COVERAGE NAIC #
INSURED WestCare Gulfcoast Florida, Inc. PO Box 94738 Las Vegas, NV 89193-4738	INSURER A : Allied World Surplus Lines Insurance Company 24319
	INSURER B : Vantapro Specialty Insurance Company 44768
	INSURER C : Berkshire Hathaway Homestate 20044
	INSURER D : _____
	INSURER E : _____
INSURER F : _____	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.


INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: _____			5088087803	7/1/2022	7/1/2023	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
							MED EXP (Any one person)	\$ 20,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 3,000,000
							PRODUCTS - COMP/OP AGG	\$ 3,000,000
								\$
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			5091019303	7/1/2022	7/1/2023	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			5090022303	7/1/2022	7/1/2023	EACH OCCURRENCE	\$ 3,000,000
							AGGREGATE	\$ 3,000,000
								\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A	WEWC317351	3/1/2022	3/1/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
							E.L. EACH ACCIDENT	\$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
A	Professional Liabili			5088087803	7/1/2022	7/1/2023	Aggregate	3,000,000
A	Professional Liabili			5088087803	7/1/2022	7/1/2023	Occurrence	1,000,000

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

Re: The Following Locations:

1735 Dr. Martin Luther King Jr St S, St. Petersburg, FL 33705
2510 Central Ave, St Petersburg, FL 33712
1801 5th Ave N, St Petersburg, FL 33713
SEE ATTACHED ACORD 101

CERTIFICATE HOLDER **CANCELLATION**

FOR INFORMATION ONLY Westcare Gulf Coast Florida	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
--	---

WestCare Gulfcoast Florida
FY23 Budget

Funding Source	FY23 Budget
Federal Funding	2,943,227
State Funding	6,908,559
SASCA Aftercare	-
County Funding	1,601,386
City Funding	344,862
Other Grant	438,008
Client Fees	1,191,900
Fund Development	38,084
In-Kind Donations	24,000
Other Revenue	6,000
Revenue Total	<u>\$ 13,496,026</u>

Expense Category	FY23 Budget
Salary	5,996,890
Benefits	1,504,223
In-kind Donations	24,000
Food Service	819,918
Occupancy	866,776
Prgm Maint/Supplies	1,433,546
Purchased After Care	-
Consulting	388,021
Travel	92,201
Furniture & Equipment	91,622
Repair & Maintenance	157,677
Vehicles	55,598
Office/Advertising/Insurance	517,166
Interest & Taxes	-
Management/Administration	1,405,864
Amortization/Depreciation	142,524
Expense Total	<u>\$ 13,496,026</u>

Net Fund Balance \$ -

Board of Directors Roster

Name	Home Address (street, city, zip code) Not Place of Employment or P.O. Box	Telephone Number	Race	Gender	Homeless Rep [Y or N]	Public Official* [Y or N]	Low Income Rep	Is home address in Pinellas County? [Y or N]
Rick Ramsay	5525 College Rd, Key West, FL 33040	305-292-7001	White	M	N	Y	N	N
Markus Hughes	3251 70th Way North, St. Petersburg, FL 33710	727-459-2592	White	M	N	N	N	Y
James L. Wadhams	10777 West Twain Ave, Las Vegas, NV 89135	702-869-8801	White	M	N	N	N	N
Derrick T. Boaman	1860 Bond Dr., Atlanta, GA 30315	404-246-8001	Black	M	N	N	N	N
Thomas J. Walsh II	180 28th Ave. North, St. Petersburg, FL 33704	727-552-1947	White	M	N	N	N	Y
Ramon A. Abadin	2333 Ponce De Leon Blvd Coral Gables, FL 33134	305-768-9839	Hispanic	M	N	N	N	N
Mary A.Y.Okada	222 Chalan Santa Papa Hagatna, Guam 96932	671-735-5700	Pacific Islander	F	N	N	N	N
William Ekstrom, Jr.	1516 S. Paloma Blanca Pl. Kingman, AZ 86401	928-753-5942	White	M	N	N	N	N
Richard E. Steinberg	1733 Sams Dr, Dandridge, TN 37725	702-385-2090	White	M	N	N	N	N
Ken Ortvals	2905 NW 86th Ter Kansas City, MO 64154	702-385-2090	White	M	N	N	N	N

I certify the above list to be complete, current and accurate.
 To the best of my knowledge none of the above listed Board members are related to one another.



Chief Financial Officer

3.8.2022

Date

WestCare GulfCoast-Florida – Community Action Council Roster

Name	Home Address (street, city, zip code) Not Place of Employment or P.O. Box	Telephone Number	Race	Gender	Homeless Rep [Y or N]	Public Official* [Y or N]	Low Income Rep	Is home address in Pinellas County? [Y or N]
Mary Miller	5411 7 th Ave N. St Petersburg, FL 33710	(727)321-4630	W	F	N	N	N	Y
Suzanne Robbins	8224 Eagles Park Dr. N St Petersburg, FL 33709	727)460-1072	W	F	N	N	N	Y
Bruce Howie	2610 2 nd Street N, St Petersburg, FL 33704	(727)424-4097	W	M	N	N	N	Y
Madeline McCarthy	4532 14 th Street NE, St Petersburg, FL 33703	727-682-1200	W	F	N	N	N	Y
Michelle Wallace	2528 White Sand Ln., Clearwater, FL 33763	(727)791-0002	B	F	N	N	N	Y
Markus Hughes, Chair	3251 70 th Way North St Petersburg, FL 33710	(727)422-3602	W	M	N	N	N	Y
Jerry Bynes	801 Chestnut Street #1113, Clw, Fl 33756	(727)954-3414	B	M	Y (VET)	N	N	Y
Deborah Flanagan	5909 Pelican Bay Plaza Gulfport, FL 33707	(727)321-6600	B	F	N	N	N	Y

I certify the above list to be complete, current and accurate.
 To the best of my knowledge none of the above listed Board members are related to one another.

Ken Ottob

3/8/22

Chief Financial Officer

Date:



WestCare GulfCoast-Florida, Inc.
2021 Board of Directors and Officers

At-Large Directors

Rick Ramsay ~ Chair
Monroe County Sheriff's Office
5525 College Road
Key West, FL 33040
(305) 292-7001 Work
(305) 292-7099 Cell
(305) 292-7099 Fax
rramsay@keyssso.net

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

Executive Committee Directors

James (Jim) L. Wadhams
Black & LoBello
10777 West Twain Ave.
Suite 300
Las Vegas, NV 89135
(702) 869-8801 Work
(702) 869-2669 Fax
jlwadhams@blacklobello.law

Derrick T. Boazman
1860 Bond Drive
Atlanta, GA 30315
(404) 246-8001 Cell
DB1380@gmail.com

Thomas (Tom) J. Walsh, II
180 28th Ave. North
St. Petersburg, FL 33704
(727) 552-1947 Work
(727) 823-0749 Home
(727) 552-1440 Fax
tom.walsh@westcare.com

Ramón (Ray) A. Abadin
2333 Ponce De Leon Blvd.
BAC Colonnade, Suite 314
Coral Gables, FL 33134
(305) 321-4496 Cell
rabadin@abadinlaw.com

Mary A.Y. Okada
PO Box 3566
Hagatna, Guam 96932
(671) 735-5700 Work
(671) 734-1003 Fax
(671) 777-3216 Cell
(858) 210-2050 Cell (when in
US)
mary.okada@guamcc.edu

William (Bill) Ekstrom, Jr.
1516 S. Paloma Blanca Pl.
Kingman, AZ 86401
(928) 753-5942 Home
(928) 308-7434 Cell
wjekstromjr@gmail.com

Executive Committee Directors

Richard (Dick) E. Steinberg ~
President
PO Box 94738
Las Vegas, NV 89193
(702) 385-2090 Work
(702) 448-8100 Fax
rsteinberg@westcare.com

Non-Director Ex-Officio Officers

Ken Ortvals, Treasurer and Secretary
of WestCare GulfCoast Florida, Inc.
PO Box 94738
Las Vegas, NV 89193
(702) 385-2090
ken.ortvals@westcare.com



GulfCoast Florida
Community Action Council 2021

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

maryemiller@hotmail.com

Suzanne Robbins
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St Petersburg, FL 33709
(727) 460-1072 cell
Suzanne@tampabay.rr.com

Bruce Howie
2610 2nd Street North
St Petersburg, FL 33704
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(727) 424-4097 cell
bghowie@aol.com

Madeline McCarthy
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Michelle Wallace
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Markus Hughes, Chair
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(727) 422-3602 work cell
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Jerry Bynes
801 Chestnut Street #1113
Clearwater, FL 33756
(727) 326-8320 cell
(727) 398-6661 ext. 17636 work
vabynes55@aol.com
jerry.bynes@va.gov

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

The CAC includes representatives who have direct experience with homelessness, substance use, and mental health issues.

Return of Organization Exempt From Income Tax

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

2020

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

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

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

I Tax-exempt status:	<input checked="" type="checkbox"/> 501(c)(3)	<input type="checkbox"/> 501(c) () (insert no.)	<input type="checkbox"/> 4947(a)(1) or	<input type="checkbox"/> 527
-----------------------------	---	--	--	------------------------------

J Website: www.westcare.com	H(c) Group exemption number ▶
---	--------------------------------------

K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	L Year of formation: 2001	M State of legal domicile: FL
---	---	---

Part I Summary

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

Part II Signature Block

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

Sign Here	Signature of officer	Date
	▶ KEN ORTBALS	CFO
	Type or print name and title	

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

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

TO PROVIDE TREATMENT & PREVENTION OF SUBSTANCE ABUSE.

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

Yes No

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

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

Yes No

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 8,614,447. including grants of \$ 9,086,880.) (Revenue \$ 9,953,890.)

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

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

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

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

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

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

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

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

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

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ▶ None
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. See Schedule O
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records ▶
KEN ORTBALS, CFO P.O. BOX 94738 LAS VEGAS NV 89193-4738 702-385-2090

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

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

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

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

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

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

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

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

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

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

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

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

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1 a				
	b Membership dues	1 b				
	c Fundraising events	1 c				
	d Related organizations	1 d				
	e Government grants (contributions)	1 e 9,086,880.				
	f All other contributions, gifts, grants, and similar amounts not included above	1 f 7,104.				
	g Noncash contributions included in lines 1a-1f	1 g				
	h Total. Add lines 1a-1f		9,093,984.			
	Program Service Revenue	2 a CLIENT FEES	Business Code 624100	854,256.		854,256.
b						
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f			854,256.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)					
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real				
		(ii) Personal				
		6 b Less: rental expenses				
		6 c Rental income or (loss)				
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		7 b Less: cost or other basis and sales expenses				
		7 c Gain or (loss)				
	d Net gain or (loss)					
	8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18					
		8 b Less: direct expenses				
c Net income or (loss) from fundraising events						
9 a Gross income from gaming activities. See Part IV, line 19						
	9 b Less: direct expenses					
	c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances						
	10 b Less: cost of goods sold					
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	11 a OTHER REVENUE	Business Code 900099	5,650.	5,650.		
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d		5,650.			
12 Total revenue. See instructions		9,953,890.	5,650.	0.	854,256.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	0.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages	4,283,346.	4,040,127.	243,219.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	1,122,261.	1,058,536.	63,725.	
10 Payroll taxes				
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	330,593.	307,161.	23,432.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	826,553.	800,090.	26,463.	
17 Travel	35,564.	30,208.	5,356.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates	1,098,774.		1,098,774.	
22 Depreciation, depletion, and amortization	104,354.	8,810.	95,544.	
23 Insurance	274,983.	36,000.	238,983.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>MEDICAL AND PHARMACY</u>	1,201,360.	1,201,210.	150.	
b <u>OPERATING SUPPLIES</u>	622,965.	518,043.	104,922.	
c <u>PROGRAM FOOD</u>	483,290.	483,290.		
d <u>FURNITURE & EQUIPMENT</u>	153,534.	130,972.	22,562.	
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	10,537,577.	8,614,447.	1,923,130.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash – non-interest-bearing	900.	1	192,542.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	1,078,229.	4	1,950,940.
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	42,893.	9	43,969.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,210,776.		
	b	Less: accumulated depreciation	10b 1,509,768.	10c	701,008.
	11	Investments – publicly traded securities		11	
	12	Investments – other securities. See Part IV, line 11		12	
	13	Investments – program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	74,589.	15	89,434.
16	Total assets. Add lines 1 through 15 (must equal line 33)	1,719,918.	16	2,977,893.	
Liabilities	17	Accounts payable and accrued expenses	614,808.	17	703,927.
	18	Grants payable		18	
	19	Deferred revenue	934,715.	19	889,376.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1,885,140.	25	3,683,022.	
26	Total liabilities. Add lines 17 through 25	3,434,663.	26	5,276,325.	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27	Net assets without donor restrictions	-1,714,745.	27	-2,298,432.
	28	Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
32	Total net assets or fund balances.	-1,714,745.	32	-2,298,432.	
33	Total liabilities and net assets/fund balances.	1,719,918.	33	2,977,893.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	9,953,890.
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,537,577.
3	Revenue less expenses. Subtract line 2 from line 1	3	-583,687.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	-1,714,745.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	-2,298,432.

Part XII Financial Statements and Reporting

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

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization WESTCARE GULFCOAST FLORIDA INC.	Employer identification number 59-3714627
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Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)	7,576,975.	7,641,601.	7,485,583.	9,026,231.	9,093,984.	40,824,374.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge.						0.
4 Total. Add lines 1 through 3.	7,576,975.	7,641,601.	7,485,583.	9,026,231.	9,093,984.	40,824,374.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						0.
6 Public support. Subtract line 5 from line 4.						40,824,374.

Section B. Total Support

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

Section C. Computation of Public Support Percentage

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

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

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

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

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

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

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

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

Section A. Public Support

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

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

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

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

BAA

Schedule A (Form 990 or 990-EZ) 2020

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

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

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

BAA

Schedule A (Form 990 or 990-EZ) 2020

Part VI

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

Part II, Line 10 - Other Income

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

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

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

2020

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization

Employer identification number

WESTCARE GULFCOAST FLORIDA INC.

59-3714627

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

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

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for total number, aggregate value of contributions, grants, and end of year.

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property...
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes...

Part II Conservation Easements.

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

Table with 2 columns: Description, Held at the End of the Tax Year. Rows 2a, 2b, 2c, 2d.

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

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

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

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

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

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

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

- 1 a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If 'Yes,' explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1 c |
| d Additions during the year | 1 d |
| e Distributions during the year | 1 e |
| f Ending balance | 1 f |
- 2 a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.

Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1 a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land				
b Buildings				
c Leasehold improvements		1,641,156.		1,641,156.
d Equipment		531,363.		531,363.
e Other		38,257.	1,509,768.	-1,471,511.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				701,008.

Part VII Investments – Other Securities.

N/A

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

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

Part VIII Investments – Program Related.

N/A

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)		

Part IX Other Assets.

N/A

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 15.)	

Part X Other Liabilities.

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

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

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	9,953,890.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
	a Net unrealized gains (losses) on investments	2 a	
	b Donated services and use of facilities	2 b	
	c Recoveries of prior year grants	2 c	
	d Other (Describe in Part XIII.)	2 d	
	e Add lines 2 a through 2 d	2 e	
3	Subtract line 2 e from line 1	3	9,953,890.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
	a Investment expenses not included on Form 990, Part VIII, line 7b	4 a	
	b Other (Describe in Part XIII.)	4 b	
	c Add lines 4 a and 4 b	4 c	
5	Total revenue. Add lines 3 and 4 c . (This must equal Form 990, Part I, line 12.)	5	9,953,890.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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

1	Total expenses and losses per audited financial statements	1	10,537,577.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
	a Donated services and use of facilities	2 a	
	b Prior year adjustments	2 b	
	c Other losses	2 c	
	d Other (Describe in Part XIII.)	2 d	
	e Add lines 2 a through 2 d	2 e	
3	Subtract line 2 e from line 1	3	10,537,577.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	a Investment expenses not included on Form 990, Part VIII, line 7b	4 a	
	b Other (Describe in Part XIII.)	4 b	
	c Add lines 4 a and 4 b	4 c	
5	Total expenses. Add lines 3 and 4 c . (This must equal Form 990, Part I, line 18.)	5	10,537,577.

Part XIII Supplemental Information.

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

WESTCARE GULFCOAST FLORIDA INC.

Employer identification number

59-3714627

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

Form 990 is reviewed by the CFO.

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

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

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

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

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

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

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

WESTCARE GULFCOAST FLORIDA INC.

Employer identification number

59-3714627

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Sec 512(b)(13) controlled entity?	
						Yes	No
(1) WESTCARE FOUNDATION, INC. 1711 WHITNEY MESA DR. HENDERSON, NV 89014 86-0852629	SUPPORTING ORGANIZATION	NV	501 (c) 3	9	N/A		X
(2) FITZHOUSE ENTERPRISES 1711 WHITNEY MESA DR. HENDERSON, NV 89014 37-1440598	REAL ESTATE HOLDING COMPANY	NV	501 (c) 2		N/A		X
(3) -----							
(4) -----							

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

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

(2) -----												

(3) -----												

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

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

(2) -----									

(3) -----									

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

		Yes	No
1	Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. 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	1 a	X
	b Gift, grant, or capital contribution to related organization(s)	1 b	X
	c Gift, grant, or capital contribution from related organization(s)	1 c	X
	d Loans or loan guarantees to or for related organization(s)	1 d	X
	e Loans or loan guarantees by related organization(s)	1 e	X
	f Dividends from related organization(s)	1 f	X
	g Sale of assets to related organization(s)	1 g	X
	h Purchase of assets from related organization(s)	1 h	X
	i Exchange of assets with related organization(s)	1 i	X
	j Lease of facilities, equipment, or other assets to related organization(s)	1 j	X
	k Lease of facilities, equipment, or other assets from related organization(s)	1 k	X
	l Performance of services or membership or fundraising solicitations for related organization(s)	1 l	X
	m Performance of services or membership or fundraising solicitations by related organization(s)	1 m	X
	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1 n	X
	o Sharing of paid employees with related organization(s)	1 o	X
	p Reimbursement paid to related organization(s) for expenses	1 p	X
	q Reimbursement paid by related organization(s) for expenses	1 q	X
	r Other transfer of cash or property to related organization(s)	1 r	X
	s Other transfer of cash or property from related organization(s)	1 s	X

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

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

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

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

Part VII Supplemental Information

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

WESTCARE GULFCOAST-FLORIDA, INC.

**FINANCIAL STATEMENTS
AND SUPPLEMENTAL INFORMATION**

JUNE 30, 2021

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

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INDEPENDENT AUDITOR'S REPORT

The Board of Directors
WestCare GulfCoast-Florida, Inc.

Report on the Financial Statements

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

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

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

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

Opinion

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

Other Matters

Supplemental and Other Information

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

Other Reporting Required by Government Auditing Standards

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

Roos & McNabb CPA's PC

Fresno, California
November 29, 2021

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

ASSETS

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

LIABILITIES

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

NET ASSETS

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

See accompanying notes to financial statements

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

Change in Net Assets Without Donor Restrictions

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

See accompanying notes to financial statements

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

CASH FLOWS FROM OPERATING ACTIVITIES:

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

CASH FLOWS FROM INVESTING ACTIVITIES:

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

CASH FLOWS FROM FINANCING ACTIVITIES:

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

See accompanying notes to financial statements

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

Program Services

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

See accompanying notes to financial statements

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

NOTE 1 – ORGANIZATION AND NATURE OF ACTIVITIES:

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

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

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

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

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:

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

Basis of Presentation: Net assets and revenues, expenses, gains, and losses are classified based on the existence or absence of donor-imposed restrictions. Accordingly, net assets of the Organization and changes therein are classified as follows:

Net assets without donor restrictions: Net assets that are not subject to donor-imposed restrictions and may be expended for any purpose in performing the primary objectives of the Organization. These net assets may be used at the discretion of Management and the Board of Directors.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

NOTE 3 – CASH AND CASH EQUIVALENTS:

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

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

NOTE 4 – RESTRICTIONS ON ASSETS:

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

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

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

NOTE 5 – LIQUIDITY AND AVAILABILITY OF FINANCIAL ASSETS:

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

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

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

NOTE 6 – PROPERTY AND EQUIPMENT, NET:

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

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

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

NOTE 7 – EMPLOYEE BENEFIT PLAN:

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

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

NOTE 8 – COMMITMENTS AND CONTINGENCIES:

Operating Leases:

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

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

Contingencies:

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

NOTE 9 – ECONOMIC DEPENDENCY:

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

NOTE 10 - MATCHING REQUIREMENTS:

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

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

NOTE 11 – RELATED PARTY TRANSACTIONS:

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

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

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

NOTE 12 – COVID-19 PANDEMIC:

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

NOTE 13 – PAYROLL PROTECTION PROGRAM LOANS:

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

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

NOTE 14 – SUBSEQUENT EVENTS:

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

END OF NOTES TO THE FINANCIAL STATEMENTS

WESTCARE GULFCOAST-FLORIDA, INC.
SUPPLEMENTARY AND OTHER INFORMATION

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

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

The accompanying notes are an integral part of this schedule.

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

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

The accompanying notes are an integral part of this schedule.

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

NOTE A - BASIS OF PRESENTATION:

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

NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:

Expenditures reported on the Schedules are reported on the accrual basis of accounting. Such expenditures are recognized following the cost principles contained in the Uniform Guidance and Chapter 10.650 Rules of the Auditor General, wherein certain types of expenditures are not allowable or are limited as to reimbursement.

NOTE C – INDIRECT COST RATE:

WestCare Gulfcoast-Florida, Inc. has elected not to use the 10-percent de minimis indirect cost rate allowed under the Uniform Guidance. WestCare Gulfcoast-Florida, Inc. has a provisional indirect rate agreement for 26% for the year ended June 30, 2021.

WESTCARE GULFCOAST-FLORIDA, INC.
 SCHEDULE OF FINDINGS AND QUESTIONED COSTS
 FEDERAL PROGRAMS AND STATE PROJECTS
 FOR THE YEAR ENDED JUNE 30, 2021

Section I – Summary of Auditor’s Results

Financial Statements

Type of auditor’s report issued on whether the financial statements audited were prepared in accordance with GAAP:	Unmodified
Internal control over financial reporting:	
• Material weakness(es) identified?	No
• Significant deficiency(ies) identified?	None reported
Noncompliance material to financial statements noted?	No

Federal Awards and State Projects

Internal control over major programs:	
• Material weakness(es) identified?	No
• Significant deficiency(ies) identified?	None reported
Types of auditor’s report issued on compliance for major programs:	Unmodified
Any audit findings disclosed that are required to be reported in accordance with CFR 200.516(a) or Chapter 10.656?	No

Identification of major programs:	
<u>Federal Program or Cluster</u>	<u>Federal CFDA No.</u>
Block Grants for Prevention & Treatment of Substance Abuse	93.959
Opioid SOR	93.788
 <u>State Project</u>	 <u>State CFDA/CFSA No.</u>
Department of Corrections – Focus	70.016

Dollar threshold used to distinguish between type A & type B Programs:	
Federal Programs:	\$750,000
State Programs:	\$750,000
Auditee qualified as low-risk auditee pursuant to Uniform Guidance: (Not applicable for State Projects)	Yes

Section II – Financial Statement Findings

None reported

Section III – Federal/State Award Findings and Questioned Costs

None reported

Section IV – Other Issues/Prior Year Audit Findings

No management letter is required because there were no findings required to be reported in the management letter.
 No Summary Schedule of Prior Audit Findings is required because there were no prior audit findings.
 No Corrective Action Plan is required because there were no findings required to be reported.

WESTCARE GULFCOAST-FLORIDA, INC.
Schedule of State Earnings for
Fiscal Year 7/1/20 - 6/30/21

1	Total Expenditures	10,537,578.00
2	Less Other State and Federal Funds	(5,728,913.00)
3	Less Non-Match SAMH Funds	(1,929,710.00)
4	Less Unallowable Costs per 65E-14, F.A.C.	0.00
5	Total Allowable Expenditures (Sum of lines 1, 2, 3, and 4)	2,878,955.00
6	Maximum Available Earnings (Line 5 times 75%)	2,159,216.25
7	Amount of State Funds Requiring Match	122,530.00
8	Amount Due to Department (Subtract line 7 from line 6)	2,036,686.25

AUDIT SCHEDULE
WestCare Gulfcoast Florida, Inc.
Schedule of Bed-Day Availability Payments
For Fiscal Year Ending 6/30/21

Program A	Cost Center B	State Contracted Rate C	Total Units of Service Provided D	Total Units of Service Paid for by 3rd Party Contracts, Local Govt. or Other State Agencies E	Maximum # of Units Eligible for Payment by Department F (D-E)	Amount Paid for Services by the Department G	Maximum \$ Value of Units in Column F H (F x C)	Amount Owed to Department I (G-H or \$0, whichever is greater)
Children's MH	Crisis Stabilization Unit		0		0		\$0.00	\$0.00
Adult MH	Crisis Stabilization Unit		0		0		\$0.00	\$0.00
Children's SA	Substance Abuse Detox		0		0		\$0.00	\$0.00
Adult SA	Substance Abuse Detox		0		0		\$0.00	\$0.00
Adult MH	Short-term Residential Treatment		0		0		\$0.00	\$0.00
	This Schedule N/A		0		0		\$0.00	\$0.00
			0		0		\$0.00	\$0.00
			0		0		\$0.00	\$0.00
Total Amount Owed to Department =								\$0.00

<p style="text-align: center;">AUDIT SCHEDULE WestCare Gulfcoast Florida, Inc. Schedule of Related Party Transaction Adjustments for the Fiscal Year Ending 6/30/2021</p>						
Revenues From Grantee	Related Party	Allocation of Related Party Transactions Adjustment				
		State-Designated Cost Centers				
		1	2	3	Total
Rent	XXX					
Services	XXX					
Interest	XXX					
Other	XXX					
Total Revenue From Grantee	XXX					
This Schedule N/A						
Expenses Associated with Grantee Transactions						
Personnel Services	YYY					
Depreciation	YYY					
Interest	YYY					
Other	<u>YYY</u>					
Total Associated Expenses	YYY					
Related Party Transaction Adjustment	ZZZ	ZZZ	ZZZ	ZZZ	ZZZ	ZZZ



ROOS & MCNABB CPA'S
A PROFESSIONAL CORPORATION

INDEPENDENT AUDITOR'S REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE WITH GOVERNMENT AUDITING STANDARDS

To the Board of Directors
WestCare GulfCoast-Florida, Inc.

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of WestCare GulfCoast-Florida, Inc. (a nonprofit organization), which comprise the statement of financial position as of June 30, 2021, and the related statement of activities, and cash flows for the year then ended, and the related notes to the financial statements, and have issued our report thereon dated November 29, 2021.

Internal Control over Financial Reporting

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

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

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

Compliance and Other Matters

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

Purpose of this Report

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

Roos & McNabb CPA's PC

Fresno, California
November 29, 2021



ROOS & MCNABB CPA'S
A PROFESSIONAL CORPORATION

INDEPENDENT AUDITOR'S REPORT ON COMPLIANCE FOR EACH MAJOR FEDERAL PROGRAM AND STATE PROJECT AND REPORT ON INTERNAL CONTROL OVER COMPLIANCE REQUIRED BY THE UNIFORM GUIDANCE AND CHAPTER 10.650, RULES OF THE AUDITOR GENERAL

To the Board of Directors
WestCare GulfCoast-Florida, Inc.

Report on Compliance for Each Major Federal Program and State Project

We have audited WestCare GulfCoast-Florida, Inc.'s compliance with the types of compliance requirements described in the *OMB Compliance Supplement*, and the requirements described in the *Department of Financial Services' State Projects Compliance Supplement*, that could have a direct and material effect on each of WestCare GulfCoast-Florida, Inc.'s major federal programs and state projects for the year ended June 30, 2021. WestCare GulfCoast-Florida, Inc.'s major federal programs and state projects are identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs.

Management's Responsibility

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

Auditor's Responsibility

Our responsibility is to express an opinion on compliance for each of WestCare GulfCoast-Florida, Inc.'s major federal programs and state projects based on our audit of the types of compliance requirements referred to above. We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; the audit requirements of Title 2 U.S. *Code of Federal Regulations*, Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance); and Chapter 10.650, Rules of the Auditor General. Those standards, the Uniform Guidance, and Chapter 10.650, Rules of the Auditor General, require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major federal program and state project occurred. An audit includes examining, on a test basis, evidence about WestCare GulfCoast-Florida, Inc.'s compliance with those requirements and performing such other procedures as we considered necessary in the circumstances.

We believe that our audit provides a reasonable basis for our opinion on compliance for each major federal program and state project. However, our audit does not provide a legal determination of WestCare GulfCoast-Florida, Inc.'s compliance.

Opinion on Each Major Federal Program and State Project

In our opinion, WestCare GulfCoast-Florida, Inc. complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on each of its major federal programs and state projects for the year ended June 30, 2021.

Report on Internal Control Over Compliance

Management of WestCare GulfCoast-Florida, Inc. is responsible for establishing and maintaining effective internal control over compliance with the types of compliance requirements referred to above. In planning and performing our audit of compliance, we considered WestCare GulfCoast-Florida, Inc.'s internal control over compliance with the types of requirements that could have a direct and material effect on each major federal program and state project to determine the auditing procedures that are appropriate in the circumstances for the purpose of expressing an opinion on compliance for each major federal program and state project and to test and report on internal control over compliance in accordance with the Uniform Guidance and Chapter 10.650, Rules of the Auditor General, but not for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of WestCare GulfCoast-Florida, Inc.'s internal control over compliance.

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

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

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and results of that testing based on the requirements of the Uniform Guidance, and Chapter 10.650, Rules of the Auditor General. Accordingly, this report is not suitable for any other purpose.

Roos & McNabb CPA's PC

Fresno, California
November 29, 2021

March 22, 2023

To the Pinellas Community Foundation:

I am pleased to write this Letter of Support for WestCare GulfCoast-Florida's request for Arpa funding to purchase a van and trailer to support Camp Mariposa St. Petersburg. Camp Mariposa is an award-winning national addiction prevention and mentoring program serving youth ages 9-17 who are affected by the substance use disorder of a loved one. Eluna has partnered with WestCare GulfCoast-Florida for the past seven years to serve youth from St. Petersburg and other surrounding communities in Pinellas County.

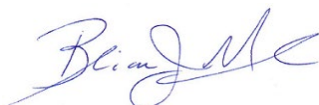
Eluna is a national non-profit with a mission to support children and families impacted by grief or addiction. We currently work with mental health and youth-focused organizations such as WestCare GulfCoast-Florida to offer Camp Mariposa in 19 communities across the United States. Camp Mariposa is changing the lives of the youth it serves in dramatic ways. In 2022, over 90% of the youth served through Camp Mariposa had not used any substances to get high and had not been involved in the juvenile justice system

Eluna is committed to providing the following services in support of Camp Mariposa St. Petersburg:

- Partial Funding (currently \$23,000 per year)
- Supplies (such as sleeping bags and t-shirts)
- Evidence- Based Curriculum (Too Good For Drugs and Signs of Suicide)
- In-Kind Donations (such as MLB tickets, Costco Cards, and Project Linus blankets)
- Training Opportunities (such as Too Good For Drugs and National Mentor Summit)
- On-going program support (such as one-on-one meetings, site visits, opportunities to connect with other partners in the Camp Mariposa network)

Eluna wholeheartedly supports WestCare GulfCoast-Florida's application for funding to purchase a van and trailer.

Sincerely,



Brian J. Maus, MA
Director of Addiction Prevention and Mentoring Programs



CAMP MARIPOSA POSITIVE YOUTH OUTCOMES

- 95% of youth say there are adults they trust at Camp Mariposa
- 95% of youth say they have made friends at Camp Mariposa
- 93% of youth understand the dangers of drugs and alcohol
- 92% of youth can identify 2 ways to take care of themselves



I came to Camp Mariposa to learn how to deal with my dad's drug addiction. I've never had a friend I could talk to but here everyone understands what I'm going through. I learned healthy ways to cope with addiction in my family and that I can make choices to be DIFFERENT.
- Jessica, age 11

eluna

The mission of Eluna is to support children and families impacted by grief or addiction. Three innovative programs and resources — Camp Erin, Camp Mariposa, and the Eluna Resource Center — address the critical needs of children experiencing the death of someone close to them or substance use disorder in the family.

For more information, please visit:
elunanetwork.org.

CAMP MARIPOSA



WHERE KIDS TRANSFORM

Camp Mariposa was the best camp ever! We learned about addiction and also got to do fun things like a talent show, high ropes and archery.”

— Dominic, age 12



**CAMP MARIPOSA
ST PETERSBURG is a free
weekend camp program for
children ages 9-12 who are
affected by the substance
use disorder of a loved one.**

Youth participate in fun, traditional camp activities such as swimming and rock climbing, combined with education and support sessions led by mental health professionals and trained adult mentors. Campers and adult mentors make a one-year commitment to the program. All program activities are offered free of charge to families.

Camp Mariposa provides a safe, fun and supportive environment critical to helping break the cycle of addiction.

Camp Mariposa St Petersburg is part of Eluna's national Camp Mariposa network.

REGISTRATION FOR CAMPERS

We are always looking to enroll youth ages 9-12 in Camp Mariposa. If you are interested in registering a child or learning more about the program, please contact:

Kendra Abraham

727-515-3838

Camp.mariposa@westcare.com

BECOMING A MENTOR

Caring, compassionate adults are key in making Camp Mariposa successful. Adults interested in becoming mentors make a one-year commitment to the program. If you are interested in becoming a mentor, contact us today to learn more.

CAMP MARIPOSA HELPS YOUTH

- Reduce feelings of isolation and guilt
- Connect with friends facing similar situations
- Learn that addiction is a disease and not their fault
- Build confidence
- Learn critical life skills to help manage feelings and practice self-care.
- Have FUN!

COVID-19 RESPONSE

Considering COVID-19 Camp MariposaSt. Petersburg programming is currently running overnight and day activities with current COVID-19 protocols in place-subject to change with activity and location.

To help slow the spread of the COVID-19 virus, the program follows local and CDC guidelines for in-person programming.



WHERE KIDS TRANSFORM

Camp Mariposa® St. Petersburg is a year-round addiction prevention and mentoring program for children ages 9-12 affected by the substance use of a family member. Youth attend free, day and weekend camps throughout the year. At camp, youth participate in fun, traditional camp activities, combined with education and support sessions to learn critical life skills and self-care.

Camp Mariposa St. Petersburg offers additional social and recreational activities throughout the year. Outings, such as movies, sporting events and bowling provide youth, their families and mentors an opportunity to connect and have fun.

Camp Mariposa Helps Youth

- Connect with friends in similar situations
- Reduce feelings of guilt and isolation
- Learn that addiction is a disease and not their fault
- Develop trusting relationships with adult mentors
- Build confidence and learn critical life skills
- Have fun!

In response to COVID-19, the safety of campers and mentors is our priority. Some program activities may be rescheduled, cancelled or provided in a virtual setting.

Camp Mariposa St. Petersburg is part of Eluna's national Camp Mariposa program. For more information, visit elunanetwork.org.

Camp is free to attend!

Enroll your child today

Camp Contact:
Kendra Abraham
727.515.3838

camp.mariposa@westcare.com



To learn more, or for an application, please visit westcare.click/fl

Camp Mariposa® St. Petersburg, Florida is hosted in partnership with

