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Form	J	J	U

** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

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



Department of the Treasury Internal Revenue Service

Τ.

AF	or the	e 2017 calendar year, or tax year beginning and e	ending	_	
B c	beck if	e: C Name of organization		D Employer identifie	cation number
	Addre	SENIORS IN SERVICE OF TAMPA BAY, INC.			
	 Name chang			59-2	422975
	Initial return		Room/suite		
	Final	1306 WEST SLIGH AVENUE) 932-5228
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,820,181.
	Ameno			H(a) Is this a group re	eturn
	Applic tion	F Name and address of principal officer: TAMMY CRIOLLO		for subordinates	
	pendir	¹⁹ SAME AS C ABOVE		H(b) Are all subordinates in	
11	ax-exe	empt status: 🗴 501(c)(3) 🛄 501(c) ()◀ (insert no.) 🛄 4947(a)(1) o	or 📃 527		list. (see instructions)
		te: WWW.SENIORSINSERVICE.ORG		H(c) Group exemption	n number 🕨
κF	orm of	organization: 🔀 Corporation 🔄 Trust 🔄 Association 🔄 Other 🕨	L Year	of formation: 1984 N	1 State of legal domicile: \mathbf{FL}
Pa	art I	Summary			
Ð	1	Briefly describe the organization's mission or most significant activities: OUR 1	MISSIC	ON IS TO PRO	VIDE
anc		SOLUTIONS TO COMMUNITY CHALLENGES BY ENGA			
Activities & Governance	2	Check this box $ig >$ $\big ext{int}$ if the organization discontinued its operations or dispos	sed of mor	e than 25% of its net as	
Ň		Number of voting members of the governing body (Part VI, line 1a)		3	12
ن م	4	Number of independent voting members of the governing body (Part VI, line 1b)			12
es	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)			25
iviti	6		`		550
Act	7a	Total unrelated business revenue from Part VIII, column (C), line 12	, 	7a	0.
_	b	Net unrelated business taxable income from Form 990-T, line 34	<u></u>	7b	0.
		\bigcirc		Prior Year	Current Year
e	8	Contributions and grants (Part VIII, line 1h)		1,824,824.	1,772,118.
Revenue		Program service revenue (Part VIII, line 2g)		0.	0.
Jev		Investment income (Part VIII, column (A), lines 3, 4, and 7d		2,552.	2,751.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		69,141.	38,145.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .		1,896,517.	1,813,014.
		Grants and similar amounts paid (Part IX, column (A) lines 1-3)		550,173.	528,012.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) $_{\rm .}$		753,087.	798,143.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Т. Д		Total fundraising expenses (Part IX, column (D), line 25)	0.		
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		557,055.	468,465.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,860,315.	1,794,620.
		Revenue less expenses. Subtract line 18 from line 12		36,202.	18,394.
Net Assets or Fund Balances			B	eginning of Current Year	End of Year
Bala	20	Total assets (Part X, line 16)	······	861,768. 87,416.	890,768.
et A Ind I	21	Total liabilities (Part X, line 26)			98,022.
_		Net assets or fund balances. Subtract line 21 from line 20		774,352.	792,746.
Pa	art II	Signature Block			- Income the state of the state of the state

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 TAMMY CRIOLLO, PRESIDE Type or print name and title	ENT & CEO		Date
Paid	Print/Type preparer's name SAM A. LAZZARA	Preparer's signature	Date	Check PTIN if self-employed P01342929
Preparer	Firm's name 🕞 RIVERO, GORDIMER		-	Firm's EIN 59-3040705
Use Only	Firm's address P. O. BOX 172359 TAMPA, FL 33672			Phone no. (813) 875-7774
May the IF	RS discuss this return with the preparer shown ab	ove? (see instructions)		X Yes No
732001 11-2	8-17 LHA For Paperwork Reduction Act Noti	ce, see the separate instructions.		Form 990 (2017)

	990 (2017) SENIORS IN SERVICE OF TAMPA BAY, INC. 59-2422975 Page
Par	t III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
1	Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission:
	OUR MISSION IS TO PROVIDE SOLUTIONS TO COMMUNITY CHALLENGES BY
	ENGAGING VOLUNTEERS AGED 55+.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
	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. (Code:) (Expenses \$ 1,232,712. including grants of \$ 375,914.) (Revenue \$
	(Code:) (Expenses \$1,232,712. including grants of \$375,914.) (Revenue \$ FOSTER GRANDPARENT PROGRAM - IN 2016-2017 SCHOOL YEAR FOSTER
	GRANDPARENT VOLUNTEERS PROVIDED OVER 140,000 HOURS OF TUTORING AND
	MENTORING TO CHILDREN IN TITLE 1 AND OTHER LOW-INCOME SCHOOLS. FOSTER
	GRANDPARENT VOLUNTEERS HELPED PRESCHOOLERS DEVELOP SCHOOL READINESS
	SKILLS AND STUDENTS IN KINDERGARTEN THROUGH 3RD GRADE IMPROVE LITERAC
	AND SOCIAL/EMOTIONAL SKILLS. MORE THAN 2,000 CHILDREN IN TAMPA BAY
	BENEFITTED FROM DAILY TUTORING AND MENTORING IN THEIR CLASSROOM. 593
	THE MOST AT-RISK CHILDREN RECEIVED ONE-ON-ONE TUTORING, WITH 94%
	SUCCESS IN IMPROVING THE CHILD'S CHALLENGE AREAS AS EVALUATED BY THEI
	TEACHERS, NOT BY SENIORS IN SERVICE. AT THE BEGINNING OF THE SCHOOL
	YEAR CLASSROOM TEACHERS IDENTIFIED ACADEMIC AND BEHAVIORAL GOALS FOR
	EACH CHILD RECEIVING ONE-ON-ONE TUTORING, DOCUMENTING THEM IN AN
	(Code:) (Expenses \$ 399,214. including grants of \$ 152,098.) (Revenue \$
	SENIOR COMPANION PROGRAM - PAIRS ELDERLY CLIENTS WITH SENIOR COMPANIO
	TO IMPROVE THEIR LIVES AND PROMOTE INDEPENDENT LIVING. CLIENTS INCLU
	FRAIL ELDERLY, DISABLED ADULTS, LONELY VETERANS AND/OR THEIR OVERWHELMED CAREGIVERS WHO WANT TO REMAIN INDEPENDENT YET LACK
	RESOURCES OR SUPPORT FROM FAMILY OR FRIENDS. VOLUNTEERS WHO ARE ACTI
	SENIORS PROVIDE THESE AT-RISK CLIENTS WITH COMPANIONSHIP, HOMEMAKER
	SERVICES, RESPITE AND A WATCHFUL EYE IN CASE THEY NEED EXTRA CARE - A
	AT NO COST TO THEM. PROGRAM STAFF VISIT CLIENTS AT HOME TO DETERMINE
	ABILITY TO COMPLETE ACTIVITIES OF DAILY LIVING (ADL'S). CLIENTS AND
	VOLUNTEERS ARE MATCHED BASED ON NEEDS, CULTURE AND SKILLS. VOLUNTEER
	HELP WITH ERRANDS/CHORS, FILL OUT FORMS, SHARE HEALTH/SAFETY
	INFORMATION AND ENGAGE IN MENTALLY STIMULATING PUZZLES, GAMES AND
	(Code:) (Expenses \$ 72,927. including grants of \$) (Revenue \$)
	RETIRED AND SENIOR VOLUNTEER PROGRAM (RSVP) - OUR RSVP PROGRAM MATCHE
	PEOPLE AGE 55+ TO THE VOLUNTEER OPPORTUNITY OF THEIR DREAMS. WE PARTN
	WITH HUNDREDS OF ORGANIZATIONS, STRATEGICALLY MATCHING EACH VOLUNTEER
	TO USE SKILLS THEY'VE GAINED OVER THE YEARS OR DEVELOP NEW ONES. FOCU
	AREAS INCLUDE CAPACITY BUILDING FOR OTHER NONPROFITS, SERVICES FOR
	ELDERS, AND FEED THE HUNGRY PROJECTS.
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
	Total program service expenses ► 1,704,853.
	Form 990 (
4e	Form 990 (11-28-17 SEE SCHEDULE O FOR CONTINUATION(S)

Earm	000	(2017)	
Form	990	(2017)	

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

Form **990** (2017)

732003 11-28-17

Form 990 (2				SERVICE	OF	TAMPA	BAY,	INC.
Part IV	Checklist of I	Required Sch	edule	es (continued)				

20a Did the organization spectra on a cm rom hospital facilities // Yes," complete Schedule H 20b X 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic organization or Part IX, column (A), line 17 // Yes, "complete Schedule I, Part J and II 21 X 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or current and former officers, directors, trustees, key employees, and highest compensation of the organization assert "vie" of Part IV, Schedule I, Part J and II 22 X 23 Did the organization assert view of Part VI. Schedule I, Part J and II 23 X 24 Did the organization neaver more of the substanding prioripal amount of more than \$100,000 as of the list day of the way. Int was usues and fare December 31, 2002? II 'Yes, 'answer lines 24b through 24d and complete Schedule I, Part J 24a X 24a Did the organization more an 'no behalf of' issue for bonds outstanding at any time during the year to delease any tracempt bonds beyond a temporary period exception? 24d 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(2) organizations. Dud the organization ango in an except Pondit Transcome W as outcompton the assistance to any of other 25. X 25a Did the organization more than \$100(0) and any of the organization in prior year, and that the transaction ware that angle and more of disqualified person? If 'Yes, 'complete Schedule L, Part I </th <th></th> <th></th> <th></th> <th>Yes</th> <th>No</th>				Yes	No
11 Did the organization report more than 55,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 111 "Yes," complete Schedule I, Parts I and II. 21 X 22 Did the organization neport more than 55,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 21 // Yes," complete Schedule I, Parts I and III. 22 X 23 Did the organization newor Yes' to Part IX, lice of about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensation of the organization about about about the assistance to any domestic about the part is a twain the year. If wains issued after Docember 31, 2002? If Yes, "answer lines 24 btrough 24d and complete Schedule K, If Yes," to b ine 25a Z4b	20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
domestic government on Part IX, column (A), line 31 /f "res," complete Schedule I, Parts I and /line 21 X 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 21 /f "res," complete Schedule I, Part I and III 22 X 23 Did the organization naives "Yes" to Part IVI. Section A, line 3, 4, or \$ about compensation of the organization's current and former offices, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule A 23 X 24 Did the organization naives in susue datar Decomber 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K II" No", go to line 25a 24b 24c 24 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24d 24d 25 Section 50(16)(3, 501(44), and 501(2)20 organizations. Did the organization ange in an oxcels benefit transaction with a disqualified perion during the year? If "Yes," complete Schedule L, Part I 25a X 26 Did the organization exponent the tonganization scutts and prove the organization ange in an oxcels benefit transaction with a disqualified perion during the year? If "Yes," complete Schedule L, Part I 25a X 27 Did the organization expont that the nange transaction with a disqualified perion during the year? If "Yes," complete Schedule L, Part II 25a X 28 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from ologisables to any c	b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
22 Did the organization report more than \$5,000 of grafts or other assistance to or for domestic individuals on Part K, column (A), line 27 if "Yes," complete Schedule I, Parts I and III 22 X 21 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J. 23 X 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the isat day of the year, tat was issued after Docember 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", to to line 25a X 24b Did the organization maintain an escrow account other than a refunding strong period exception? 24b X 24a Did the organization awas that 1 engaged in an excess benefit transaction with a disqualified person during the year? 24c 24d 25a X Did the organization awas that 1 engaged in an excess benefit transaction with a disqualified persons? If "Yes," complete Schedule L, Part I 25a X 25 Did the organization or other assistance to an officer, directory, functee, key employees, highest compensated employees of disqualified persons? If "Yes," complete Schedule L, Part IV 25a X 25 Did the organization provide a grant or other assistance to an officer, dine form fungeners? If "Yes," complete Schedule L, Part IV	21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
Part X, column (A), line 27. If "Yes," complete Schedule I, Parts I and III 22 X 23 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensatiod employees? If 'Yes," complete Schedule / I'No', go to line 25a 2a X 24 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes," answer lines 24b through 24d and complete Schedule / I'No', go to line 25a 24a X 2 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24a 24d 2 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24d 24d 2 Did the organization invest an 'on behalf of issue for bonds outstanding at any time during the year? 24d 24d 2 Section 50((a)), 50((-4)(a), 40((-4)(a), and 50((-2)(a) organizations. Did the organization all disqualified person ha priory ver, and that the transaction with a disqualified person during the year? 24d 25a 25 Did the organization are period on any of the organization are current or former officers, director, trustees, key employees, bistpatient organization are proved any of these person a party to a business transaction with a disqualified person of a priory organization are of these persons? If 'Yes,' complete Schedule L, Part II 25b X <		domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensated employees? If "Yes," complete Schedule J 23 24 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 vas sisued after Deember 31, 2002? If "Yes," complete 24b fmough 24d and complete Schedule K. If 'No', 'organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 24a 24 Did the organization mixest any proceeds of tax exempt bonds beyond a temporary period exception? 24d 25 Section 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 24d 26 b the organization axis an 'on behall of' lisuer for bonds outstanding at any time during the year? 24d 27 b the organization axis an 'on behall of' lisuer for bonds outstanding at any time during the year? 24d 28 Section 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Did the organization engage in an excess benefit transaction with a disqualified person on a flow any of the organization provide a grant or other assistance to an officer, director, trustee, very employees, highest compensated employees, or disqualified persons? If 'Yes,' complete Schedule L, Part IV 28 Did the organization aptic tay amount on Part X, line 5, 6, or 22 for receivables from objetables for any or themse person? If 'Yes,' complete Schedule L, Part IV 29 Did th	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 23 X 24a Did the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the list day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule I, I"No", go to line 25a 24a X 24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24a X 24a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24d 24d 25a Section 501(e)(3), 501(e)(4), and 501(e)(29) organizations. Did the organization engage in an except benefit transaction with a disqualified person during the year? 24d 25a 25a Section 501(e)(3), 501(e)(4), and 501(e)(29) organizations. Did the organization engage in an except benefit transaction with a disqualified person during the year? 25a X 25a Did the organization aware that engaged in a excess benefit transaction with a disqualified person? If "Yes," complete Schedule L, Part I 25a X 25b Did the organization aware three, seepholyses, highest compensated employees, or disqualified person? If "Yes," complete Schedule L, Part I 25a X 27b Did the organization approxip to a burness transaction with an employee, substantial contribution or member of early of these person? If "Yes," complete Schedule L, Part I V 25a X <td></td> <td></td> <td>22</td> <td>Х</td> <td></td>			22	Х	
Schedule J 23 X 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If Yes," answer lines 24b through 24d and complete Schedule K. If 'No', go to line 25a 24a X 24 Did the organization meants an encorew account other than a refunding escrew at any time during the year to defease any tax-exempt bonds? 24a X 25 Did the organization meants an encorew account other than a refunding escrew at any time during the year to defease any tax-exempt bonds? 24d 24d 26 Did the organization meants an encorew account other than a refunding escrew at any time during the year? 24d 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from Norgabiles to any current or former officers, directors, trustes, ley employees, highest components dot amployees. There will all contributor or employee thereof, a grant exilection committee member or ora55% controlled entity or family member of a current or former officer, director, trustes, ley employees, or ley employee? If 'Yes,' complete Schedule L, Part IV 28a X 27a X Was the organization moving to a business transaction with our or high following parties (see Schedule L, Part IV 28a X 27a X Main organization indeparty to a business transaction with our or high following parties (see Schedule L, Part IV 28a	23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "res," answer line 24b through 24d and complete Schedule I, If "No", go to line 25a 24a X 2 bit the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24a X 2 bit the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24d 24d 2 bit the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 24d 2 bit the organization mark that it ongoad in an excess bench transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a X 2 bit the organization are that it ongoad in an excess bareful transaction with a disqualified person? If "Yes," complete Schedule L, Part I 25b X 2 bit the organization provide a grant or other assistance to an officer, director, these, key employee, substantial contributor or employee thereof, a grant selection committee member Or the 35% controlled entity or family member of a ourent or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a X 2 M acting to which a current or former officer, director, trustee, or key employee or disqualified person? If "Yes," complete Schedule L, Part IV 28a X 2 bit the organization party to a business transaction with operof hapfolowi		and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
is to day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K, If 'No', go to line 25a 24a X b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-evempt bonds? 24d X 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? 24d 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 24d 25a 27 bid the organization negort any amount on Part X, line 5, 6, or 22 for receivables from 0rga/ables to any current or former officers, directors, trustes, key employees, highest compensated employees, organization approves, and that the transaction with a disqualified person any organization approves. Director any of the organization approves are any organization approves. The "Yes," complete Schedule L, Part II 26b X 27 Did the organization provide a grant or other assistance to an officer, director, trustes, key employees, bulghest compendences of side current or former officer, director, trustes, convepted Schedule L, Part III 27b X 28 Was the organization approved to a many of the organization approved approved. Just a business transaction with one of the profolowing parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions? 27b X 29 Was the organization neceive moret than 325,000 in on-cash oorthibutions? 28c<			23		X
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director, trustee, or direct or indirect owner? If 'Yes, " complete Schedule L, Part IV.28cX29Did the organization receive ontributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M29X30Did the organization liquidate, terminate or dissolve and cease operations? If "Yes," complete Schedule M, Part30X32Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II31X33Did the organization on 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I33X34Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 134X35aDid the organization have a controlled entity within the meaning of section 512(b)(13)?35aXbIf "Yes," complete Schedule R, Part V, line 235b36Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part V, line 236X37Did the organization complete Schedule R, Part V, line 236X			28b		_ <u> </u>
 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 Did the organization receive contributions of art; historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I 32 Did the organization on 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701.3? If "Yes," complete Schedule R, Part I 33 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 X 	С		000		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>. 31 Did the organization liquidate, terminate or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>. 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part I</i>. 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701.3? <i>If "Yes," complete Schedule R, Part I</i>. 33 Did the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II</i>. 34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>. 35a Sections 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>. 36 Sections 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>. 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 V</i>. 37 X 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? 	20				
contributions? If "Yes," complete Schedule M30X31Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I31X32Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?/f "Yes," complete Schedule N, Part II32X33Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I33X34Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 134X35aDid the organization have a controlled entity within the meaning of section 512(b)(13)? within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 235b35b36Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 236X37Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI ines 11b and 19?37X			25		
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38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	3/		27		x
	38		51		<u> </u>
			38	х	l I

Form **990** (2017)

732004 11-28-17

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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	<u></u>	·····		
de Enterste sumber venested in Dev 0 of Fermini 2000. Enter 0, if not explicible	0	'`	/es	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	0			
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	-	lc		
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	25			
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 <i>e-file</i> (see instructions)				
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		Ba		Х
b If "Yes," has it filed a Form 990-T for this year? <i>If "No," to line 3b, provide an explanation in Schedule O</i>	·····	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)?		la		х
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		Х
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		Х
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		ōc		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization s				
any contributions that were not tax deductible as charitable contributions?	6	6a		Х
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts				
were not tax deductible?	6	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 t	the payor? 7	-	X	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Х	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required				37
to file Form 8282?		7c		Х
d If "Yes," indicate the number of Forms 8282 filed during the year				
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f	N/	<u> </u>
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required a contribution of gaza bate circlesce, or other webicles, did the organization file of files		•	$\frac{N}{N}$	
 h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 	N/A	7h	11/1	
		8		
 sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. 	······			
	N/A 9)a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?) b		
10 Section 501(c)(7) organizations. Enter:	·····			
a Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a				
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b				
11 Section 501(c)(12) organizations. Enter:				
a Gross income from members or shareholders N/A 11a				
b Gross income from other sources (Do not net amounts due or paid to other sources against				
amounts due or received from them.)				
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12	2a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year \dots N/A. 12b				
13 Section 501(c)(29) qualified nonprofit health insurance issuers.	<u>,,</u> L			
· · · · · · · · · · · · · · · · · · ·	N/A 1:	3a		
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				
c Enter the amount of reserves on hand 13c				v
14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		4a		Х
n it "xos " has it filed a Form (20 to report these nayments?) It "No " provide an explanation in Schedule ()	14	4b		

SENIORS IN SERVICE OF TAMPA BAY, INC.

732005 11-28-17

Form 990 (2017)

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Form 990	(2017)
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SENIORS IN SERVICE OF TAMPA BAY, INC.

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

	Check if Schedule O contains a response or note to any line in this Part VI			
Sec	tion A. Governing Body and Management		·	-
			Yes	
1a	Enter the number of voting members of the governing body at the end of the tax year 1a1	4		L
	If there are material differences in voting rights among members of the governing body, or if the governing			L
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			I
b	Enter the number of voting members included in line 1a, above, who are independent 1b 12	4		I
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			ļ
	officer, director, trustee, or key employee?	2		4
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		ļ
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		1
6	Did the organization have members or stockholders?	6		1
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			I
	more members of the governing body?	7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			Ι
а	The governing body?	8a	X	I
	Each committee with authority to act on behalf of the governing body?	8b	Х	Ī
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			1
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	
0a	Did the organization have local chapters, branches, or affiliates?	10a		
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			1
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		I
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	1
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			1
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	x	l
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	1
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	12.0		┨
C		12c	x	
13	Did the organization have a written whistleblower policy?	13	X	┨
13 14	Did the organization have a written document retention and destruction policy?	14	X	┨
		14	- 23	╁
15	Did the process for determining compensation of the following persons include a review and approval by independent			I
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		v	ł
	The organization's CEO, Executive Director, or top management official	15a	X X	┦
b	Other officers or key employees of the organization	15b	<u> </u>	┦
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			I
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			ł
	taxable entity during the year?	16a		ļ
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			ļ
	exempt status with respect to such arrangements?	16b		
ec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed $igar{PL}$			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availab	ole	
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website X Another's website X Upon request Other (explain in Schedule O)			
9	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	TAMMY CRIOLLO - (813) 932-5228			
	1306 WEST SLIGH AVENUE, TAMPA, FL 33604-5902			
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70	706 795320 592422975 2017.03050 SENIORS IN SERVICE OF TAMPA	592	242	2

SENIORS IN SERVICE OF TAMPA BAY, INC.

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

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

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

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received report-

able compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations. • List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average	(do		Pos) than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation 🔌	compensation	amount of
	week		cer ar	id a d I	recto	or/trus	stee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	e			ated		organization	(W-2/1099-MISC)	from the
	related	ustee	truste		e	bens		(W-2/1099-MISC)		organization
	organizations below	ual tr	ional		ploye	t com /ee				and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) SUSAN BOYD	1.00	<u> </u>			\times	ᆂᅙ	Ē	Q_{-}		
IMMEDIATE PAST CHAIR		x		x		•		0.	0.	0.
(2) MARK HALL	1.00					C				
VICE CHAIR		X		X				0.	0.	0.
(3) DAVID HEIZER	1.00					2				
SECRETARY		X		х				0.	0.	0.
(4) TAMMIE BREWER	1.00			D						
DIRECTOR		X						0.	0.	0.
(5) KEVIN D. ZWETSCH	1.00									
DIRECTOR		Ň						0.	0.	0.
(6) PJ NASSAR	1.00									•
DIRECTOR		X						0.	0.	0.
(7) GINA SPACE	1.00									•
DIRECTOR	1 00	X						0.	0.	0.
(8) ROBERT TOMCZAK	1.00									0
DIRECTOR		X						0.	0.	0.
(9) HERMA WHITE	2.00	x		x				0.	0.	0
CHAIR	1.00	<u> </u>						0.	0.	0.
(10) AL PEROTTI, JR.	1.00	x						0.	0.	0.
DIRECTOR	1.00	^						0.	0.	0.
(11) DR. VALERIE BRIMM	1.00	x						0.	0.	0.
DIRECTOR (12) MATT DONNANTUONI	1.00	<u>^</u>						0.	0.	0.
TREASURER	1.00	x		x				0.	0.	0.
(13) TAMMY CRIOLLO	55.00							0.	0.	0.
PRESIDENT & CEO	55.00			x				113,254.	0.	18,366.
				<u>~</u>				115,254.	••	10,500.
		1								
		1								
732007 11-28-17	•	•	•		•	•	•			Form 990 (2017)

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7 2017.03050 SENIORS IN SERVICE OF TAMPA 592422A1

		NIORS IN	SERVI	LCE	<u> </u>	F 1	CAM.	PA	BAY,	INC.	59-2	422	975	Pa	ige 8
Par	t VII Section A. Officers, Di	rectors, Trustee	s, Key Em	ploy	ees, a	and I	Highe	st C	Compensa	ted Employe	es (continued)				
	(A) Name and title		(B) Average nours per week	box,	not che unless	perso	ON ore than on is bo ctor/tru	th an	Rep comp	(D) portable pensation from	(E) Reportable compensatio from related	on	am	(F) timate iount c other	
			(list any nours for related ganizations below line)	Individual trustee or director	Institutional trustee	Officer Kev employee	Highest compensated	Former	orga	the nization 099-MISC)	organization (W-2/1099-MI	IS	com fro orga and	oensat om the anization relate nization	e on ed
										Õ	1				
										<u> </u>					
									<u>∕</u> €	/					
							C'	2							
с	Sub-total Total from continuation she Total (add lines 1b and 1c)	ets to Part VII, S	ection A							13,254. 0. 13,254.		0. 0. 0.		8,30 8,30	0.
	Total number of individuals (in compensation from the organ	cluding but not l				l abo	ve) w	ho r	eceived m	ore than \$100),000 of reportab	le		Yes	1 No
3	Did the organization list any f line 1a? <i>If "Yes," complete Sc.</i> For any individual listed on lin	hedule J for such	n individual										3		X
5	and related organizations grea Did any person listed on line 1	ater than \$150,00 I a receive or acc	00? If "Yes, rue comper	" <i>coi</i> nsati	<i>mplet</i> on fro	e Sc om ai	<i>hedul</i> ny un	e J : relat	for such ind	dividual	-		4		x x
Sect	rendered to the organization? ion B. Independent Contract		le Schedule	e J 10	or suc	л ре	rson						5		<u></u>
	Complete this table for your fi the organization. Report comp	ve highest comp										npensa	ation f	rom	
	Name	(A) and business ad	dress	NC	ONE				De	(B) escription of s	services	C	(C omper	s) Satior	۱
2	Total number of independent \$100,000 of compensation from	-	-	ot lir	nited	to th	ose li 0	steo	d above) w	ho received n	nore than		Form	990 (2	2017)

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		2017) SENIORS IN SERVICE O	F TAMPA BAY	, INC.	59-2422	975 Page 9
Par	t VII					
		Check if Schedule O contains a response or note to any	line in this Part VIII			
			Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts nts	1 a	Federated campaigns 1a 84,782	•			
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b				
Am (с	Fundraising events 1c				
lar İlar	d	Related organizations 1d				
Sin's,		Government grants (contributions) 1e 1,520,035	<u> </u>			
er (f	All other contributions, gifts, grants, and				
ĕŧ		similar amounts not included above If 167,301	·•			
ont Dd	g	Noncash contributions included in lines 1a-1f: \$				
<u> </u>	h	Total. Add lines 1a-1f	<u>, 1, 112, 118</u> .			
		Business Co	de			
ice	2 a					
ue șe	b			1		
E a	c			7	,	
Program Service Revenue	d					
Pr	e f	All other program service revenue				
		Total. Add lines 2a-2f				
\rightarrow	3	Investment income (including dividends, interest, and				
	Ū	other similar amounts)	2,751			2,751.
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
		(i) Real (ii) Personal				
	6 a	Gross rents				
		Less: rental expenses	\cup			
	с	Rental income or (loss)				
	d	Net rental income or (loss)				
	7 a	Gross amount from sales of (i) Securities (ii) Other				
		assets other than inventory				
	b	Less: cost or other basis				
		and sales expenses	_			
		Gain or (loss)				
σ	d 8a	Net gain or (loss)				
Other Revenue		including \$ of				
Seve		contributions reported on line 1c). See				
Ъ		Part IV, line 18 a 45, 312	•			
Ę		Less: direct expenses b 7,167				
		Net income or (loss) from fundraising events	38,145.			38,145.
	9 a	Gross income from gaming activities. See				
		Part IV, line 19 a				
		Less: direct expenses b				
		Net income or (loss) from gaming activities	•			
	10 a	Gross sales of inventory, less returns				
	Ŀ	and allowances a				
		Less: cost of goods sold b				
ŀ	C	Net income or (loss) from sales of inventory	de			
ŀ	11 a					
	b					
	c					
	d	All other revenue				
		Total. Add lines 11a-11d	•			
	12	Total revenue. See instructions.	1,813,014.	0.	0.	40,896.
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Part IX Statement of Functional Expenses

SENIORS IN SERVICE OF TAMPA BAY, INC.

Secti	ion 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a respor				
	not include amounts reported on lines 6b, 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			<u> </u>	
2	Grants and other assistance to domestic	528,012.	528,012.		
•	individuals. See Part IV, line 22	520,012.	520,012.		
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,	110 30/	107 193	11 201	
-	trustees, and key employees	118,384.	107,183.	11,201.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and			1	
	persons described in section 4958(c)(3)(B)		400 000		
7	Other salaries and wages	531,147.	480,890.	50,257.	
8	Pension plan accruals and contributions (include		0 000		
	section 401(k) and 403(b) employer contributions)	10,159.	9,220.	939.	
9	Other employee benefits	72,265.	65,582.	6,683.	
10	Payroll taxes	66,188.	60,067.	6,121.	
11	Fees for services (non-employees):				
а	Management				
b	Legal				
с	Accounting	18,000.	17,452.	548.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17)		
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	30,341.	29,418.	923.	
12	Advertising and promotion				
13	Office expenses	86,095.	81,620.	4,475.	
14	Information technology	37,603.	36,459.	1,144.	
15	Royalties				
16	Occupancy	39,257.	37,753.	1,504.	
17	Travel	11,914.	9,441.	2,473.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	30,328.	30,328.		
23	Insurance	12,447.	11,756.	691.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line		,		
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	VOLUNTEER EXPENSES	178,034.	178,034.		
b	EQUIPMENT RENTAL & REPA	16,765.	15,896.	869.	
c	POSTAGE & PRINTING	5,171.	4,416.	755.	
d	DUES AND SUBSCRITIONS	2,510.	1,326.	1,184.	
e	All other expenses	_,,	_, • _ • •	_,,	
25	Total functional expenses. Add lines 1 through 24e	1,794,620.	1,704,853.	89,767.	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 if following SOP 98-2 (ASC 958-720)				
	(100 000 - (100 000 - E0)				Eorm 990 (2017

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Form **990** (2017)

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SENIORS	IN	SERVICE	OF	TAMPA	BAY,	INC

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	990 (VICE	OF TAMPA DAT	, INC.	55	Z4ZZJIJ Page II
Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	e to any li	ne in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing				1	
	2	Savings and temporary cash investments			245,459.	2	328,489.
	3	Pledges and grants receivable, net			227,625.	3	201,442.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and fo					
		trustees, key employees, and highest compensation	ted emple	oyees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqualit					
		section 4958(f)(1)), persons described in section	4958(c)(3	B)(B), and contributing			
		employers and sponsoring organizations of sect	ion 501(c)	(9) voluntary			
ŝ		employees' beneficiary organizations (see instr).		6			
Assets	7		tes and loans receivable, net				
<	8	Inventories for sale or use			8		
	9	Prepaid expenses and deferred charges			5,632.	9	5,407.
	10a	Land, buildings, and equipment: cost or other		600 0 7 0	0		
		basis. Complete Part VI of Schedule D	10a	608,872.			0.5.5 4.0.0
	b	Less: accumulated depreciation	10b	253,442.	383,052.	10c	355,430.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line -				13	
	14	Intangible assets			7	14	
	15	Other assets. See Part IV, line 11			0.01 7.0	15	
	16	Total assets. Add lines 1 through 15 (must equa			861,768.	16	890,768.
	17	Accounts payable and accrued expenses			87,416.	17	98,022.
	18	Grants payable				18	
	19	Deferred revenue		·····		19	
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete F				21	
ies	22	Loans and other payables to current and former					
Liabilities		key employees, highest compensated employee					
-iat		Complete Part II of Schedule L	•	······ -		22	

	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	87,416.	26	98,022.
		Organizations that follow SFAS 117 (ASC 958), check here \blacktriangleright X and			
es		complete lines 27 through 29, and lines 33 and 34.			
u c	27	Unrestricted net assets	718,021.	27	760,659.
Fund Balances	28	Temporarily restricted net assets	56,331.	28	32,087.
Ыd Е	29	Permanently restricted net assets		29	
Fur		Organizations that do not follow SFAS 117 (ASC 958), check here 🕨 📃			
ę		and complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
Net Assets	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
et /	32	Retained earnings, endowment, accumulated income, or other funds		32	
z	33	Total net assets or fund balances	774,352.	33	792,746.
	34	Total liabilities and net assets/fund balances	861,768.	34	890,768.
					Form 990 (2017)

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990 (2017)	
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	1 990 (2017) SENIORS IN SERVICE OF TAMPA BAY, INC.	<u> </u>	2422975	Ра	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>			
			1 0 1		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,81		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,79		
3	Revenue less expenses. Subtract line 2 from line 1	3			94.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	17	4,3	52.
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 in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,		70	о п	10
De	column (B))	10	/9	4,1	46.
Га	rt XII Financial Statements and Reporting				X
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>		Yes	No
-	Accounting method used to prepare the Form 990: 🗌 Cash 🛛 🖾 Accrual 🔲 Other 📃 🚄			103	
1	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule				
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		x
Zu	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed				
	separate basis, consolidated basis, or both:	on a			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis	,		
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule C).		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	igle Au	dit		
	Act and OMB Circular A-133?			Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red aud			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u></u>		X	
			Form	990	(2017)
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	\sim				
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SCHEDULE A	
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Department of the Treasury

Internal Revenue Service

1	Form	990	or	990-	F7)
J	FUIII	330	U	390-	

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.

UMB NO. 1545-0047
2017
Open to Public

- --....

Name of	the organization								identification number			
		ORS IN SER							9-2422975			
Part I	Reason for Public	Charity Status (All organizations	must cor	nplete thi	s part.) Se	ee instruction	S.				
The orgai	nization is not a private found	lation because it is:	For lines 1 throu	ugh 12, ch	neck only	one box.)						
1	A church, convention of ch	urches, or associatio	on of churches o	lescribed	in section	n 170(b)(1	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 go		nental unit desc	ribed in s	ection 17	0(b)(1)(A)	(v).					
7 X	An organization that norma	•					. ,	he general	public described in			
	section 170(b)(1)(A)(vi). (C				J			J				
8	A community trust describe		(1)(A)(vi), (Comr	lete Part	ш)		0					
9	An agricultural research org					d in coni	unction with a	land-grant	college			
•	or university or a non-land-											
	university:	grant concyc or agric		uction 3). I		name, eng		r the coneg				
10	An organization that norma	Illy receives: (1) more	than 22 1/20/		ort from	pontributi	one member	bin food a	nd grace receipte from			
	activities related to its exen											
	income and unrelated busin		(less section 5)	T tax) fro	mousines	sses acqu	lired by the o	rganization	after June 30, 1975.			
	See section 509(a)(2). (Con						O(-)(4)					
	An organization organized a											
12 📖	An organization organized a	-	-					-				
	more publicly supported or								neck the box in			
	lines 12a through 12d that			—								
a 🗆	Type I. A supporting orga											
	the supported organization				majority o	of the dire	ctors or truste	ees of the s	upporting			
_	organization. You must o	complete Part IV, Se	ections A and B									
b 🗆	Type II. A supporting org	anization supervised	l or controlled in	connecti	on with its	s support	ed organizatio	on(s), by ha	ving			
	control or management o	of the supporting org	anization vested	l in the sa	me perso	ns that co	ontrol or mana	age the sup	ported			
_	organization(s). You mus	t complete Part IV,	Sections A and	IC.								
c	Type III functionally inte	grated. A supportin	g organization o	perated in	n connect	ion with, a	and functiona	Ily integrate	ed with,			
	its supported organizatio	n(s) (see instructions	s). You must co	mplete Pa	art IV, Se	ctions A,	D, and E.					
d	Type III non-functionally	integrated. A supp	orting organizat	ion opera	ted in cor	nnection v	vith its suppo	rted organi	zation(s)			
	that is not functionally int	egrated. The organized and the organized of the organized	zation generally	must satis	sfy a distr	ibution re	quirement an	d an attent	iveness			
	requirement (see instruct	ions). You must cor	nplete Part IV, S	Sections	A and D,	and Part	V .					
e 🗌	Check this box if the orga	anization received a	written determin	ation from	n the IRS	that it is a	а Туре I, Туре	II, Type III				
	functionally integrated, or											
f Ent	er the number of supported of											
g Pro	vide the following informatior											
_	(i) Name of supported	(ii) EIN	(iii) Type of orga		(iv) Is the organ in your governin	nization listed na document?	(v) Amount of	f monetary	(vi) Amount of other			
	organization		(described on lin above (see instru		Yes	No	support (see ir	nstructions)	support (see instructions)			
Total												
	Paperwork Reduction Act N	lotice see the last	uctions for Ear	m 000 or	990-E7	732021 10	06-17 Cobo	dulo A (Ecr	m 990 or 990_E7\ 2017			
			ACTIONS IOLEOF	111 330 01	JJJJ-EZ.	132021 10-	JUJ-17 JULIE		11 330 01 330-ELIZUI/			

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¹³ 2017.03050 SENIORS IN SERVICE OF TAMPA 592422A1

Schedule A (Form 990 or 990-EZ) 2017 SENIORS IN SERVICE OF TAMPA BAY, INC. 59-2422975 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1818490.	1792397.	1758526.	1824824.	1772118.	8966355.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge \dots						
4	Total. Add lines 1 through 3	1818490.	1792397.	1758526.	1824824.	1772118.	8966355.
5	The portion of total contributions						
	by each person (other than a				1		
	governmental unit or publicly				7		
	supported organization) included						
	on line 1 that exceeds 2% of the				\cap		
	amount shown on line 11,				\sim		
	column (f)				\mathbf{O}		0000055
	Public support. Subtract line 5 from line 4.						8966355.
	ction B. Total Support						
	endar year (or fiscal year beginning in) 🕨	(a)2013 1818490.	(b) 2014 1792397.	(c) 2015 1758526.	(d) 2016 1824824.	(e)2017 1772118.	(f) Total 8966355.
	Amounts from line 4	1010490.	1/92397.	1756520.	1024024.	1//2110.	0900355.
8	Gross income from interest,			5			
	dividends, payments received on		()			
	securities loans, rents, royalties,	2,876.	2,556.	2,782.	2,552.	2,751.	13,517.
~	and income from similar sources	2,070.	2,000.	2,102.	2,552.	2,751.	13,517.
9	Net income from unrelated business						
	activities, whether or not the						
10	business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)				26,808.		26,808.
11	Total support. Add lines 7 through 10				2070001		9006680.
	Gross receipts from related activities,	etc. (see instructi	ons)			12	42,333.
	First five years. If the Form 990 is for			d fourth or fifth t	ax vear as a sectio		,
	organization, check this box and stor	-			-		
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
-	Public support percentage for 2017 (column (f))		14	99.55 %
	Public support percentage from 2016					15	99.51 %
	33 1/3% support test - 2017. If the c					nore, check this bo	
	stop here. The organization qualifies	as a publicly supp	orted organizatior	1			► X
k	33 1/3% support test - 2016. If the c						
	and stop here. The organization qual	ifies as a publicly s	supported organiz	ation			
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization		
k	0 10% -facts-and-circumstances tes						
	more, and if the organization meets the	ne "facts-and-circu	imstances" test, cl	heck this box and	stop here. Explair	n in Part VI how the	
	organization meets the "facts-and-cire	cumstances" test.	The organization of	qualifies as a publi	cly supported orga	anization	
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17l	o, check this box a	and see instruction	s ►
					Sche	dule A (Form 990	or 990-EZ) 2017

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14 2017.03050 SENIORS IN SERVICE OF TAMPA 592422A1

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Schedule A (Form 990 or 990 EZ) 2017 SENIORS IN SERVICE OF TAMPA BAY, INC. 59-2422975 Page 3 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 per- formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to				4		
	or expended on its behalf				4		
5	The value of services or facilities					ŀ	
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5				()		
	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			SIL			
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6		S				
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	O					
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is fo	r the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a sectio	n 501(c)(3) organ	ization,
Sec	ction C. Computation of Publ	lic Support Pe	rcentage				
15	Public support percentage for 2017 ((line 8, column (f) d	ivided by line 13,	column (f))		15	%
16	Public support percentage from 2016	3 Schedule A, Part	III, line 15			16	%
Sec	ction D. Computation of Inve	stment Incom	e Percentage				
17	Investment income percentage for 20	017 (line 10c, colur	nn (f) divided by li	ne 13, column (f))		17	%
18	Investment income percentage from	2016 Schedule A,	Part III, line 17			18	%
1 9a	33 1/3% support tests - 2017. If the	organization did r				33 1/3% , and line	17 is not
	more than 33 1/3%, check this box a						
b	33 1/3% support tests - 2016. If the	organization did r	not check a box or	n line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%	, and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
	23 10-06-17		,				0 or 990-EZ) 2017
				15		•	,

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Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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Schedule A (Form 990 or 990-EZ) 2017

Yes

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

No

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59-2422975 Page 5 Schedule A (Form 990 or 990-EZ) 2017 SENIORS IN SERVICE OF TAMPA BAY, INC. Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
с	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion 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		
Sec	tion D. All Type III Supporting Organizations			
000			Yes	No
	Did the eventination available to each of the summatical eventinations in the local state of the fifth month of the		162	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions	2)	
2	Activities Test. Answer (a) and (b) below.	laotione	Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		100	NU
а				
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
h	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		
73200	5 10-06-17 Schedule A (Form 9		0_F7	2017
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Sche	dule A (Form 990 or 990-EZ) 2017 SENIORS IN SERVICE OF TA	MPA	BAY, INC.	59-2422975 Page 6
Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	Orga	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust o	on Nov. 20, 1970 (expla	in in Part VI.) See instructions. All
	other Type III non-functionally integrated supporting organizations must com	plete	Sections A through E.	
Sect	ion 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		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see		T	
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other	h X		
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally	integr	ated Type III supporting	g organization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2017

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Schedule A (Form 990 or 990-EZ) 2017 SENIORS IN SERVICE OF TAMPA BAY, INC. 59-2422975 Page 7

Par	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	S		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	he organization is responsive	9	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6		T	
2	Underdistributions, if any, for years prior to 2017 (reason-		0	
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
а			\bigcirc	
b	From 2013			
c	From 2014			
d	From 2015		*	
e	From 2016			
f	Total of lines 3a through e	<u> </u>		
g	Applied to underdistributions of prior years	\sim		
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)	\sim		
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	\mathbf{O}^{*}		
4	Distributions for 2017 from Section D,	2		
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, 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 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2013			
b	Excess from 2014			
c	Excess from 2015			
d	Excess from 2016			
e	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

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Schedule A	(Form 990 or 990-l										22975 _{Pag}
Part VI	Supplementa Part IV, Section A line 1; Part IV, Section D, lines 5 (See instructions.	, lines 1, 2 ction D, lin , 6, and 8;	, 3b, 3c, 4b, es 2 and 3; F	4c, 5a, Part IV,	6, 9a, 9b, 9c, 1 ⁻ Section E, lines	1a, 11b 1c, 2a,	, and 11c; I 2b, 3a, and	Part IV, Se d 3b; Part \	ction B, line V, line 1; Pa	es 1 and 2; Part art V, Section B,	IV, Section C, line 1e; Part V,
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32028 10-06-	17								Sche	dule A (Form 99	0 or 990-EZ) ;
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Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service ** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

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

OMB No. 1545-0047

2017

Name of the organization	on	Employer identification number
S	SENIORS IN SERVICE OF TAMPA BAY, INC.	59-2422975
Organization type(check	k one):	
Filers of:	Section:	
Form 990 or 990-EZ	\fbox 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	1
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
, ,	n is covered by the General Rule or a Special Rule. (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Speci	al Rule. See instructions.
General Rule	S	
	tion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions to any one contributor. Complete Parts I and II. See instructions for determining a contrib	
Special Rules	S	
sections 509(a)(any one contribu	tion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% sup (1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, utor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the a EZ, line 1. Complete Parts I and II.	16a, or 16b, and that received from
year, total contr	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received fibutions of more than \$1,000 <i>exclusively</i> for religious, charitable, scientific, literary, or of for cruelty to children or animals. Complete Parts I, II, and III.	
year, contribution is checked, enter purpose. Don't o	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received to ons <i>exclusively</i> for religious, charitable, etc., purposes, but no such contributions total er here the total contributions that were received during the year for an <i>exclusively</i> religion complete any of the parts unless the General Rule applies to this organization becaus able, etc., contributions totaling \$5,000 or more during the year	ed more than \$1,000. If this box gious, charitable, etc., se it received <i>nonexclusively</i>
but it must answer "No"	n that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on et the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Employer identification number

59-2422975

SENIORS IN SERVICE OF TAMPA BAY, INC.

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribu
<u>1</u>		\$ <u>279,794.</u>	Person X Payroll Oncash (Complete Part II for noncash contributio
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribut
2		\$39,105.	Person X Payroll Noncash (Complete Part II for noncash contributio
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribu
3		\$84,782.	Person X Payroll Noncash (Complete Part II for noncash contributio
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribu
<u>4</u>		\$66,920.	Person X Payroll Noncash (Complete Part II for noncash contributio
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribu
5		\$ <u>183,179.</u>	Person X Payroll Noncash (Complete Part II for noncash contributio
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribu
<u> 6 </u>		\$37,489.	Person X Payroll Noncash (Complete Part II for noncash contributio

Employer identification number

59-2422975

SENIORS IN SERVICE OF TAMPA BAY, INC.

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribu
		\$ <u>51,037.</u>	Person X Payroll Noncash (Complete Part II fo noncash contributio
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribu
		s	Person Payroll Noncash Complete Part II fo
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribu
	SC SV	\$	Person Payroll Noncash Complete Part II fo
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribu
		\$	Person Payroll Noncash Complete Part II fo
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribu
		\$	Person Payroll Noncash Complete Part II for noncash contribution
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribu
		\$	Person Payroll Noncash (Complete Part II for noncash contributic 990, 990-EZ, or 990-PF

Schedule	B (F	orm	990,	990-E2	Z, or	990-F	PF)	(2017	7)

59-2422975

SENIORS IN SERVICE OF TAMPA BAY, INC.

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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

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Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

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	S IN SERVICE OF TAMPA								
Part III		BAY, INC.	59-2422975						
	Exclusively religious, charitable, etc., cont	ributions to organizations described in	section 501(c)(7), (8), or (10) that total more than \$1,000 fo						
	the year from any one contributor. Complete of completing Part III, enter the total of exclusively religiou	s, charitable, etc., contributions of \$1,000 or les	IG III e entry. For organizations ss for the year. (Enter this info. once.) \$						
	Use duplicate copies of Part III if addition		, , , , , , , , , , , , , , , , , , ,						
a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
Part I									
-			<u> </u>						
		(e) Transfer of gift							
	Transferee's name, address, a	nd $7IP \pm 4$	Relationship of transferor to transferee						
_			7						
a) No.									
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
_									
-			¥						
		(e) Transfer of gift							
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee						
_									
-									
-									
a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is hold						
Part I	(b) Fulpose of gift	(c) use of gift	(d) Description of how gift is held						
-)							
_									
		(e) Transfer of gift							
	Transferee's name, address, a		Relationship of transferor to transferee						
-									
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
		(
		(e) Transfer of gift							
		Relationship of transferor to transferee							
	Transferee's name, address, a	na ZIP + 4							
	Transferee's name, address, a	hd ZIP + 4							
-	Transferee's name, address, a								
	Transferee's name, address, a								

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SCHEDULE D

(Form 990)

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

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



Department of the Treasury Internal Revenue Service Name of the organization

SENIORS IN SERVICE OF TAMPA BAY, INC.

Employer identification number 59-2422975

Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Ac	counts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.		
		(a) Donor advised funds	(b)	Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	ised funds	·
	are the organization's property, subject to the organization's	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be	e used onl	ly
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	e conferrin	ng
_				
Par		-	Part IV, lir	ne 7.
1	Purpose(s) of conservation easements held by the organizat		O	
	Preservation of land for public use (e.g., recreation or e			
	Protection of natural habitat	Preservation of a cer	tified histo	oric structure
	Preservation of open space	, O		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	n of a cons	
	day of the tax year.			Held at the End of the Tax Year
	Total number of conservation easements		·····	2a
b				2b
	Number of conservation easements on a certified historic str			2c
d	Number of conservation easements included in (c) acquired			
	listed in the National Register		····· ∟	2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by th	ne organiza	ation during the tax
	year			
4	Number of states where property subject to conservation ea			
5	Does the organization have a written policy regarding the pe			
~	violations, and enforcement of the conservation easements			
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cor	iservation	easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and onforcing conson	ation oase	monte during the year
'	Amount of expenses incurred in monitoring, inspecting, hand \$	aling of violations, and emorcing conserv	ation ease	the real
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 17	0(h)(4)(B)(i)
U				
9	In Part XIII, describe how the organization reports conservat	ion easements in its revenue and expens		
5	include, if applicable, the text of the footnote to the organization			
	conservation easements.		s the orga	
Par		f Art, Historical Treasures, or (Other Si	milar Assets.
	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under SFAS 116 (As	SC 958), not to report in its revenue state	ment and	balance sheet works of art,
	historical treasures, or other similar assets held for public ex			
	the text of the footnote to its financial statements that descr			
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statemer	nt and bala	ance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of p	ublic servi	ce, provide the following amounts
	relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			\$
	(ii) Assets included in Form 990, Part X			\$
2	If the organization received or held works of art, historical tre			
	the following amounts required to be reported under SFAS 1		- ••	
а	Revenue included on Form 990, Part VIII, line 1			\$
	Assets included in Form 990, Part X			► \$
	For Paperwork Reduction Act Notice, see the Instruction			Schedule D (Form 990) 2017
732051	10-09-17			
		26		

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2017.03050 SENIORS IN SERVICE OF TAMPA 592422A1

		IN SERVICE						242297		
Pa	t III Organizations Maintaining C	Collections of Art	, Hist	orical Tr	easures,	or Other	Similar As	sets(conti	inued)	
3	Using the organization's acquisition, accessi	on, and other records	, check	any of the	following that	at are a sigi	nificant use of	its collection	on iten	ns
	(check all that apply):									
а	Public exhibition	d			hange progr					
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's co			-	-			Part XIII.		
5	During the year, did the organization solicit of								_	-
Der	to be sold to raise funds rather than to be ma							Yes		_ No
Pa	t IV Escrow and Custodial Arran		e if the	organizatio	on answered	"Yes" on F	orm 990, Part	IV, line 9, o	or	
4-	reported an amount on Form 990, Pa						- le cal a al			
та	Is the organization an agent, trustee, custod						1	Vaa		
h	on Form 990, Part X?						······	Yes		_ No
a	If "Yes," explain the arrangement in Part XIII	and complete the folio	owing ta	able.				Amour	. +	
•	Paginning balance						1c	Amour	11	
	Beginning balance Additions during the year						1d			
e	Distributions during the year						1e			
f	Ending balance						16 1f			
	Did the organization include an amount on F							Yes		No
	If "Yes," explain the arrangement in Part XIII.								. 🗆	
Pa										
		(a) Current year	(b) Pr	rior year	(c) Two yea	rs back (d	I) Three years ba	ick (e) Fou	ır years	back
1a	Beginning of year balance									
b	Contributions									
с	Net investment earnings, gains, and losses									
d	Grants or scholarships			<u> </u>						
е	Other expenditures for facilities		(
	and programs			<u> </u>						
f	Administrative expenses									
g	End of year balance)							
2	Provide the estimated percentage of the cur	rent year end balance	(line 1g	g, column (a	a)) held as:					
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
С	Temporarily restricted endowment	%								
_	The percentages on lines 2a, 2b, and 2c sho									
3a	Are there endowment funds not in the posse	ession of the organizat	tion tha	t are held a	and administe	ered for the	organization			·
	by:							0-(1)	Yes	No
	(i) unrelated organizations							3a(i)		
h	(ii) related organizations If "Yes" on line 3a(ii), are the related organization	tiona listad as require								
b 4	Describe in Part XIII the intended uses of the							30		
	t VI Land, Buildings, and Equipm			unus.						
	Complete if the organization answere		Part IV	line 11a. S	See Form 990). Part X. lir	ne 10.			
	Description of property	(a) Cost or oth		,	or other	· ·	umulated	(d) Boo	ok valu	ie.
		basis (investme		• •	(other)		eciation	(4) 500		
1 a	Land		·		6,511.	·		5	6,5	11.
b	Buildings				0,466.	16	58,111.			55.
	Leasehold improvements								-	
d	Equipment			9	1,895.	8	35,331.		6,5	64.
e	Other									
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part X	(, colum	nn (B), line 1	10c.)	<u></u>		35	5,4	30.
							Sched	ule D (For	m 990) 2017

732052 10-09-17

Schedule D) (Form 990) 2017	SENIORS IN	SERVICE O	F TA	MPA	BAY,	INC.	59-2422975 Page 3
Part VII		Other Securities.						9
		ganization answered "Yes'						
(a) Descrip	otion of security or cate	gory (including name of security)	(b) Book val	ue	(c)	Method	of valuation:	Cost or end-of-year market value
(1) Financi	al derivatives							
	held equity interests	s						
(3) Other								
(A)								
(B) (C)								
(C) (D)								
(E)								
(F)								
(G)								
(H)								
		0, Part X, col. (B) line 12.) 🕨						
Part VII	Investments -	Program Related.						
		ganization answered "Yes'						
	(a) Description of	finvestment	(b) Book val	ue	(c)	Method	of valuation:	Cost or end-of-year market value
(1)								•
(2)							\frown	
(3)								
(4)								
(5)						\langle , \rangle		
(6)								
<u>(7)</u> (8)					\mathbf{X}			
(9)					\mathbf{P}			
	b) must equal Form 99	0, Part X, col. (B) line 13.) 🕨		~	}			
Part IX	Other Assets.			\mathbf{J}				
	Complete if the org	ganization answered "Yes'	on Form 990, Parl	V, line	11d. Se	e Form 9	90, Part X, lir	ne 15.
		(a)	Description					(b) Book value
(1)			<u> </u>					
(2)								
(3)			\sim \sim					
(4)		C	¥					
(5)								
(6)								
(7)								
<u>(8)</u> (9)								
	imn (b) must equal F	orm 990, Part X, col. (B) lin	e 15)					
Part X	Other Liabilitie		<i>o 10.)</i>					
		ganization answered "Yes'	on Form 990, Parl	t IV, line	11e or	11f. See I	Form 990, Pa	ırt X, line 25.
1.		escription of liability		_	(b) Boo			
(1) Feo	deral income taxes							
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)				_				
(9)			- 05 \					
		orm 990, Part X, col. (B) lin		►			ala firs and it	
								statements that reports the \mathbf{x}
organiz	ation 5 llability for Un	oonan iax positions unde	1 1 11 40 (ASC 740)	. Uneck	nerelli			e has been provided in Part XIII X Schedule D (Form 990) 2017

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Sche	dule D (Form 990) 2017 SENIORS IN SERVICE OF TAMPA	A BAY	Y, INC.	59-	2422975 _P	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Stateme	nts W	ith Revenue per F	Returi	า.	
	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	1,853,4	82.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
	Net unrealized gains (losses) on investments		10 100			
b	Donated services and use of facilities	2b	40,468.			
С	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d				~ ~
е	Add lines 2a through 2d			2e	40,4	
3	Subtract line 2e from line 1			3	1,813,0	14.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
	Investment expenses not included on Form 990, Part VIII, line 7b			-		
	Other (Describe in Part XIII.)	4b				0
_	Add lines 4a and 4b			4c	1 012 0	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	1,813,0	14.
Par	t XII Reconciliation of Expenses per Audited Financial Stateme		nun Expenses per	Rell	irn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				1 025 0	00
1	Total expenses and losses per audited financial statements			1	1,835,0	00.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		40,468.			
	Donated services and use of facilities		40,400.	4		
b	Prior year adjustments		$\overline{\mathcal{O}}$	-		
C	Other losses		\cup	-		
d	Other (Describe in Part XIII.)		•	0.	40,4	68
-	Add lines 2a through 2d		·	2e 3	1,794,6	
3	Subtract line 2e from line 1	(3	1,754,0	20.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	4.				
	Investment expenses not included on Form 990, Part VIII, line 7b	4a 4b		-		
	Other (Describe in Part XIII.) Add lines 4a and 4b			40		0.
_	Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 18.</i>)			4c 5	1,794,6	20
5 Par	t XIII Supplemental Information.			5	1,751,0	20.
	de the descriptions required for Part II, lines 3, 5, and 9; Part II, lines 1a and 4; Part	IV lines	1h and 2h: Part V line	1. Dart	X line 2: Part XI	
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addi			4, F an	. A, III e 2, Fait Ai,	
11163	zu and 40, and 1 art An, illes zu and 40. Also complete this part to provide any addi		iormation.			
PAF	RT X, LINE 2:					
FOF	R THE PERIOD ENDED DECEMBER 31, 2017, THE (ORGAI	NIZATION HAS	DO 3	CUMENTED	
ITS	CONSIDERATION OF FASB ASC 740-10 AND DETR	ERMII	NED THAT NO	MAT	ERIAL	
	- V					
UNC	ERTAIN TAX POSITIONS QUALIFY FOR EITHER RE	ECOGI	NITION OR DI	SCL	OSURE IN	
THE	E FINANCIAL STATEMENTS.					
732054	10-09-17			Sche	dule D (Form 990) 2017

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SCHEDULE G	Suppleme	ntal Information Regardin	a Fundrais	ing or Gaming /	Activities	OMB No. 1545-0047
(Form 990 or 990-EZ)	Complete if the	e organization answered "Yes" o	- n Form 990, I	Part IV, line 17, 18, c		2017
Department of the Treasury Internal Revenue Service	o	rganization entered more than \$ Attach to Form 99 Attach to Form 99	0 or Form 99	0-EZ.		Open to Public Inspection
Name of the organization		Go to www.irs.gov/Form990				dentification number
		IN SERVICE OF TA			59-242	
	ng Activities. complete this part	Complete if the organization answ	vered "Yes" o	n Form 990, Part IV,	line 17. Form 990	EZ filers are not
 a Mail solicitation b Internet and e c Phone solicitation d In-person soli 2 a Did the organization key employees lister 	ons email solicitations ations icitations n have a written o ed in Form 990, Pa	f Solicit g Specia r oral agreement with any individu art VII) or entity in connection with	ation of non-g ation of gover al fundraising al (including o professional	overnment grants nment grants events fficers, directors, trus undraising services?	stees, or	es 🗌 No
compensated at lea	0	viduals or entities (fundraisers) purs organization.	suant to agree	ements under which	the fundraiser is t	o de
(i) Name and address or entity (fundr	of individual	(ii) Activity	(iii) Did fundraiser have custody or control of	(iv) Gross receipts from activity	(v) Amount paic to (or retained by fundraiser	
			contributions?		listed in col. (i)	
		(57			
	2					_
		n is registered or licensed to solici	t contribution:	s or has been notified	d it is exempt fron	n registration
LHA For Paperwork Re	duction Act Noti	ce, see the Instructions for Forn	1 990 or 990-	EZ. S	Schedule G (Forn	n 990 or 990-EZ) 2017

732081 09-13-17

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Schedule G (Form 990 or 990-EZ) 2017 SENIORS IN SERVICE OF TAMPA BAY, INC. 59-2422975 Page 2 Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

				,	3 1	
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
				PINELLAS	NONE	(add col. (a) through
			GENERATIONS	BRIDGING GEN		col. (c)
e			(event type)	(event type)	(total number)	
Revenue						
Sev	1	Gross receipts	30,593.	14,719.		45,312.
ш						
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	30,593.	14,719.		45,312.
	4	Cash prizes				
	_					
s	5	Noncash prizes				
Direct Expenses	~		2,384.	2,132.	1	4,516.
xpe	6	Rent/facility costs	2,304.	2,132.	~~~	<u>4,J10.</u>
Ш Ц	-				X	
lirec	7	Food and beverages				
	0	Entortoinmont		C		
	8 9	Entertainment Other direct expenses		681.	1	2,651.
	9 10	Direct expense summary. Add lines 4 through				7,167.
		Net income summary. Subtract line 10 from li		\sim	······	38,145.
Pa					reported more than	00,1101
		\$15,000 on Form 990-EZ, line 6a.				
_		. , , ,		(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
eve						
ũ	1	Gross revenue				
			.6			
s	2	Cash prizes				
nse						
xpe	3	Noncash prizes				
Direct Expenses						
lirec	4	Rent/facility costs				
	5	Other direct expenses			,	
		\sim	Yes%	└── Yes %	Yes %	
	6	Volunteer labor	L No	└── No	No No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		►	
	_					
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		🕨	
•	-					
9		ter the state(s) in which the organization condu				Yes No
		he organization licensed to conduct gaming a No," explain:		states?		Yes No
D D		No," explain:				
10a	We	re any of the organization's gaming licenses re	woked suspended or t	erminated during the tax	vear?	Yes No
		Vac " ovolain:			year:	
~		res, explain.				
73208	32 09	9-13-17			Schedule G (For	rm 990 or 990-EZ) 2017

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11		4222	-	га
	dule G (Form 990 or 990-EZ) 2017 SENIORS IN SERVICE OF TAMPA BAY, INC. 59-2 Does the organization conduct gaming activities with nonmembers?		es	
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	_		
f	to administer charitable gaming?	Y	es [
	Indicate the percentage of gaming activity conducted in:			
	The organization's facility	13a		
	An outside facility	13b		
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	100		
,	Name			
'	Name 🕨			
	Address			
	Address 🕨			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Y	es [
	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount			
(of gaming revenue retained by the third party \blacktriangleright \$			
сI	If "Yes," enter name and address of the third party:			
ļ	Name			
I	Address			
16 (Gaming manager information:			
r	Name			
I	Name			
(Gaming manager compensation \$			
I	Description of services provided			
	Director/officer			
_				
	Mandatory distributions:			
	Is the organization required under state law to make charitable distributions from the gaming proceeds to	<u> </u>	. г	
	retain the state gaming license?	. — Y	es L	
	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
	organization's own exempt activities during the tax year 🕨 \$			
Par	<u>t</u> IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, li	nes 9, 9	b, 10b), 1
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			
	*			
32083	3 09-13-17 Schedule G (Form	1 990 or	990-F	
32083	3 09-13-17 Schedule G (Form	1 990 or	990-6	=

Schedule G	a (Form 990 or 990-EZ) Supplemental Info	SENIORS IN	SERVICE	OF TAI	IPA BAY	, INC.	59-2422975 Page
Partiv	Supplemental Info	rmation (continuea)					
						4	
						\mathcal{R}	
						\mathcal{S}^{*}	
					2~		
				3			
			(5			
			C				
			S				
)				
		<u> </u>	•				
	<						
732084 04-01-	- 17					S	chedule G (Form 990 or 990-E
				33			

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SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service		Gov	rants and Oth vernments, ar ete if the organization Go to www.in	nd Individua	ls in the Ŭn " on Form 990, Pa m 990.	ited States art IV, line 21 or 22.		OMB No. 1545-0047 2017 Open to Public Inspection
Name of the organization				_				Employer identification number
			OF TAMPA E	BAY, INC.				59-2422975
	formation on Grants a							
•	ation maintain records t ward the grants or assis		•	,	•			
2 Describe in Part I	ward the grants or assis V the organization's pro	cedures for monit	oring the use of grant	t funds in the Unite	d States.	1		
	Other Assistance to					anization answered	/es" on Form 990, Par	t IV, line 21, for any
recipient th	at received more than S	\$5,000. Part II can	be duplicated if addit	tional space is nee	ded.		-	
	dress of organization ernment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
					JRE			
				SC				
			BHU					
		ð,	<u> </u>					
	er of section 501(c)(3) a er of other organizations Reduction Act Notice	s listed in the line ⁻	I table	ne line 1 table				Schedule I (Form 990) (2017)

59-2422975

Page 2

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance	
STIPENDS PAID TO VOLUNTEERS	268	528,012.	0.	FMV		
				A		
		(JPV			
		C C C				
Part IV Supplemental Information. Provide the information req	uired in Part I, lir	ne 2; Part III, column	(b); and any other a	dditional information.	-	
PART I, LINE 2:)`				
SENIORS IN SERVICE MONITORS THE US	AGE OF G	RANT FUNDS	VERY CLOS	ELY. ALL		
GRANT REVENUES AND EXPENDITURES AR	E RECORD	ED BY EACH	I INDIVIDUA	L GRANT		
THROUGH THE UTILIZATION OF FUND ACCOUNTING PRINCIPLES, UNIFORM GUIDANCE AND						
ANY OTHER ADDITIONAL REQUIREMENTS OF INDIVIDUAL GRANTS.						

SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	Supplemental Information to Form 990 or 990 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.	-EZ						
Name of the organizatio		Employer identification number 59-2422975						
FORM 990, PA	FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:							
INDIVIDUAL C	HILD CARE PLAN. THE CHILD CARE PLAN EFFECTIVE	LY MAPS OUT						
SPECIFIC SKI	LLS AND ACTIVITIES FOR THE VOLUNTEER TUTOR TO	USE. AT THE						
END OF THE S	CHOOL YEAR THE TEACHER COMPLETED CHILD CARE P	LAN						
EVALUATIONS	THAT MEASURED IMPROVEMENT RESULTS FOR EACH CH	ILD. FOR						
<u>2015-2016, C</u>	UR FOSTER GRANDPARENT VOLUNTEERS HAD AT LEAST	94% SUCCESS						
RATE IN IMPR	OVING THE CHILD'S CHALLENGE AREA IN 54 SCHOOL	S						
2016/2017 SC	HOOL YEAR AGGREGATED FOSTER GRANDPARENT PROGR.	AM IMPROVEMENT						
RATING DATA	*							
<u>95% (324/34</u>	1) SHOWED IMPROVEMENT IN COGNITIVE SKILLS							
<u>"96% (363/37</u>	9) SHOWED IMPROVEMENT IN LANGUAGE SKILLS							
"94% (327/34	8) SHOWED IMPROVEMENT IN SOCIAL SKILLS							
<u>95% (360/37"</u>	8) SHOWED IMPROVEMENT IN EMOTIONAL SKILLS							
<u>98% (175/17")</u>	9) SHOWED IMPROVEMENT IN FINE GROSS MOTOR SKI	LLS						
"96% (479/501) SHOWED IMPROVEMENT IN LITERACY SKILLS								
* NOTE: AGGR	EGATED FOR SENIORS IN SERVICE'S ENTIRE SERVIC	E AREA						
(INCLUDES HILLSBOROUGH & PINELLAS COUNTIES). CATEGORIES HAVE DIFFERENT								
MAXIMUM TOTALS BECAUSE NOT EVERY STUDENT IS EVALUATED ON EVERY								
CATEGORY. THE TEACHER DETERMINES THE AREAS OF NEED FOR EACH SPECIFIC								
CHILD.								
FORM 990, PA	RT III, LINE 4B, PROGRAM SERVICE ACCOMPLISHME	NTS:						
CONVERSATION	· VOLUNTEERS COMMUNICATE WITH FAMILIES OR CA	SE MANAGERS TO						
MAKE THEM AWARE OF ANY UNMET NEEDS, ENGAGING WITH OTHER AGENCIES AS								
LHA For Paperwork R 732211 09-07-17	eduction Act Notice, see the Instructions for Form 990 or 990-EZ. Sched	ule O (Form 990 or 990-EZ) (2017)						

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15170706 795320 592422975 2017.03050 SENIORS IN SERVICE OF TAMPA 592422A1

Name of the organization SENIORS IN SERVICE OF TAMPA BAY, INC.	Employer identification num 59-2422975
NEEDED. WITH THIS SUPPORT ELDERS ARE LESS LIKELY TO NEED	COSTLY,
PREMATURE INSTITUTIONALIZATION. VOLUNTEERS ENJOY THE HEA	-
OF STAYING ACTIVE, DELAYING THEIR OWN NEED FOR SERVICES.	
SENIOR COMPANIONS PROLONG INDEPENDENCE OF HUNDREDS OF AT	-RISK TAMPA BAY
RESIDENTS, SAVING OUR COMMUNITY OVER \$3,000 PER MONTH TO	SUPPORT AN
ELDER IN ASSISTED LIVING. PLUS WE ALL KNOW AN OLDER ADU	LT WHO, DUE TO
PHYSICAL, MENTAL OR FINANCIAL CHALLENGES, MAY BE UNABLE	TO REMAIN
LIVING INDEPENDENTLY. IN 2017 WE HELPED 268 CLIENTS WITH	H 87 VOLUNTEERS
WHO SERVED OVER 65,200 HOURS. 99% OF CLIENTS HAD IMPROVI	ED SOCIAL
SUPPORT AND REMAINED LIVING INDEPENDENTLY. 100% OF CARE	GIVERS FELT
MORE SATISFIED WITH LIFE. AND 100% OF VOLUNTEERS HAD INC	CREASED
PURPOSE.	
FORM 990, PART VI, SECTION B, LINE 11B:	
THE BOARD OF DIRECTORS RECEIVES THE DRAFT OF THE FORM 990) FOR THEIR
APPROVAL PRIOR TO THE FORM BEING FILED WITH THE IRS.	
FORM 990, PART VI, SECTION B, LINE 12C:	
EACH BOARD MEMBER ANNUALLY SIGNS A STATEMENT WHICH AFFIRM	MS SHE OR HE HAS
RECEIVED A COPY OF THE CONFLICT OF INTEREST POLICY; HAS I	READ AND
UNDERSTANDS THE POLICY; HAS AGREED TO COMPLY WITH THE POL	LICY, AND
UNDERSTANDS SENIORS IN SERVICE CHARITABLE STATUS WITH REC	GARD TO THE POLIC
FORM 990, PART VI, SECTION B, LINE 15:	
THE EXECUTIVE COMMITTEE COLLECTS AND REVIEWS LOCAL SALARY	Y SURVEYS IN
CONSIDERING THE COMPENSATION OF THE CEO.	
732212 09-07-17 Sche	edule O (Form 990 or 990-EZ) (2

Name of the organization SENIORS IN SERVICE OF TAMPA BAY, INC.	Page Employer identification numbe 59-2422975
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS CONFLICT OF INTEREST POLICY AN	
FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST	
WEBSITE, AND IS A GUIDE STAR SILVER MEMBER.	, 111100011 110
FORM 990, PART XII, LINE 2C	
THERE WAS NO CHANGE IN THE ORGANIZATION'S OVERSIGHT PROCE	SS OR
SELECTION PROCESS DURING THE TAX YEAR.	
S	
50	
<u> </u>	
32212 09-07-17 Sched	dule O (Form 990 or 990-EZ) (20

Form 8868

(Rev. January 2017)

Department of the Treasury

Internal Revenue Service

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

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

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

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

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

				Enter file	er's identify	ring number	
Type or print	or Name of exempt organization or other filer, see instructions. Em				Employer identification number (EIN) or		
-	SENIORS IN SERVICE OF TAMPA BAY, INC.				59-2422975		
File by the due date for filing your return. See	or Number, street, and room or suite no. If a P.O. box, see instructions.				ocial security number (SSN)		
instructions		ress, see instructions.					
Enter the	Return Code for the return that this application is for (fil	le a separa	te application for each return)			0 1	
Applica	tion	Return	Application			Return	
Is For		Code	Is For			Code	
Form 99	0 or Form 990-EZ	01	Form 990-T (corporation)			07	
Form 99	0-BL	02	Form 1041-A			08	
Form 47	20 (individual)	03	Form 4720 (other than individual)			09	
Form 99	0-PF	04	Form 5227	10			
Form 99	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11			
Form 99	0-T (trust other than above) TAMMY CRIOLLO	06	Form 8870	12			
 If the If this box 1 Ir fo 	equest an automatic 6-month extension of time until r the organization named above. The extension is for the \mathbf{X} calendar year 2017 or tax year beginning the tax year entered in line 1 is for less than 12 months, or	Group Exe and atta NOVEI organizatio , an	emption Number (GEN) In ch a list with the names and EINs of MBER 15, 2018 , to file on's return for:	this is fo all memb	r the whole pers the extension organiza	ension is for.	
L	Change in accounting period						
	this application is for Forms 990-BL, 990-PF, 990-T, 4720	, or 6069,	enter the tentative tax, less any			0.	
	prrefundable credits. See instructions.			<u>3a</u>	\$	0.	
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and						0.	
estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b \$				\$	0.		
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required,						0.	
	using EFTPS (Electronic Federal Tax Payment System).			<u>3c</u>	\$		
instructi	: If you are going to make an electronic funds withdrawal ons.	i (airect de	Dit) with this form 8868, see form 8	453-EO a	nd Form 88.	r9-EO for payment	
I HA	For Privacy Act and Paperwork Reduction Act Notice.	see instri	uctions.		Form	8868 (Rev 1-2017)	

723841 04-01-17

OMB No. 1545-1709