

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2016
Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 10-01-2016, and ending 09-30-2017

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

C Name of organization
AIDS Service Association of Pinellas Inc

Doing business as
EMPATH PARTNERS IN CARE (epic)

Number and street (or P O box if mail is not delivered to street address) Room/suite
5771 Roosevelt Boulevard

City or town, state or province, country, and ZIP or foreign postal code
Clearwater, FL 33760

D Employer identification number
59-2862537

E Telephone number
(727) 586-4432

F Name and address of principal officer
Rafael Scullo
5771 Roosevelt Blvd
Clearwater, FL 33760

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
If "No," attach a list (see instructions)
H(c) Group exemption number ▶

I Tax-exempt status 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527

J Website: ▶ myepic.org

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1987

M State of legal domicile FL

Part I Summary

1 Briefly describe the organization's mission or most significant activities
THE MISSION OF AIDS SERVICE ASSOCIATION OF PINELLAS, INC (ASAP) IS TO SERVE THE COMMUNITY AND IMPROVE THE LIVES OF ALL THOSE AFFECTED BY HIV/AIDS THROUGH PREVENTION EDUCATION, DIRECT SERVICES AND ADVOCACY

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

3 Number of voting members of the governing body (Part VI, line 1a)	14
4 Number of independent voting members of the governing body (Part VI, line 1b)	12
5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	53
6 Total number of volunteers (estimate if necessary)	108
7a Total unrelated business revenue from Part VIII, column (C), line 12	0
7b Net unrelated business taxable income from Form 990-T, line 34	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	91,437	219,273
9 Program service revenue (Part VIII, line 2g)	4,158,424	6,369,303
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	55,493	-15,249
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,305,354	6,573,327
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	90,215	140,152
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,804,693	2,515,833
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶96,315		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,369,685	3,896,877
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	4,264,593	6,552,862
19 Revenue less expenses Subtract line 18 from line 12	40,761	20,465

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	884,646	1,648,311
21 Total liabilities (Part X, line 26)	403,508	955,060
22 Net assets or fund balances Subtract line 21 from line 20	481,138	693,251

Part II Signature Block

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

Sign Here
Signature of officer: _____ Date: 2018-08-10
Mitchel Morel CFO
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: Nicole Bencik Preparer's signature: Nicole Bencik Date: _____
Check if self-employed PTIN: P00756195
Firm's name: CROWE LLP Firm's EIN: 35-0921680
Firm's address: 225 West Wacker Drive Suite 2600 Chicago, IL 606061224 Phone no: (312) 899-7000

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

AIDS SERVICE ASSOCIATION OF PINELLAS, INC (ASAP) IS A NOT-FOR-PROFIT CORPORATION ORGANIZED AND EXISTING FOR THE PURPOSE OF PROVIDING PROGRAMS AND SERVICES TO IMPROVE THE LIVES OF ALL THOSE INFECTED AND AFFECTED BY HIV/AIDS THROUGH PREVENTION EDUCATION, DIRECT SERVICES AND ADVOCACY (see schedule O)

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses \$ 744,668 including grants of \$) (Revenue \$ 667,970)

See Additional Data

4b (Code) (Expenses \$ 588,087 including grants of \$) (Revenue \$ 462,614)

See Additional Data

4c (Code) (Expenses \$ 454,683 including grants of \$) (Revenue \$ 304,755)

See Additional Data

(Code) (Expenses \$ 4,179,089 including grants of \$ 140,152) (Revenue \$ 4,933,964)

OTHER PROGRAM HIGHLIGHTS FOR FY2017 INCLUDE BRIGHTER SEASONS FOR CHILDREN ASAP'S BRIGHTER SEASONS OR CHILDREN PROGRAM IS A GRASSROOTS CAMPAIGN STARTED OVER 15 YEARS AGO BY COMMUNITY MEMBERS WHO WANTED TO MAKE A DIFFERENCE IN THE LIVES OF CHILDREN INFECTED AND AFFECTED BY HIV/AIDS LIVING IN PINELLAS COUNTY WE CURRENTLY SERVE 42 FAMILIES WHICH INCLUDE 117 CHILDREN EACH YEAR, BRIGHTER SEASONS PROVIDES FAMILIES WITH HOLIDAY FOOD PACKAGES AT THANKSGIVING AND CHRISTMAS, A HOLIDAY PARTY WITH SANTA, A HOLIDAY GIFT DISTRIBUTION, AND A SPRING PICNIC AND EGG HUNT THE PROGRAM ALSO PROVIDES BACK-PACKS AT THE BEGINNING OF EACH SCHOOL YEAR FULLY LOADED WITH NEEDED SCHOOL SUPPLIES MEDICAL CO-PAY ASSISTANCE PROGRAM THIS PROGRAM HELPS CLIENTS WITH LIMITED FINANCIAL AID FOR DOCTOR VISITS, LAB WORK AND MEDICATIONS TO QUALIFY, A CLIENT MUST BE HIV POSITIVE, EMPLOYED, INSURED AND RESIDE IN PINELLAS COUNTY IN ADDITION, CLIENTS ARE UNABLE TO RECEIVE THIS SERVICE IF THEY ARE ON DISABILITY, MEDICAID OR MEDICARE COLLABORATIVE FELLOWSHIP DINNER THIS DINNER IS FREE TO THE COMMUNITY CLIENTS ARE ENCOURAGED TO INVITE THEIR FRIENDS AND FAMILIES TO ATTEND OUR GOAL IS TO PROMOTE KINSHIP, AWARENESS AND EDUCATION IN A SAFE, ENJOYABLE ENVIRONMENT ON A QUARTERLY BASIS EDUCATIONAL SPEAKERS ARE BROUGHT IN TO PRESENT THE LATEST, UP-DATES ON MEDICATIONS, SERVICES AND DEVELOPMENTS IN THE HIV/AIDS COMMUNITY ASAP PROVIDES FREE HIV TESTING FOR ANYONE AGE 13 AND UP, AS WELL AS EDUCATION AND PREVENTION PROGRAMS FOR THE ENTIRE COMMUNITY INDIVIDUAL SUPPORT SERVICES ARE AVAILABLE FOR THOSE WHO ARE AT HIGH RISK FOR ACQUIRING HIV ASAP PROVIDES SERVICES THAT COVER HIV+ NEW BORN BABIES OR BABIES WITH AN HIV+ PARENT PROGRAMS AND SERVICES ARE FOR ALL PEOPLE OF ALL AGES MANY ASAP CLIENTS ARE SENIOR ADULTS ASAP OFFERS HIV EDUCATION, PREVENTION SERVICES, TESTING, CASE MANAGEMENT, FOOD AND PERSONAL NEEDS PANTRY, A CHILDREN'S PROGRAM, SOME FINANCIAL ASSISTANCE AND MANY OTHER OPTIONS CASE MANAGERS HELP THEIR ASAP CLIENTS FIND AVENUES OF CARE AND OTHER RESOURCES TO HELP THEM DEAL WITH THEIR INDIVIDUAL SITUATIONS TESTING IS PROVIDED BY CERTIFIED TESTERS AND STAFF EDUCATORS PROVIDE VITAL INFORMATION ON PREVENTION AND OTHER TOPICS ASAP PROVIDES SUPPORT GROUPS AND COUNSELING FOR THOSE LIVING WITH HIV/AIDS AND COLLABORATES WITH OTHER AIDS ORGANIZATIONS TO PROVIDE ADDITIONAL OPTIONS ASAP'S Home 3050 and 340B programs meet all of a HIV client's health care needs in one place, a true one stop shop, serving over 900 clients annually Treatment includes medical care, medical case management, counseling services, care coordination, and pharmaceutical consults Through its 340B program, 100% of all proceeds realized through ASAP's partnered pharmacy, are allocated back to maintain and expand ASAP's services to the HIV community

4d Other program services (Describe in Schedule O)
(Expenses \$ 4,179,089 including grants of \$ 140,152) (Revenue \$ 4,933,964)

4e Total program service expenses **▶** 5,966,527

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	Yes	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	Yes	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		No
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		No
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		No
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		No
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		No
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>		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		No
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	Yes	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		No
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		No
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	Yes	

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 []

Table with columns for question ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited tax shelter transactions, deductible contributions, and 501(c)(7), (12), and (29) organizations.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (14), 1b (12), 2 (Yes), 3 (No), 4 (Yes), 5 (No), 6 (Yes), 7a (Yes), 7b (Yes), 8a (Yes), 8b (Yes), 9 (No).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a (No), 10b, 11a (Yes), 11b, 12a (Yes), 12b (Yes), 12c (Yes), 13 (Yes), 14 (Yes), 15a (No), 15b (No), 16a (No), 16b.

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 (FL), 18 (Own website, Another's website, Upon request, Other), 19, 20 (Mitchel Morel 5771 ROOSEVELT BLVD Clearwater, FL 33760 (727) 586-4432).

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

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

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

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

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

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

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Rafael Scullo President and CEO	10 46 0	X		X				0	419,688	20,511
(2) LISA Cohen Chair	10 0	X		X				0	0	0
(3) Michael Ruppel Vice Chair	10 0	X		X				0	0	0
(4) Stephanie Marhefka-Day Secretary	10 0	X		X				0	0	0
(5) Ricardo Mendiola Treasurer	10 0	X		X				0	0	0
(6) Ngozi Benyard Director	10 0	X						0	0	0
(7) Dr David Buby Director	10 10	X						0	0	0
(8) Scott E Kistler DIRECTOR	10 40 0	X						0	173,127	18,928
(9) Julia McGinty Director	10 0	X						0	0	0
(10) KUSH PATEL DIRECTOR	10 0	X						0	0	0
(11) KAREN GOFORTH DIRECTOR	10 0	X						0	0	0
(12) Craig Bryant Director	10 0	X						0	0	0
(13) Frank Roder Director	10 0	X						0	0	0
(14) Charlotte Noble Director	10 0	X						0	0	0
(15) Anne Hochsprung Chief Financial Officer (partial year)	10 46 0			X				0	320,275	20,006
(16) Mitchel Morel Chief Financial Officer (partial year - starting 6/2017)	10 46 0			X				0	0	0
(17) JOY A WINHEIM EXECUTIVE DIRECTOR (PARTIAL YEAR)	40 0 0			X				1,923	0	0

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	129,243				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	90,030				
	g Noncash contributions included in lines 1a-1f \$ _____						
	h Total. Add lines 1a-1f		219,273				
Program Service Revenue			Business Code				
	2a Net Patient Service Revenue		900099	6,369,303	6,369,303		
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue			0	0	0	
g Total. Add lines 2a-2f		6,369,303					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)						
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	(ii) Personal				
		b Less rental expenses					
		c Rental income or (loss)	0	0			
		d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less cost or other basis and sales expenses					
		c Gain or (loss)	0	0			
		d Net gain or (loss)					
	8a Gross income from fundraising events (not including \$ 129,243 of contributions reported on line 1c) See Part IV, line 18	a	5,600				
		b Less direct expenses	b	23,609			
		c Net income or (loss) from fundraising events			-18,009		-18,009
	9a Gross income from gaming activities See Part IV, line 19	a	2,954				
b Less direct expenses		b	194				
c Net income or (loss) from gaming activities				2,760		2,760	
10a Gross sales of inventory, less returns and allowances	a						
	b Less cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11a _____							
b _____							
c _____							
d All other revenue			0	0	0		
e Total. Add lines 11a-11d			0				
12 Total revenue. See Instructions			6,573,327	6,369,303	0	-15,249	

Part IX Statement of Functional Expenses

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

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.				
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	140,152	140,152		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members.	0	0		
5 Compensation of current officers, directors, trustees, and key employees.	1,923	1,538	289	96
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7 Other salaries and wages.	1,882,308	1,824,437	53,778	4,093
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	33,668	32,627	966	75
9 Other employee benefits.	457,894	449,673	7,630	591
10 Payroll taxes.	140,040	136,285	3,485	270
11 Fees for services (non-employees):				
a Management.				
b Legal.	24,658		24,658	
c Accounting.	42,172		42,172	
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	1,505,321	1,244,418	253,086	7,817
12 Advertising and promotion.	80,401	12,865		67,536
13 Office expenses.	91,669	67,996	16,776	6,897
14 Information technology.				
15 Royalties.				
16 Occupancy.	236,796	180,033	55,147	1,616
17 Travel.	24,165	23,760	376	29
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	13,504	10,753	977	1,774
20 Interest.				
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	7,893	7,893		
23 Insurance.	33,848	6,818	27,030	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a DRUG EXPENSE	1,822,955	1,822,955		
b medical and other supplies	13,495	4,324	3,650	5,521
c				
d				
e All other expenses	0	0	0	0
25 Total functional expenses. Add lines 1 through 24e.	6,552,862	5,966,527	490,020	96,315
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	600	1	600
	2 Savings and temporary cash investments	406,698	2	614,275
	3 Pledges and grants receivable, net	369,820	3	509,093
	4 Accounts receivable, net	22,800	4	41,900
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	0
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	0	8	
	9 Prepaid expenses and deferred charges	30,329	9	28,960
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	253,012		
	b Less accumulated depreciation	134,373		
		54,399	10c	118,639
	11 Investments—publicly traded securities		11	
	12 Investments—other securities See Part IV, line 11	0	12	
	13 Investments—program-related See Part IV, line 11	0	13	
	14 Intangible assets		14	
15 Other assets See Part IV, line 11	0	15	334,844	
16 Total assets. Add lines 1 through 15 (must equal line 34)	884,646	16	1,648,311	
Liabilities	17 Accounts payable and accrued expenses	356,921	17	499,205
	18 Grants payable		18	
	19 Deferred revenue	0	19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	46,587	25	455,855
	26 Total liabilities. Add lines 17 through 25	403,508	26	955,060
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	328,696	27	618,160
	28 Temporarily restricted net assets	152,442	28	75,091
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	481,138	33	693,251	
34 Total liabilities and net assets/fund balances	884,646	34	1,648,311	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,573,327
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,552,862
3	Revenue less expenses Subtract line 2 from line 1	3	20,465
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	481,138
5	Net unrealized gains (losses) on investments	5	2,315
6	Donated services and use of facilities	6	64,990
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	124,343
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	693,251

Part XII Financial Statements and Reporting

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

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

Additional Data

Software ID: 16000421
Software Version: 2016v3.0
EIN: 59-2862537
Name: AIDS Service Association of Pinellas Inc

Form 990 (2016)

Form 990, Part III, Line 4a:

THE RYAN WHITE PART A PROGRAM INCLUDES MEDICAL CASE MANAGEMENT, MENTAL HEALTH COUNSELING AND SUBSTANCE ABUSE COUNSELING THE PROGRAM LINKS ASAP CLIENTS TO COMMUNITY SERVICES DESIGNED TO PROVIDE IMPROVED HEALTH AND ENHANCE QUALITY OF LIFE CLIENTS ENROLLED IN THIS PROGRAM MUST PARTICIPATE IN PRIMARY CARE AND DISEASE MANAGEMENT ASAP CLIENTS ACHIEVED A 98 PERCENT SUCCESS RATE WITH THESE REQUIREMENTS THAT RESULTED IN SLOWING DISEASE PROGRESSION AND ACCOUNTS FOR LOWER CHANCE OF OPPORTUNISTIC INFECTIONS, WHICH ARE EXTREMELY DETRIMENTAL TO THOSE WITH COMPROMISED IMMUNE SYSTEMS FURTHER, IT MEANS FEWER VISITS TO EMERGENCY ROOMS, LOWER GENERAL MEDICAL CARE COSTS (INCLUDING PRESCRIPTIONS), REDUCED MENTAL HEALTH ISSUES, RESULTING IN BETTER OVERALL WELLNESS RYAN WHITE PART A MEDICAL CASE MANAGEMENT SERVED 569 UNDUPLICATED CLIENTS OVER THE PAST YEAR, PART A MENTAL HEALTH COUNSELING SERVED 157 UNDUPLICATED CLIENTS OVER THE PAST YEAR AND PART A SUBSTANCE ABUSE COUNSELING SERVED 62 UNDUPLICATED CLIENTS OVER THE PAST YEAR

Form 990, Part III, Line 4b:

THE RYAN WHITE PART B PROGRAM INCLUDES MEDICAL CASE MANAGEMENT AND NON-MEDICAL CASE MANAGEMENT PROGRAMS. THE PROGRAM LINKS ASAP CLIENTS TO COMMUNITY SERVICES DESIGNED TO PROVIDE IMPROVED HEALTH AND ENHANCE QUALITY OF LIFE. CLIENTS ENROLLED IN THIS PROGRAM MUST PARTICIPATE IN PRIMARY CARE AND DISEASE MANAGEMENT. ASAP CLIENTS ACHIEVED A 95 PERCENT SUCCESS RATE WITH THESE REQUIREMENTS THAT RESULTED IN SLOWING DISEASE PROGRESSION AND ACCOUNTS FOR LOWER CHANCE OF OPPORTUNISTIC INFECTIONS, WHICH ARE EXTREMELY DETRIMENTAL TO THOSE WITH COMPROMISED IMMUNE SYSTEMS. FURTHER, IT MEANS FEWER VISITS TO EMERGENCY ROOMS, LOWER GENERAL MEDICAL CARE COSTS (INCLUDING PRESCRIPTIONS), REDUCED MENTAL HEALTH ISSUES, RESULTING IN BETTER OVERALL WELLNESS. MEDICAL CASE MANAGEMENT SERVED 300 UNDUPLICATED CLIENTS OVER THE PAST YEAR AND RYAN WHITE PART B NON MEDICAL CASE MANAGEMENT SERVED 1,468 UNDUPLICATED CLIENTS OVER THE PAST YEAR.

Form 990, Part III, Line 4c:

THE DEPARTMENT OF HEALTH (DOH) GRANT PROVIDES COMPREHENSIVE RISK COUNSELING, SERVICES AND VIDEO OPPORTUNITIES FOR INNOVATIVE CONDOM EDUCATION AND SAFER SEX. THE PROGRAMS TARGET THOSE WHO ARE PRACTICING HIGH-RISK BEHAVIORS. CLIENTS MAY BE HIV+ OR HIGH-RISK NEGATIVE. THE PROGRAM SEEKS TO EDUCATE CLIENTS ON SAFER SEX OPTIONS AND WAYS TO REDUCE RISKY BEHAVIORS. THE PROGRAM STAFF COORDINATES SERVICES AND REFERRALS WITH ASAP'S TESTING AND OUTREACH PROGRAMS, CASE MANAGEMENT SERVICES AND OTHER COMMUNITY PROVIDERS. HIGH RISK BEHAVIORS SUCH AS SUBSTANCE ABUSE AND MENTAL HEALTH ISSUES, SEX ADDICTION, HAVING SEX FOR MONEY, HOMELESSNESS, ETC, ARE DIRECTLY CORRELATED WITH INCREASED HIV INFECTIONS. A TOTAL OF 33 CLIENTS IN THE CRCS PROGRAM GRADUATED AND 100% OF THOSE PARTICIPATING IN VOICES CLASSES COMPLETED EVALUATIONS SHOWING A 66% INCREASE IN KNOWLEDGE. ASAP PROVIDED SERVICES TO 62 UNDUPLICATED CLIENTS THROUGH THE CRCS PROGRAM AND 93 UNDUPLICATED CLIENTS THROUGH VOICES.

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2016

Open to Public Inspection

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.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization

AIDS Service Association of Pinellas Inc

Employer identification number

59-2862537

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

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

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

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

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

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	528,103	527,047	534,034	91,437	219,273	1,899,894
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0
4	Total. Add lines 1 through 3	528,103	527,047	534,034	91,437	219,273	1,899,894
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0
6	Public support. Subtract line 5 from line 4						1,899,894

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
7	Amounts from line 4	528,103	527,047	534,034	91,437	219,273	1,899,894
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
9	Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	7,772	28,577	1,728	87,570	8,554	134,201
11	Total support. Add lines 7 through 10						2,034,095
12	Gross receipts from related activities, etc. (see instructions)					12	16,142,418
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14	Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	93.40 %
15	Public support percentage for 2015 Schedule A, Part II, line 14	15	93.58 %
16a	33 1/3% support test—2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
b	33 1/3% support test—2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a	10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b	10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►		(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15	Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2015 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2015 Schedule A, Part III, line 17	18	
19a	33 1/3% support tests—2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b	33 1/3% support tests—2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b	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? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

Section A - Adjusted Net Income

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

Section B - Minimum Asset Amount

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

Section C - Distributable Amount

		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2 Enter 85% of line 1	2	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4 Enter greater of line 2 or line 3	4	
5 Income tax imposed in prior year	5	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7			
\$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013.			
c Excess from 2014.			
d Excess from 2015.			
e Excess from 2016.			

Part VI Supplemental Information.

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

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
Schedule A, Part II, Line 10 Other Income	DESCRIPTION - OTHER INCOME, COLUMN A - 7772 0, COLUMN B - 28577 0, COLUMN C - 1728 0, COLUMN D - 87570 0, COLUMN E - 8554 0, COLUMN F - 134201 0,

Schedule A Form 990 of 990-E 2016

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047
2016
Open to Public Inspection

▶ 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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization
AIDS Service Association of Pinellas Inc

Employer identification number
59-2862537

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

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

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

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

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

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

Preservation of land for public use (e g , recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

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

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

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	7,881,292	2,816,270	2,945,549	2,945,549	2,945,549
b Contributions	84,568	4,593,223	0	0	0
c Net investment earnings, gains, and losses	1,135,761	602,410	-129,279	278,282	355,368
d Grants or scholarships			0	278,282	355,368
e Other expenditures for facilities and programs	204,647	130,611	0	0	0
f Administrative expenses			0	0	0
g End of year balance	8,896,974	7,881,292	2,816,270	2,945,549	2,945,549

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 63 22 %
 - b** Permanent endowment ▶ 33 24 %
 - c** Temporarily restricted endowment ▶ 3 54 %
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | | |
|--|---------------|-----------|
| | Yes | No |
| (i) unrelated organizations | 3a(i) | No |
| (ii) related organizations | 3a(ii) | Yes |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | Yes |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	41,952			41,952
b Buildings				
c Leasehold improvements		53,079	10,842	42,237
d Equipment		157,981	123,531	34,450
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				118,639

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

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

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

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

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

(a) Description	(b) Book value
(1) DUE FROM AFFILIATES	334,844
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)	334,844

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	
DUE TO AFFILIATES	455,855
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)	455,855

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

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

1	Total revenue, gains, and other support per audited financial statements		1	6,786,463
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b	64,990	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d	148,146	
e	Add lines 2a through 2d		2e	213,136
3	Subtract line 2e from line 1		3	6,573,327
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b	0	
c	Add lines 4a and 4b		4c	0
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)		5	6,573,327

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

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

1	Total expenses and losses per audited financial statements		1	6,576,665
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d	23,803	
e	Add lines 2a through 2d		2e	23,803
3	Subtract line 2e from line 1		3	6,552,862
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b	0	
c	Add lines 4a and 4b		4c	0
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)		5	6,552,862

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID: 16000421

Software Version: 2016v3.0

EIN: 59-2862537

Name: AIDS Service Association of Pinellas Inc

Supplemental Information

Return Reference	Explanation
Schedule D, Part V, Line 4 Intended uses of endowment funds	The endowment funds are held by The Hospice Foundation of the Florida Suncoast, Inc (a related organization) The intended use of the endowment funds is to support the programs and services of Empath Health, Inc and its affiliated not-for-profit entities

Supplemental Information

Return Reference	Explanation
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	<p>EPIC is exempt from income taxes on income from related activities under Section 501(c)(3) of the U S Internal Revenue Code and corresponding state tax law Accordingly, no provision has been made for federal and state income taxes A tax position is recognized as a benefit only if it is "more likely than not" that the tax position would be sustained in a tax examination, with a tax examination being presumed to occur The amount recognized is the largest amount of tax benefit that is greater than 50% likely of being realized on examination For tax positions not meeting the "more likely than not" test, no tax benefit is recorded Due to its tax-exempt status, EPIC is not subject to U S federal income tax or state income tax EPIC's Form 990 has not been subject to examination by the Internal Revenue Service or the state of Florida for the last three years EPIC does not expect the total amount of unrecognized tax benefits to significantly change in the next 12 months EPIC recognizes interest and/or penalties related to income tax matters in income tax expense EPIC did not have any amounts accrued or recognized for interest and penalties at September 30, 2017 and 2016</p>

Supplemental Information

Return Reference	Explanation
Schedule D, Part XI, Line 2(d) Other revenues in audited financial statements not in form 990	FUNDRAISING EXPENSES - 23609 GAMING EXPENSES - 194 CONTRIBUTION OF FRANCIS HOUSE NET ASSETS - 124343

Supplemental Information

Return Reference	Explanation
Schedule D, Part XII, Line 2(d) Other expenses in audited financial statements not in form 990	FUNDRAISING EXPENSES - 23609 GAMING EXPENSES - 194

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

**Supplemental Information Regarding
Fundraising or Gaming Activities**

OMB No 1545-0047

2016

**Open to Public
Inspection**

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

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization
AIDS Service Association of Pinellas Inc

Employer identification number
59-2862537

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

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a** Mail solicitations
 - b** Internet and email solicitations
 - c** Phone solicitations
 - d** In-person solicitations
 - e** Solicitation of non-government grants
 - f** Solicitation of government grants
 - g** Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

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

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.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d)
		AIDS WALK TAMPA BAY (event type)	(event type)	(total number)	Total events (add col (a) through col (c))
1	Gross receipts	134,843			134,843
2	Less Contributions	129,243			129,243
3	Gross income (line 1 minus line 2)	5,600	0	0	5,600
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	23,609			23,609
10	Direct expense summary Add lines 4 through 9 in column (d) ▶				23,609
11	Net income summary Subtract line 10 from line 3, column (d) ▶				-18,009

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

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

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

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

b If "No," explain _____

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

b If "Yes," explain _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in
- | | |
|--------------------------------------|--------------|
| a The organization's facility | 13a % |
| b An outside facility | 13b % |

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

Name ▶

Address ▶

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

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

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

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

- Director/officer Employee Independent contractor

17 Mandatory distributions

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

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference	Explanation
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**Schedule I
(Form 990)**

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

OMB No 1545-0047

2016

**Open to Public
Inspection**

Department of the
Treasury
Internal Revenue Service

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

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization
AIDS Service Association of Pinellas Inc

Employer identification number
59-2862537

Part I General Information on Grants and Assistance

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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

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 non-cash assistance
(1) PERSONAL CARE AND FOOD PANTRY	4305	0	46,522	cost	personal care and food items
(2) DOCTOR, PRESCRIPTION AND LABORATORY CO-PAYMENTS	868	90,225	0	N/A	N/A
(3) Bus passes	381	0	1,905	COST	BUS PASSES FOR TRANSPORTATION
(4) Other assistance	3	0	1,500	COST	BACK TO SCHOOL ITEMS, PERSONAL ITEMS, PERSONAL ASSISTANCE, ETC
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
Schedule I, Part I, Line 2 Procedures for monitoring use of grant funds	Several programs have been established to help clients with limited financial aid for doctor visits, lab work and medications. To qualify, a client must be HIV positive, employed, insured and reside in Pinellas county. In addition, clients are unable to receive this service if they are on disability, Medicaid or Medicare. Funding is also available to clients in need of personal care and food pantry items. A funding level is established annually based on resources available and to assure a limit to the financial assistance provided. Individual client maximum assistance is also established on an annual basis. To ensure grants are used for their intended purpose, all checks are written out to the intended vendor and the grant recipient signs a written agreement that outlines the specific use of the funds.

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 Rafael Scullo President and CEO	(i)	0	0	0	0	0	0	0
	(ii)	411,288	0	8,400	7,950	12,561	440,199	0
2 Scott E Kistler DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	173,127	0	0	4,985	13,943	192,055	0
3 Anne Hochsprung Chief Financial Officer (partial year)	(i)	0	0	0	0	0	0	0
	(ii)	320,275	0	0	7,950	12,056	340,281	0

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
Schedule J, Part I, Line 3 Arrangement used to establish the top management official's compensation	The compensation of the President and CEO is determined by EMPATH HEALTH, Inc (EHI), a related organization. EHI uses a compensation committee, independent compensation consultant, Form 990 of other organizations, compensation surveys or studies, and approval by the board or compensation committee to determine his compensation.

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

AIDS Service Association of Pinellas Inc

Employer identification number

59-2862537

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 1 Organization's Mission	(Continued from part III) During the current fiscal year, ASAP served over 23,000 clients through its many programs

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 2 New program services	EFFECTIVE DECEMBER 5, 2016, FRANCIS HOUSE WAS ACQUIRED BY EPIC (FORMERLY ASAP) FOR NO CONSIDERATION BY ENTERING INTO AN AGREEMENT AND PLAN OF MERGER THAT DISSOLVED FRANCIS HOUSE AND NAMED ASAP AS THE SURVIVING CORPORATION FRANCIS HOUSE WAS A NOT-FOR-PROFIT ORGANIZATION WITH A SIMILAR MISSION SERVING HILLSBOROUGH COUNTY, FLORIDA EPIC AND FRANCIS HOUSE BELIEVE THAT THEY WILL OPERATE WITH GREATER OVERALL EFFICIENCY AND PROVIDE A HIGHER LEVEL OF SERVICES TO THE INDIVIDUALS AND FAMILIES INFECTED, AFFECTED, AND AT RISK FOR HIV/AIDS IF THEY ARE AFFILIATED All of the programs are designed to empower and support clients in order to maintain and improve their health The new organization will provide a combination of services to more than 10,000 people impacted in the region Without assistance, HIV treatment and the other programs would cost individuals thousands of dollars a month

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>Form 990, Part III, Line 4d Description of other program services</p>	<p>(Expenses \$ 4,179,089 including grants of \$ 140,152)(Revenue \$ 4,933,964) OTHER PROGRAM HIGHLIGHTS FOR FY2017 INCLUDE BRIGHTER SEASONS FOR CHILDREN ASAP'S BRIGHTER SEASONS OR CHILDREN PROGRAM IS A GRASSROOTS CAMPAIGN STARTED OVER 15 YEARS AGO BY COMMUNITY MEMBERS WHO WANTED TO MAKE A DIFFERENCE IN THE LIVES OF CHILDREN INFECTED AND AFFECTED BY HIV/AIDS LIVING IN PINELLAS COUNTY WE CURRENTLY SERVE 42 FAMILIES WHICH INCLUDE 117 CHILDREN EACH YEAR, BRIGHTER SEASONS PROVIDES FAMILIES WITH HOLIDAY FOOD PACKAGES AT THANKSGIVING AND CHRISTMAS, A HOLIDAY PARTY WITH SANTA, A HOLIDAY GIFT DISTRIBUTION, AND A SPRING PICNIC AND EGG HUNT THE PROGRAM ALSO PROVIDES BACK-PACKS AT THE BEGINNING OF EACH SCHOOL YEAR FULLY LOADED WITH NEEDED SCHOOL SUPPLIES MEDICAL CO-PAY ASSISTANCE PROGRAM THIS PROGRAM HELPS CLIENTS WITH LIMITED FINANCIAL AID FOR DOCTOR VISITS, LAB WORK AND MEDICATIONS TO QUALIFY, A CLIENT MUST BE HIV POSITIVE, EMPLOYED, INSURED AND RESIDE IN PINELLAS COUNTY IN ADDITION, CLIENTS ARE UNABLE TO RECEIVE THIS SERVICE IF THEY ARE ON DISABILITY, MEDICAID OR MEDICARE COLLABORATIVE FELLOWSHIP DINNER THIS DINNER IS FREE TO THE COMMUNITY CLIENTS ARE ENCOURAGED TO INVITE THEIR FRIENDS AND FAMILIES TO ATTEND OUR GOAL IS TO PROMOTE KINSHIP, AWARENESS AND EDUCATION IN A SAFE, ENJOYABLE ENVIRONMENT ON A QUARTERLY BASIS EDUCATIONAL SPEAKERS ARE BROUGHT IN TO PRESENT THE LATEST, UP-DATES ON MEDICATIONS, SERVICES AND DEVELOPMENTS IN THE HIV/AIDS COMMUNITY ASAP PROVIDES FREE HIV TESTING FOR ANYONE AGE 13 AND UP, AS WELL AS EDUCATION AND PREVENTION PROGRAMS FOR THE ENTIRE COMMUNITY INDIVIDUAL SUPPORT SERVICES ARE AVAILABLE FOR THOSE WHO ARE AT HIGH RISK FOR ACQUIRING HIV ASAP PROVIDES SERVICES THAT COVER HIV+ NEW BORN BABIES OR BABIES WITH AN HIV+ PARENT PROGRAMS AND SERVICES ARE FOR ALL PEOPLE OF ALL AGES MANY ASAP CLIENTS ARE SENIOR ADULTS ASAP OFFERS HIV EDUCATION, PREVENTION SERVICES, TESTING, CASE MANAGEMENT, FOOD AND PERSONAL NEEDS PANTRY, A CHILDREN'S PROGRAM, SOME FINANCIAL ASSISTANCE AND MANY OTHER OPTIONS CASE MANAGERS HELP THEIR ASAP CLIENTS FIND AVENUES OF CARE AND OTHER RESOURCES TO HELP THEM DEAL WITH THEIR INDIVIDUAL SITUATIONS TESTING IS PROVIDED BY CERTIFIED TESTERS AND STAFF EDUCATORS PROVIDE VITAL INFORMATION ON PREVENTION AND OTHER TOPICS ASAP PROVIDES SUPPORT GROUPS AND COUNSELING FOR THOSE LIVING WITH HIV/AIDS AND COLLABORATES WITH OTHER AIDS ORGANIZATIONS TO PROVIDE ADDITIONAL OPTIONS ASAP's Home 3050 and 340B programs meet all of a HIV client's health care needs in one place, a true one stop shop, serving over 900 clients annually Treatment includes medical care, medical case management, counseling services, care coordination, and pharmaceutical consults Through its 340B program, 100% of all proceeds realized through ASAP's partnered pharmacy, are allocated back to maintain and expand ASAP's services to the HIV community</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15b PROCESS OF DETERMINING COMPENSATION OF OTHER OFFICERS	BELOW IS THE PROCESS USED BY EMPATH HEALTH, INC (EHI) FOR DETERMINING COMPENSATION OF THE OTHER OFFICERS THE COMPENSATION OF THE OTHER OFFICERS OF THE FAMILY OF PROGRAMS WILL BE REVIEWED ON AN ANNUAL BASIS BY THE EXECUTIVE COMMITTEE OF EHI THIS REVIEW WILL INCLUDE ANY INFORMATION RECEIVED FROM THE CAREER CENTER WHEN AN EXTERNAL REVIEW HAS BEEN PERFORMED PER THE PROCESS BELOW EVERY 3-5 YEARS THE CAREER CENTER WILL EMPLOY A WELL-RECOGNIZED, INDEPENDENT COMPENSATION CONSULTANT TO REVIEW THE MARKET RANGES FOR THE CEO OF EHI AND THE OTHER OFFICERS THE REVIEW WILL INCLUDE A NATIONAL COMPARISON OF SIMILAR JOBS AT SIMILARLY SITUATED COMPANIES IN ORDER TO MAKE CERTAIN THAT THESE KEY EMPLOYEES ARE PAID WITHIN A REASONABLE AND APPROPRIATE RANGE THE RESULTING RECOMMENDATIONS WILL BE REVIEWED AS IS APPROPRIATE TO RECOMMEND ANY MARKET-BASED CHANGES OR POSSIBLY JUST ASSURE OURSELVES OF THE CURRENT CORRECT POSITIONING OF COMPENSATION FOR THESE INDIVIDUALS THIS PROCESS WAS LAST UNDERTAKEN fiscal year 2017 THE PROCESS AND DECISIONS ARE DOCUMENTED IN THE EXECUTIVE COMMITTEE MINUTES

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15a compensation of top management official	<p>The compensation of the President and CEO of AIDS Service Association of Pinellas, Inc is determined by EMPATH HEALTH, Inc (EHI), a related organization. The compensation is reviewed and approved by the executive committee of EHI. This review will include any information received from the career center when an external review has been performed per the process below. Every 3-5 years the career center will employ a well-recognized, independent compensation consultant to review the market ranges for the officers of EHI and affiliates. The review will include a national comparison of similar jobs at similarly situated companies in order to make certain that these key employees are paid within a reasonable and appropriate range. The resulting recommendations will be reviewed as is appropriate to recommend any market-based changes or possibly just assure ourselves of the current correct positioning of compensation for these individuals. This process was last undertaken in the year ended September 30, 2017. The process and decisions are documented in the executive committee minutes.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 1a Delegate broad authority to a committee	The Board of Directors has an Executive Committee, which consists of the Chairman of the Board, the Vice Chairman of the Board, the President/Chief Executive Officer, the Secretary and the Treasurer. The Board of Directors may designate from its members up to two additional Directors to serve as members of the Executive Committee. When the Board of Directors is not in session, the Executive Committee has and may exercise all of the powers of the Board of Directors, except to the extent, if any, that such authority shall be limited by a resolution adopted by a majority of Directors in office.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 2 Family/business relationships amongst interested persons	ANNE HOCHSPRUNG, RAFAEL SCIULLO, MITCHEL MOREL AND SCOTT KISTLER SERVE ON THE BOARD AND/OR ARE OFFICERS OF HOSPICE SYSTEMS, INC A RELATED, FOR-PROFIT COMPANY - Business relationships

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 4 Significant changes to organizational documents	the organization's bylaws were amended in december of 2016 to reflect the following change the organization adopted a new operating name of empath partners in care (epic) on December 2, 2016 the organization submitted the Articles of Merger of Francis House, Inc into AIDS Service Association of Pinellas, Inc The effective day of the merger shall be December 5, 2016 The agreement and plan of merger dissolved Francis House and named ASAP as the surviving corporation

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 6 Classes of members or stockholders	Pursuant to the organization's governing documents, the sole voting member of AIDS Service Association of Pinellas, Inc (ASAP) shall be EMPATH HEALTH, Inc (EHI), a related tax-exempt organization. As the organization's sole corporate member, EHI has the right to participate in the organization's governance.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 7a Members or stockholders electing members of governing body	Pursuant to the organization's governing documents, the sole corporate member, EHI, has the right to elect, appoint, or remove any director of ASAP without cause at any time

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 7b Decisions requiring approval by members or stockholders	The sole corporate member, EHI, has the right to approve or ratify significant decisions of the organization's governing body. The board of directors of ASAP shall not have the authority to make significant decisions without the approval of the EHI board. Significant decisions include but are not limited to: the right to amend, repeal or alter their governing documents, sell, lease or otherwise dispose of substantially all of the organization's assets, and merge or consolidate the organization with another organization.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 11b Review of form 990 by governing body	The organization retains the expertise of an independent tax advisor to assist in the preparation and review of its IRS Form 990. Prior to filing the IRS Form 990, management and the independent tax advisor review the tax return and all required disclosures. The Form 990 is then reviewed by the audit committee, consisting of independent directors of the organization. The audit committee makes a recommendation to the board of directors. The Form 990 is then provided to the full board of directors for their review prior to filing with the IRS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 12c Conflict of interest policy	<p>All officers, directors, trustees, key employees and highest paid employees (interested persons) of the organization have a duty to avoid conflicts of interest, both real and perceived, which may negatively impact the organization or those it serves. The organization's interested persons are to be guided by the organization's mission, vision and values and to serve patients, families and the general public without need for any personal favor or gain. The organization's ethics and compliance plan emphasizes the duty interested persons have to disclose any actual or potential conflicts of interest that may benefit their private interests or result in a possible excess benefit transaction. Conflicts are disclosed annually on a conflict of interest questionnaire that is distributed to the officers, directors, key employees, and highest compensated employees. In the event of any actual or potential conflicts of interest, interested persons must disclose the existence of their financial interest and disclose all material facts to the board chair, CEO or other designated persons. If it is determined an actual conflict of interest exists between the organization and an interested person, the party with a conflict of interest must abstain from any discussion or voting on the transaction or arrangement involving the conflict of interest. At each board meeting, board members are reminded that they have signed a conflict of interest disclosure and are asked to review the agenda and, for the record, disclose any items with which they may have a conflict of interest.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 19 Required documents available to the public	Financial Statements, governing documents, and conflict of interest policies are not required disclosures pursuant to Internal Revenue Code (IRC) Section 6104. These documents are not available to the public at this time.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part IX, Line 11g Other Fees	OVERHEAD ALLOCATION - Total Expense 536336, Program Service Expense 313415, Management and General Expenses 222921, Fundraising Expenses , OTHER FEES FOR SERVICES - Total Expense 415445, Program Service Expense 377463, Management and General Expenses 30165, Fundraising Expenses 7817, PHARMACY DISPENSE FEES - Total Expense 520611, Program Service Expense 520611, Management and General Expenses , Fundraising Expenses , client transportation - Total Expense 32929, Program Service Expense 32929, Management and General Expenses , Fundraising Expenses ,

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	CONTRIBUTION OF FRANCIS HOUSE NET ASSETS - 124343,

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2016

**Open to Public
Inspection**

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

▶ Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization
AIDS Service Association of Pinellas Inc

Employer identification number

59-2862537

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) EMPATH HEALTH INC 5771 ROOSEVELT CLEARWATER, FL 33760 26-3605761	HOLDING CO	FL	501(c)(3)	Type II	NA		No
(2) THE HOSPICE OF THE FLORIDA SUNCOAST INC 5771 ROOSEVELT BOULEVARD CLEARWATER, FL 33760 59-1744006	HOSPICE	FL	501(c)(3)	10	EHI		No
(3) EMPATH CHOICES FOR CARE INC 5771 ROOSEVELT CLEARWATER, FL 33760 31-1699259	HOSPICE RESOURCES	FL	501(c)(3)	7	EHI		No
(4) THE HOSPICE INSTITUTE OF THE FLORIDA SUNCOAST INC 5771 ROOSEVELT CLEARWATER, FL 33760 59-3176721	EDUCATION	FL	501(c)(3)	7	EHI		No
(5) THE HOSPICE FOUNDATION OF THE FLORIDA SUNCOAST INC 5771 ROOSEVELT CLEARWATER, FL 33760 59-2252045	FUNDRAISING	FL	501(c)(3)	7	EHI		No
(6) SUNCOAST PACE INC 5771 ROOSEVELT BOULEVARD CLEARWATER, FL 33760 45-2980257	PACE PROGRAM	FL	501(c)(3)	10	EHI		No

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
(1) HOSPICE SYSTEMS INC 5771 ROOSEVELT BLVD STE 600 CLEARWATER, FL 33760 59-3502780	inactive	FL	NA	C Corporation					No

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

Additional Data

Software ID: 16000421
Software Version: 2016v3.0
EIN: 59-2862537
Name: AIDS Service Association of Pinellas Inc

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(1) 5771 ROOSEVELT CLEARWATER, FL 33760 26-3605761	HOLDING CO	FL	501(c)(3)	Type II	NA		No
(1) 5771 ROOSEVELT BOULEVARD CLEARWATER, FL 33760 59-1744006	HOSPICE	FL	501(c)(3)	10	EHI		No
(2) 5771 ROOSEVELT CLEARWATER, FL 33760 31-1699259	HOSPICE RESOURCES	FL	501(c)(3)	7	EHI		No
(3) 5771 ROOSEVELT CLEARWATER, FL 33760 59-3176721	EDUCATION	FL	501(c)(3)	7	EHI		No
(4) 5771 ROOSEVELT CLEARWATER, FL 33760 59-2252045	FUNDRAISING	FL	501(c)(3)	7	EHI		No
(5) 5771 ROOSEVELT BOULEVARD CLEARWATER, FL 33760 45-2980257	PACE PROGRAM	FL	501(c)(3)	10	EHI		No