Forr	" <b>9</b> 9	0	Return of Organization Exempt From		OMB No. 1545-0047
Forr	Form <b>JJU</b> Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundatio Do not enter social security numbers on this form as it may be made public.				
Depa	Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.				
				JUN 30, 2021	Inspection
	heck if pplicable:		organization	D Employer identifie	cation number
	Address	TSTC	OF SARASOTA COUNTY INC		
	_change _Name _change		usiness as	**-**27	74
	Initial return		and street (or P.O. box if mail is not delivered to street address) Room/su		
	Final return/		OX 48186	941-358-	4407
	termin- ated Amendeo return		own, state or province, country, and ZIP or foreign postal code SOTA , FL 34230	<b>G</b> Gross receipts \$ <b>H(a)</b> Is this a group re	1,209,552.
	Applica-		nd address of principal officer: LISA A. BECHTOLD	for subordinates	
	pending	SAME	AS C ABOVE	H(b) Are all subordinates in	
ΙT	ax-exen	npt status:	X 501(c)(3) 501(c) ( )◀ (insert no.) 4947(a)(1) or 5		list. See instructions
			TAKESTOCKSARASOTA.ORG	H(c) Group exemption	
		rganization: [	X Corporation Trust Association Other ► L Y	ear of formation: 2002 N	${f I}$ State of legal domicile: ${f FL}$
Pa		Summary			
ø	<b>1</b> Bi	riefly describ	e the organization's mission or most significant activities: TO IDENT	IFY AT-RISK Y	OUTH, PLACE
Activities & Governance	<u>T</u>	HEM IN	AN ENVIRONMENT OF SUCCESS, PROVIDE T	HEM WITH MENT	ORS AND
ern	<b>2</b> C	heck this bo	$x \mathrel{\blacktriangleright}$ if the organization discontinued its operations or disposed of m	ore than 25% of its net as	
Ň			ting members of the governing body (Part VI, line 1a)		12
ن مە			ependent voting members of the governing body (Part VI, line 1b)		12
es	5 To	otal number	of individuals employed in calendar year 2020 (Part V, line 2a)		11
Žİ	<b>6</b> To	otal number	of volunteers (estimate if necessary)		185
Acti			d business revenue from Part VIII, column (C), line 12		0.
_	b N	et unrelated	business taxable income from Form 990-T, Part I, line 11	7b	0.
				Prior Year	Current Year
e	<b>8</b> C	ontributions	and grants (Part VIII, line 1h)	1,166,035.	1,126,838.
ent	9 Pi	rogram servi	ce revenue (Part VIII, line 2g)	0.	0.
Revenue	<b>10</b> In	vestment in	come (Part VIII, column (A), lines 3, 4, and 7d)	8,307.	26,249.
ш.	<b>11</b> O	ther revenue	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	56,465.
	<b>12</b> To	otal revenue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,174,342.	1,209,552.
	<b>13</b> G	rants and si	nilar amounts paid (Part IX, column (A), lines 1-3)	543,512.	237,558.
	<b>14</b> Be	enefits paid	to or for members (Part IX, column (A), line 4)	0.	0.
ŝ			r compensation, employee benefits (Part IX, column (A), lines 5-10)	298,659.	301,079.
Expense	<b>16a</b> Pi	rofessional f	undraising fees (Part IX, column (A), line 11e)	0.	0.
ďx			ng expenses (Part IX, column (D), line 25)  26,398.		
ш	<b>17</b> O	ther expens	es (Part IX, column (A), lines 11a-11d, 11f-24e)	80,060.	155,881.
	<b>18</b> To	otal expense	s. Add lines 13-17 (must equal Part IX, column (A), line 25)	922,231.	694,518.
	<b>19</b> Re	evenue less	expenses. Subtract line 18 from line 12	252,111.	515,034.
s or Ices				Beginning of Current Year	End of Year
Net Assets or Fund Balances	<b>20</b> To	otal assets (l	Part X, line 16)	6,161,461.	6,637,817.
t As Id B	<b>21</b> To	otal liabilities	(Part X, line 26)	63,895.	9,384.
Fun			fund balances. Subtract line 21 from line 20	6,097,566.	6,628,433.
Pa	rt II	Signatur			
Unde	er penalti	es of perjury,	I declare that I have examined this return, including accompanying schedules and sta	tements, and to the best of my	/ knowledge and belief, it is

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best 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 LISA A. BECHTOLD, EXEC Type or print name and title	UTIVE DIRECTOR		Date	
	Print/Type preparer's name	Preparer's signature	Date	Check	PTIN
Paid	THOMAS R. CRAMER			if self-employed	200456445
Preparer	Firm's name 🕒 SUPLEE SHEA CRAM	IER & MILLER, P.A.		Firm's EIN 🕨 **	-***3319
Use Only	Firm's address 800 SOUTH OSPREY	AVENUE		-	
	SARASOTA, FL 342	36-7834		Phone no. 941-3	366-3600
May the IF	RS discuss this return with the preparer shown abo	ove? See instructions			X Yes No
032001 12-2	3-20 LHA For Paperwork Reduction Act Notic	ce, see the separate instructions.			Form <b>990</b> (2020)
S	EE SCHEDULE O FOR ORGANIZ	ATION MISSION STATEM	IENT CO	ONTINUATI	ON

Form	1990 (2020) TSIC OF SARASOTA COUNTY INC	**-***2774	Page <b>2</b>
Pa	rt 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: TAKE STOCK IN CHILDREN IS A MENTORING PROGRAM THAT PROVE YOUTH FROM LOW-INCOME FAMILIES WITH HOPE FOR THE FUTURE FULL-TUITION SCHOLARSHIP TO COLLEGE/TECHNICAL SCHOOL, AN	, A	
	THEY NEED TO ACHIEVE THEIR DREAMS.		
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	XNo
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.	Yes	XNo
4	Describe the organization's program service accomplishments for each of its three largest program services, as Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe revenue, if any, for each program service reported.	• •	
4a	(Code: )(Expenses \$ 618,840. including grants of \$ 237,558.) (Revenue AS OF 6/30/21 THERE WERE 253 STUDENTS IN GRADES 6-12, 56 GRADUATES, AND 185 MENTORS ACTIVELY PARTICIPATING IN THE	53 PROGRAM	)
	GRADUATES, AND 165 MENTORS ACTIVELY PARTICIPATING IN TH	S PROGRAM.	
46			
4b	(Code:) (Expenses \$ including grants of \$) (Revenue)		·
4c	(Code:) (Expenses \$ including grants of \$) (Revenue		
<u> </u>			
4d	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$	)	
4e	610.040	J	
		Form <b>S</b>	<b>990</b> (2020
03200	2 12-23-20		
170	504 351354 331012774 2020.05093 TSIC OF SARASOTA COU	NTY INC 331	01271

12

	000	(0000)
Form	990	(2020)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		37	
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			v
-	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		x
6	similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5		
6	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	0		- 23
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
0	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	<u> </u>		
Ū	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		37	
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			v
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
a	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			
		14b		x
15	or more? <i>If</i> "Yes," <i>complete Schedule F, Parts I and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			<u> </u>
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	- 13		<u> </u>
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
-	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			<u> </u>
	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
032003	3 12-23-20	Form	990	(2020)

4

12170504 351354 331012774 2020.05093 TSIC OF SARASOTA COUNTY INC 33101271

Part IV Checklist of Required Schedules (continued)

			Yes	N
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</i> "Yes," <i>complete Schedule I, Parts I and III</i>	22	x	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		2
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		2
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		_
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		┢
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	0.5		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		+
	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</i> "Yes," <i>complete Schedule L, Part I</i>	25b		2
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			,
~~	entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
2	instructions, for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
a	"Yes," complete Schedule L, Part IV	28a		
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	x	+
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If</i> "Yes," complete Schedule L, Part IV	28c		2
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29	x	+-
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	30		2
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete Schedule N, Part II</i>	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			T
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		$\perp$
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		2
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		
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	38	X	L
Par				
Par	Check if Schedule O contains a response or note to any line in this Part V			
	Check if Schedule O contains a response or note to any line in this Part V		Yes	
1a	Check if Schedule O contains a response or note to any line in this Part V	)		
1a b	Check if Schedule O contains a response or note to any line in this Part V         Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable         Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	<u>)</u> ]		
1a b	Check if Schedule O contains a response or note to any line in this Part V	) ) 1c		N

Form	990	(2020)
	330	(2020)

Part V

# 020) TSIC OF SARASOTA COUNTY INC Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 11			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			37
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		v
	to file Form 8282?	7c		X
		_		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h		
h 8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	711		
Ŭ	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	-		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.) 11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
	Enter the amount of reserves on hand 13c			V
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			v
	excess parachute payment(s) during the year?	15		X
10	If "Yes," see instructions and file Form 4720, Schedule N.	40		v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			

Form **990** (2020)

032005 12-23-20

Form	990	(2020)	1
------	-----	--------	---

## TSIC OF SARASOTA COUNTY INC

\*\*-\*\*\*2774 Page 6

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

la E b b E 2 C 3 C 4 C	Enter the number of voting members of the governing body at the end of the tax year	1a 12	2	Yes	
b E 2 C 3 C 4 C	f there are material differences in voting rights among members of the governing body, or if the governing	1a 12	2	Yes	1.
b E 2 C 3 C 4 C	f there are material differences in voting rights among members of the governing body, or if the governing	1a 12	4		+
b b 2 3 3 4					
b E 2 C 3 C 4 C	nody delegated broad authority to an executive committee or similar committee, explain on Schedule O				
2 [ c 3 [ c 4 [					
c 3 [ c 1 [	Enter the number of voting members included on line 1a, above, who are independent	1b 12	2		
3 [ c 1 [	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi	ip with any other			
3 [ c 1 [	officer, director, trustee, or key employee?		2		Γ
c I [	Did the organization delegate control over management duties customarily performed by or under the				t
<b>1</b> C	of officers, directors, trustees, or key employees to a management company or other person?		3		L
	Did the organization make any significant changes to its governing documents since the prior Form		4		t
5 C	Did the organization become aware during the year of a significant diversion of the organization's as		5		t
	Did the organization become aware during the year of a significant diversion of the organization statement and become and a significant diversion of the organization statement and the organization s		6		t
	Did the organization have members, stockholders, or other persons who had the power to elect or a				t
		••	7-		L
	nore members of the governing body?		7a		╀
	Are any governance decisions of the organization reserved to (or subject to approval by) members, s		_		L
	persons other than the governing body?		7b		╀
	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye			37	I
a⊺	The governing body?		8a	X	Ļ
bΕ	Each committee with authority to act on behalf of the governing body?		8b	Х	ļ
	s there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea				l
c	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		
eti	on B. Policies (This Section B requests information about policies not required by the Internal R	Revenue Code.)			_
				Yes	ļ
)a [	Did the organization have local chapters, branches, or affiliates?		10a		ļ
b l'	f "Yes," did the organization have written policies and procedures governing the activities of such c	hapters, affiliates,			l
e	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		
la ⊦	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	dy before filing the form?	11a	Х	Γ
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				Ī
	Did the organization have a written conflict of interest policy? If "No, " go to line 13		12a	Х	ľ
	Nere officers, directors, or trustees, and key employees required to disclose annually interests that could give rise		12b	Х	t
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If ")				t
	n Schedule O how this was done		12c	х	l
	Did the organization have a written whistleblower policy?		13	Х	t
	Did the organization have a written document retention and destruction policy?		14	Х	t
	Did the process for determining compensation of the following persons include a review and approv		17		ł
		, ,			l
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		4-	х	ł
	The organization's CEO, Executive Director, or top management official		15a	^	╀
	Other officers or key employees of the organization		15b		Ļ
	f "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				I
ia [	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment with a			ļ
	axable entity during the year?		16a		ļ
b l'	f "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ate its participation			
iı	n joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	anization's			I
e	exempt status with respect to such arrangements?	<u></u>	16b		
ecti	on C. Disclosure				
7 L	.ist the states with which a copy of this Form 990 is required to be filed $igat = rac{FL}{FL}$				_
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	and 990-T (Section 501(c)(	3)s only	) avai	la
	or public inspection. Indicate how you made these available. Check all that apply.				
		n on Schedule O)			
) [	Describe on Schedule O whether (and if so, how) the organization made its governing documents, c	,	nd finar	ncial	
	statements available to the public during the tax year.	interest pondy, di			
	State the name, address, and telephone number of the person who possesses the organization's bo	ooks and records			
, c 1	LISA A. BECHTOLD - 941-358-4407				-
_	PO BOX 48186, SARASOTA, FL 34230				-
	12-23-20		Form	990	('
550	7		1 5111		1,

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 VI

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

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

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

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

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

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

nours for related organizations below below (1) LISA BECHTOLDnours for related organizations below below (2) SCOT ATKINSnours for related organizations (1) LISA BECHTOLD(W-2/1099-MISC)(W-2/1099-MISC)from the organization and related organizations(1) LISA BECHTOLD20.00X31,687.0.6,454(2) SCOT ATKINS5.00XX0.0.0.(3) BRITTANY LAMONT5.00X0.0.0.(4) CHARLES BRYANT5.00X0.0.0.DIRECTORX0.0.0.0.01 GECTORX0.0.0.0.01 GECTORX0.0.0. <t< th=""><th>(A) Name and title</th><th>(B) Average hours per</th><th>(do box</th><th colspan="2">(C) Position (do not check more than one box, unless person is both an</th><th>(D) Reportable compensation</th><th><b>(E)</b> Reportable compensation</th><th><b>(F)</b> Estimated amount of</th></t<>	(A) Name and title	(B) Average hours per	(do box	(C) Position (do not check more than one box, unless person is both an		(D) Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of		
(1) LISA BECHYCLD       20.00       x       31,687.       0.       6,454         (2) SCOTT ATKINS       5.00       x       x       0.       0.       0         (3) ERITTANY LAMONT       5.00       x       0.       0.       0         DIRECTOR       x       0.       0.       0.       0         (4) CHARLES BRYANT       5.00       x       0.       0.       0         DIRECTOR       x       0.       0.       0       0         (1) JAY BRADY       5.00       x       0.       0.       0         DIRECTOR       x       0.       0.       0.       0       0         (3) KELLEY LEAR       5.00       x       0.       0.       0       0         DIRECTOR       x       X       0		(list any hours for related organizations below line)	<u> </u>					the organization	organizations	compensation from the organization
(2)         SCOTT ATKINS         5.00         X         X         X         0.         0.         0           (3)         BRITTANY LAMONT         5.00         X         0.         0.         0         0           DIRECTOR         X         0.         0.         0         0         0         0           DIRECTOR         X         0.         0.         0         0         0         0           DIRECTOR         X         0.         0.         0         0         0         0           (5)         DR. GEORGE L. MIMS         5.00         X         0.         0         0         0           DIRECTOR         X         0.         0.         0         0         0         0           (6)         KAREN HOUGH         5.00         X         0.         0		20.00						21 607	0	
CHAIRMAN         X         X         X         X         0.         0.         0           (3)         ERITTANY LAMONT         5.00         X         0.         0.         0           DIRECTOR         X         0.         0.         0.         0           OIRECTOR         X         0.         0.         0         0           DIRECTOR         X         0.         0.         0         0           OS         DR. GEORGE L. MIMS         5.00         X         0.         0.         0           DIRECTOR         X         0.         0.         0.         0         0         0           OIRECTOR         X         0.         0.         0         0         0         0           DIRECTOR         X         0.         0.         0		F 00			<u> </u>			51,00/.	0.	0,434.
(3) BRITTANY LAMONT       5.00       X       0.       0.       0         DIRECTOR       X       0.       0.       0.       0         (4) CHARLES BRYANT       5.00       X       0.       0.       0         DIRECTOR       X       0.       0.       0.       0         (5) DR. GEORGE L. MIMS       5.00       X       0.       0.       0         DIRECTOR       X       0.       0.       0.       0         (6) KAREN HOUGH       5.00       X       0.       0.       0         DIRECTOR       X       0.       0.       0.       0         (7) JAY BRADY       5.00       X       0.       0.       0         DIRECTOR       X       0.       0.       0.       0         (8) KELLEY LEAR       5.00       X       0.       0.       0         DIRECTOR       X       X       0.       0.       0       0         (10) LORI SUTON       5.00       X       0.       0.       0       0         DIRECTOR       X       0.       0.       0.       0       0       0         (11) DR. STEPHEN COVERT		5.00	v		v			0	0	0.
DIRECTOR         X         0.         0.         0           (4) CHARLES BRYANT         5.00         X         0.         0.         0           DIRECTOR         X         0.         0.         0         0           (5) DR. GEORGE L. MIMS         5.00         X         0.         0.         0           DIRECTOR         X         0.         0.         0.         0           01RECTOR         X         0.         0.         0         0           01RECTOR         X         0.         0.         0         0           01RECTOR         X         0.         0.         0         0         0           01RECTOR         X         0.         0.         0		5 00	^					0.	0.	0.
(4)         CHARLES BRYANT         5.00         X         0.         0.         0           DIRECTOR         X         0.         0.         0.         0         0         0           (5)         DR. GEORGE L. MIMS         5.00         X         0.         0.         0         0           DIRECTOR         X         0.         0.         0.         0         0         0           01RECTOR         X         0.         0.         0.         0		5.00	x					0.	0.	0.
(5) DR. GEORGE L. MIMS       5.00       X       0.       0.       0         DIRECTOR       X       0.       0.       0.       0         (6) KAREN HOUGH       5.00       X       0.       0.       0         DIRECTOR       X       0.       0.       0.       0         (7) JAY BRADY       5.00       X       0.       0.       0         DIRECTOR       X       0.       0.       0.       0         (8) KELLEY LEAR       5.00       X       0.       0.       0         DIRECTOR       X       X       0.       0.       0         (9) MICHELE CHERP       5.00       X       X       0.       0.       0         TREASURER       5.00       X       X       0.       0.       0       0         (10) LORI SUTION       5.00       X       X       0.       0.       0       0         DIRECTOR       X       X       0.       0.       0.       0       0         (11) DR. STEPHEN COVERT       5.00       X       0.       0.       0       0       0         DIRECTOR       X       0.       0.       0	(4) CHARLES BRYANT	5.00								
DIRECTOR         X         0.         0.         0.           (6) KAREN HOUGH         5.00         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.           (7) JAY BRADY         5.00         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.           (8) KELLEY LEAR         5.00         0.         0.         0.         0.         0.           (9) MICHELLE CHERP         5.00         0.         0.         0.         0.         0.           (10) LORI SUTTON         5.00         0.         0.         0.         0.         0.           DIRECTOR         X         X         0.         0.         0.         0.           (11) DR. STEPHEN COVERT         5.00         0.         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.           (11) DR. STEPHEN COVERT         5.00         0.         0.         0.         0.         0.           DIRECTOR         X         0.<	DIRECTOR		X					0.	0.	0.
(6)         KAREN HOUGH         5.00         X         0.         0.         0           DIRECTOR         X         0.         0.         0.         0         0           (7)         JAY BRADY         5.00         X         0.         0.         0           DIRECTOR         X         0.         0.         0.         0         0           DIRECTOR         X         0.         0.         0.         0         0           (8)         KELLEY LEAR         5.00         X         0.         0.         0           DIRECTOR         X         X         0.         0.         0         0           (9)         MICHELLE CHERP         5.00         X         X         0.         0         0           TREASURER         X         X         X         0.         0         0         0           (10)         LORI SUTTON         5.00         X         X         0.         0.         0           DIRECTOR         X         X         0.         0.         0         0         0           (11)         DR. STEPHEN COVERT         5.00         X         0.         0.	(5) DR. GEORGE L. MIMS	5.00								
DIRECTOR         X         0.         0.         0           (7) JAY BRADY         5.00         X         0.         0.         0           DIRECTOR         X         0.         0.         0.         0           (8) KELLEY LEAR         5.00         X         0.         0.         0           DIRECTOR         X         0.         0.         0.         0           (9) MICHELLE CHERP         5.00         X         0.         0.         0           TREASURER         X         X         0.         0.         0           (10) LORI SUTTON         5.00         X         0.         0.         0           DIRECTOR         X         0.         0.         0.         0           (11) DR. STEPHEN COVERT         5.00         X         0.         0.         0           DIRECTOR         X         0.         0.         0.         0         0           (12) JUSTIN WILLIAMS         5.00         X         0.         0.         0         0           (13) T.J. CHITEKWE         5.00         X         0.         0.         0         0	DIRECTOR		X					0.	0.	0.
(7) JAY BRADY       5.00       X       0.       0.       0         DIRECTOR       X       0.       0.       0.       0         (8) KELLEY LEAR       5.00       X       0.       0.       0         DIRECTOR       X       0.       0.       0.       0         (9) MICHELLE CHERP       5.00       X       X       0.       0.       0         TREASURER       X       X       0.       0.       0.       0       0         (10) LORI SUTTON       5.00       X       0.       0.       0       0         DIRECTOR       X       0.       0.       0.       0       0       0         (11) DR. STEPHEN COVERT       5.00       X       0.       0.       0       0         DIRECTOR       X       0.       0.       0.       0       0       0         (12) JUSTIN WILLIAMS       5.00       X       0.       0.       0       0       0         DIRECTOR       X       0.       0.       0.       0       0       0       0         (13) T.J. CHITEKWE       5.00       0       0       0       0       0	(6) KAREN HOUGH	5.00								
DIRECTOR         X         0.         0.         0           (8) KELLEY LEAR         5.00         X         0.         0.         0           DIRECTOR         X         0.         0.         0.         0           DIRECTOR         X         0.         0.         0.         0           (9) MICHELLE CHERP         5.00         X         X         0.         0.         0           TREASURER         X         X         0.         0.         0         0         0           (10) LORI SUTTON         5.00         X         0.         0.         0         0           DIRECTOR         X         X         0.         0.         0         0         0           (11) DR. STEPHEN COVERT         5.00         X         0.         0.         0         0           DIRECTOR         X         0.         0.         0         0         0         0           (12) JUSTIN WILLIAMS         5.00         X         0.         0.         0         0           (13) T.J. CHITEKWE         5.00         0         0         0         0         0         0	DIRECTOR		Х					0.	0.	0.
(8) KELLEY LEAR       5.00       X       0.       0.       0         DIRECTOR       X       X       0.       0.       0       0         (9) MICHELLE CHERP       5.00       X       X       0.       0.       0         TREASURER       X       X       0.       0.       0       0         (10) LORI SUTTON       5.00       X       0.       0.       0         DIRECTOR       X       0.       0.       0.       0         (11) DR. STEPHEN COVERT       5.00       X       0.       0.       0         DIRECTOR       X       0.       0.       0.       0       0         (12) JUSTIN WILLIAMS       5.00       X       0.       0.       0       0         DIRECTOR       X       0.       0.       0.       0       0       0         (13) T.J. CHITEKWE       5.00       0       0       0.       0       0       0	(7) JAY BRADY	5.00								
DIRECTOR         X         0.         0.         0         0           (9) MICHELLE CHERP         5.00         X         X         0.         0.         0           TREASURER         X         X         0.         0.         0         0           (10) LORI SUTTON         5.00         X         X         0.         0.         0           DIRECTOR         X         0.         0.         0.         0         0         0           (11) DR. STEPHEN COVERT         5.00         X         0.         0.         0         0           DIRECTOR         X         0.         0.         0.         0         0         0           (12) JUSTIN WILLIAMS         5.00         X         0.         0.         0         0           DIRECTOR         X         0.         0.         0.         0         0         0	DIRECTOR		Х					0.	0.	0.
(9) MICHELLE CHERP         5.00         X         X         X         0.         0.         0           TREASURER         X         X         X         0.         0.         0	(8) KELLEY LEAR	5.00								
TREASURER       X       X       X       X       0.       0.       0         (10) LORI SUTTON       5.00       X       0.       0.       0       0         DIRECTOR       X       0.       0.       0.       0       0         (11) DR. STEPHEN COVERT       5.00       X       0.       0.       0       0         DIRECTOR       X       0.       0.       0.       0       0         (12) JUSTIN WILLIAMS       5.00       X       0.       0.       0         DIRECTOR       X       0.       0.       0       0         (13) T.J. CHITEKWE       5.00       I       I       I       I			X					0.	0.	0.
(10) LORI SUTTON       5.00       0.00       0.00         DIRECTOR       X       0.00       0.00         (11) DR. STEPHEN COVERT       5.00       0.00       0.00         DIRECTOR       X       0.00       0.00         (12) JUSTIN WILLIAMS       5.00       0.00       0.00         DIRECTOR       X       0.00       0.00         (13) T.J. CHITEKWE       5.00       0       0		5.00							•	•
DIRECTOR         X         0.         0.         0           (11) DR. STEPHEN COVERT         5.00         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.           (12) JUSTIN WILLIAMS         5.00         X         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.           (13) T.J. CHITEKWE         5.00         I         I         I         I         I			X		X			0.	0.	0.
(11) DR. STEPHEN COVERT     5.00     X     0.     0.     0       DIRECTOR     X     0.     0.     0     0       (12) JUSTIN WILLIAMS     5.00     X     0.     0.     0       DIRECTOR     X     0.     0.     0     0       (13) T.J. CHITEKWE     5.00     0     0     0     0		5.00							0	0
DIRECTOR         X         0.         0.         0           (12) JUSTIN WILLIAMS         5.00         .         <		F 00	X					0.	0.	0.
(12) JUSTIN WILLIAMS         5.00         0.00<		5.00	v					0	0	0.
DIRECTOR         X         0.         0.         0		5 00	^					0.	0.	0.
(13) T.J. CHITEKWE 5.00		5.00	x					0.	0.	0.
		5.00							0.	
			x					0.	0.	0.
								•••	•••	
			1							
										Form <b>990</b> (2020)

032007 12-23-20

Form **990** (2020)

12170504 351354 331012774

8

	990 (2020) TSIC OF									**_**	**2	774	Pa	age <b>8</b>
Pai	t VII Section A. Officers, Directors, Trus (A) Name and title	tees, Key Em (B) Average			(C Posi	<b>2)</b> ition	1		Compensated Employe (D) Reportable	es (continued) (E) Reportable		Fs	(F)	ed be
		hours per week (list any hours for related organizations below	tee or director of xod	, unle	heck i ss per id a di	rson i irecto	is bot	h an tee)	compensation from the organization (W-2/1099-MISC)	compensatio from related organizations (W-2/1099-MIS	s	ar com fi org an	nount other opensa rom the anizat d relat	of Ition e ion ed
line) Individ														
	Subtotal Total from continuation sheets to Part V								31,687. 0.		0.		6,4	0.
d 2	Total (add lines 1b and 1c) Total number of individuals (including but r compensation from the organization		_						31,687. eceived more than \$100	),000 of reportabl	<b>0.</b> le		6,4	54. 0
3	Did the organization list any <b>former</b> officer, line 1a? If "Yes," complete Schedule J for s											3	Yes	No X
4	For any individual listed on line 1a, is the su and related organizations greater than \$15	um of reportab 0,000? <i>If</i> "Yes,	le co " <i>co</i>	ompe mple	ensa ete S	ation Sche	n and edule	d ot e <i>J f</i>	for such individual	the organization	1	4		X
5 Sec	Did any person listed on line 1a receive or a rendered to the organization? <i>If "Yes," cont</i> <b>tion B. Independent Contractors</b>	nplete Schedul	e J f	or su	uch j	pers	son .		-			5		X
1	Complete this table for your five highest co the organization. Report compensation for								n the organization's tax		ipens			
(A) (B) Name and business address NONE Description of services							C	( <b>(</b> compe	<b>C)</b> nsatio	n				
2	Total number of independent contractors ( \$100,000 of compensation from the organi	•	iot lii	mite	d to	tho: (	se li: )	stec	d above) who received n	nore than		Form	<b>990</b> (;	2020)

032008 12-23-20

Form 990 (20	
Part VIII	

# 20) TSIC OF SARASOTA COUNTY INC Statement of Revenue

			Check if Schedule O contains	a response	or note to any li	ne in this Part VIII			
				·	-	<b>(A)</b> Total revenue	( <b>B</b> ) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<u>s</u> s	_		Federated campaigns						
ant	'					-			
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues			4			
rts,			Fundraising events			4			
ia, Gi			Related organizations	1d	127 777	-			
Sin			Government grants (contributions		137,727.	-			
utio		f	All other contributions, gifts, grants, an		000 111				
ië			similar amounts not included above $\dots$		989,111.	4			
ont od (		g	Noncash contributions included in lines 1a-11	1g \$	318,210.	1 105 000			
a Č		h	Total. Add lines 1a-1f		<u></u>	1,126,838.			
					Business Code				
ce	2	а							
Program Service Revenue		b							
Su		С							
lev ev		d							
<u>во</u>		е							
<u>م</u>		f	All other program service revenue						
		g	Total. Add lines 2a-2f		►				
	3		Investment income (including divid	dends, intere	est, and				
			other similar amounts)		▶	23,697.			23,697.
	4		Income from investment of tax-exe						
	5		Royalties						
			····,····	(i) Real	(ii) Personal				
	6	а	Gross rents 6a						
	Ŭ		Less: rental expenses 6b						
			Rental income or (loss) 6c						
	-		Net rental income or (loss)	Securities	(ii) Other				
	'	а		2,552.		-			
			assets other than inventory <b>7a</b>	4, 334.		4			
a		b	Less: cost or other basis	٥					
Other Revenue			and sales expenses	0.2,552.		-			
eve			· /						
r B			Net gain or (loss)		<u></u>	2,552.	2,552.		
the	8	а	Gross income from fundraising events	(not					
ò			including \$	of					
			contributions reported on line 1c).						
			Part IV, line 18	8a					
		b	Less: direct expenses	8b					
		с	Net income or (loss) from fundrais	ing even <u>ts</u>	🕨				
	9	а	Gross income from gaming activit	ies. See					
			Part IV, line 19						
		b	Less: direct expenses			1			
			Net income or (loss) from gaming		►				
	10		Gross sales of inventory, less retu						
			and allowances						
		b	Less: cost of goods sold						
			Net income or (loss) from sales of						
		-			Business Code				
Miscellaneous Revenue	11	а	PPP LOAN FORGIVEN	ESS I	900099	56,465.	56,465.		
nu		b							
èllé eve		c							
B			All other revenue						
2			Total. Add lines 11a-11d			56,465.			
	12		Total revenue. See instructions			1,209,552.	59,017.	0.	23,697.
03200					····· F			-	Form <b>990</b> (2020)

10

12170504 351354 331012774 2020.05093 TSIC OF SARASOTA COUNTY INC 33101271

Part IX Statement of Functional Expenses

TSIC OF SARASOTA COUNTY INC

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 respons of include amounts reported on lines 6b,	(A) Total expenses	<b>(B)</b> Program service	(C) Management and	<b>(D)</b> Fundraising
	b, 9b, and 10b of Part VIII.		ĕxpenses	general expenses	expenses
	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
	Grants and other assistance to domestic	237,558.	237,558.		
	individuals. See Part IV, line 22 Grants and other assistance to foreign	237,330.	257,550.		
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
	Compensation of current officers, directors,				
	trustees, and key employees	46,160.	18,464.	13,848.	13,848
	Compensation not included above to disqualified	10,1000	10,1010	10,0100	10,010
	persons (as defined under section 4958(f)(1)) and				
	normalized in continu $(0 - 0)(0)(0)$				
	Other salaries and wages	222,765.	201,450.	10,765.	10,550
	Pension plan accruals and contributions (include	,,			_0,000
	section 401(k) and 403(b) employer contributions)				
	Other employee benefits	11,691.	11,691.		
	Payroll taxes	20,463.	17,021.	1,729.	1,713
	Fees for services (nonemployees):			, -	<b>,</b> -
	Management				
	Legal				
	Accounting	6,044.	6,044.		
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				
-	column (A) amount, list line 11g expenses on Sch O.)				
	Advertising and promotion				
	Office expenses	922.	922.		
	Information technology				
	Royalties				
	Occupancy	7,218.		7,218.	
	Travel	287.			287
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
	Depreciation, depletion, and amortization	1,790.		1,790.	
23	Insurance	11,486.	2,011.	9,475.	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule O.)				
	PROGRAM EXPENSES	98,627.	98,627.		
	PROGRAM EVENTS	7,753.	7,753.		
-	COMPUTER & IT SUPPORT	7,439.	7,439.		
d	PAYROLL FEES	3,938.	3,368.	570.	
е	All other expenses	10,377.	6,492.	3,885.	
25	Total functional expenses. Add lines 1 through 24e	694,518.	618,840.	49,280.	26,398
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 b if following SOP 98-2 (ASC 958-720)				

12170504 351354 331012774

11 2020.05093 TSIC OF SARASOTA COUNTY INC 33101271

032011	12-23-20

32

33

6,097,566.

6,161,461.

32

33

6,628,433.

6,637,817.

Form 990 (2020)

12170504 351354 331012774

## TSIC OF SARASOTA COUNTY INC

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

Total net assets or fund balances

Total liabilities and net assets/fund balances ...

Beginning of year End of year 438,538. 388,719. Cash - non-interest-bearing 1 1 2 2 Savings and temporary cash investments Pledges and grants receivable, net 3 3 33,511. 40,740. 4 4 Accounts receivable, net 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons 6 Loans and other receivables from other disgualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 Notes and loans receivable, net 7 Assets 7 8 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 9 **10a** Land, buildings, and equipment: cost or other 29,452. basis. Complete Part VI of Schedule D \_\_\_\_\_ 10a 24,029. 4,453. 5,423. b Less: accumulated depreciation 10b 10c Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 12 13 Investments - program-related. See Part IV, line 11 13 Intangible assets 14 14 5,734,778. 6,153,116. Other assets. See Part IV, line 11 15 15 6,161,461. 6,637,817. 16 16 Total assets. Add lines 1 through 15 (must equal line 33) ...... 9,384. 7,430. 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to any current or former officer, director, \_iabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 56,465 0 25 of Schedule D 63,895. 9,384. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here 🕨 🔀 Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 6,040,127. 6,559,230. Net assets without donor restrictions 27 27 57,439. 69,203. Net assets with donor restrictions 28 28 Organizations that do not follow FASB ASC 958, check here 🕨 🗌 and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31

(B)

(A)

Form 990 (2020)

Part X Balance Sheet

Form	n 990 (2020) TSIC OF SARASOTA COUNTY INC	**_**	*2774	Pag	ge <b>12</b>
Ра	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,209		
2	Total expenses (must equal Part IX, column (A), line 25)	2			18.
3	Revenue less expenses. Subtract line 2 from line 1	3			34.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6,097	7,5	66.
5	Net unrealized gains (losses) on investments	5	15	5,8	33.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				~ ~
_	column (B))	10	6,628	3,4	33.
Ра	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
_	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule				v
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis			х	
b	Were the organization's financial statements audited by an independent accountant?		2b	^	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basis,			
	consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis				
-					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the		2c	х	
	review, or compilation of its financial statements and selection of an independent accountant?		20		
2-	If the organization changed either its oversight process or selection process during the tax year, explain on Sc As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si				
Ja		•	3a		x
h	Act and OMB Circular A-133? If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ		Ja		
u	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		Зb		
	טי מטמונס, פאטומויז שוויז טוי סטופטעופ ט מוע עפטטוטב מוזי זובט געבו גע עוועפונט געטו מעטונג		Eorm	990	(2020)

Form **990** (2020)

032012 12-23-20

**SCHEDULE A** 

Department of the Treasury

Internal Revenue Service

(Form	990	or	990-E	EZ)
-------	-----	----	-------	-----

# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-FZ

Attach to Form 550 of Form 550-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

1	2020
	Open to Public Inspection
Employer	identification number

OMB No. 1545-0047

N	lame	of	the	or	gan	izat	ion
---	------	----	-----	----	-----	------	-----

	TSIC	OF SARASO	TA COUNTY IN	С		*	*-**2774		
Part I	Reason for Public	Charity Status.	(All organizations must c	omplete this part.	) See instructior	ıs.			
The orga	nization is not a private found	lation because it is: (	For lines 1 through 12, c	heck only one bo	x.)				
1 🗌	A church, convention of ch	urches, or associatio	on of churches described	d in section 170(b	o)(1)(A)(i).				
2	A school described in <b>section 170(b)(1)(A)(ii).</b> (Attach Schedule E (Form 990 or 990-EZ).)								
3	A hospital or a cooperative	hospital service orga	anization described in <b>se</b>	ection 170(b)(1)(A	\)(iii).				
4	A medical research organiz	ation operated in co	njunction with a hospital	described in sec	tion 170(b)(1)(A	)(iii). Enter	the hospital's name,		
	city, and state:								
5	An organization operated for	or the benefit of a co	llege or university owned	d or operated by a	a governmental (	unit describ	bed in		
	section 170(b)(1)(A)(iv). (C	Complete Part II.)							
6	A federal, state, or local go	vernment or governn	nental unit described in s	section 170(b)(1)	(A)(v).				
7 X	An organization that norma	Illy receives a substa	ntial part of its support f	rom a governmen	ital unit or from t	he general	public described in		
	section 170(b)(1)(A)(vi). (C	omplete Part II.)							
8	A community trust describe	ed in section 170(b)(	(1)(A)(vi). (Complete Parl	t II.)					
9	An agricultural research org	ganization described	in section 170(b)(1)(A)(	ix) operated in co	njunction with a	land-grant	college		
	or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the name,	city, and state o	f the colleg	e or		
	university:								
10	An organization that norma	Illy receives (1) more	than 33 1/3% of its sup	port from contribu	utions, members	hip fees, ar	nd gross receipts from		
	activities related to its exen	npt functions, subjec	t to certain exceptions;	and (2) no more tl	han 33 1/3% of	its support	from gross investment		
	income and unrelated busir	ness taxable income	(less section 511 tax) fro	om businesses ac	quired by the o	ganization	after June 30, 1975.		
	See section 509(a)(2). (Cor	mplete Part III.)							
11 🛄	An organization organized a	and operated exclus	ively to test for public sa	fety. See section	509(a)(4).				
12	An organization organized a	and operated exclus	ively for the benefit of, to	perform the fund	ctions of, or to c	arry out the	purposes of one or		
	more publicly supported or	ganizations describe	ed in <b>section 509(a)(1)</b> o	r section 509(a)(2	2). See section	5 <b>09(a)(3).</b> C	Check the box in		
_	_lines 12a through 12d that	describes the type o	of supporting organizatio	n and complete li	nes 12e, 12f, an	d 12g.			
a	<b>Type I.</b> A supporting orga	anization operated, s	upervised, or controlled	by its supported	organization(s),	typically by	giving		
	the supported organization	on(s) the power to re	gularly appoint or elect a	a majority of the d	irectors or truste	es of the s	upporting		
_	organization. You must o	complete Part IV, Se	ections A and B.						
b	<b>Type II.</b> A supporting org	anization supervised	l or controlled in connec	tion with its suppo	orted organizatio	on(s), by ha	ving		
	control or management o	of the supporting org	anization vested in the s	ame persons that	control or mana	age the sup	ported		
_	organization(s). You mus	t complete Part IV,	Sections A and C.						
c 🗆	Type III functionally interest	grated. A supporting	g organization operated	in connection wit	h, and functiona	lly integrate	ed with,		
_	its supported organizatio	n(s) (see instructions	s). You must complete I	Part IV, Sections	A, D, and E.				
d 🗆	Type III non-functionally					-			
	that is not functionally int			•	-	d an attent	iveness		
_	requirement (see instruct	,	•	-					
e 🗆	Check this box if the orga				is a Type I, Type	II, Type III			
	functionally integrated, or		nally integrated support	ing organization.					
	er the number of supported of	•							
g Pro	vide the following information (i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the organization liste	d (v) Amount of	monetarv	(vi) Amount of other		
	organization	.,	(described on lines 1-10	in your governing documer Yes No	support (see ir	-	support (see instructions)		
			above (see instructions))						
Total									
<u>Total</u> LHA For	Paperwork Reduction Act N	Notice, see the Instr	uctions for Form 990 o	r 990-EZ. 032021	01-25-21 Sche	dule A (For	m 990 or 990-EZ) 2020		

14 12170504 351354 331012774 2020.05093 TSIC OF SARASOTA COUNTY INC 33101271

## Schedule A (Form 990 or 990-EZ) 2020 TSIC OF SARASOTA COUNTY INC Part II Support Schedule for Organizations Described in Sections 17

\*\*\_\*\*2774 Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	544,032.	1418406.	844,136.	1166035.	1126838.	5099447.	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge $\dots$							
4	Total. Add lines 1 through 3	544,032.	1418406.	844,136.	1166035.	1126838.	5099447.	
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)							
	Public support. Subtract line 5 from line 4.						5099447.	
Sec	ction B. Total Support							
	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total	
7	Amounts from line 4	544,032.	1418406.	844,136.	1166035.	1126838.	5099447.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,	4 9 9 4	1 500				~~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	
	and income from similar sources $\dots$	1,321.	1,523.	2,291.	4,379.	23,697.	33,211.	
9	Net income from unrelated business							
	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital		220 606				<b>205 161</b>	
	assets (Explain in Part VI.)		238,696.			56,465.	295,161.	
11	Total support. Add lines 7 through 10						5427819.	
12						12		
13	First 5 years. If the Form 990 is for th	-	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)		
800	organization, check this box and stor		-					
	Public support percentage for 2020 (			oolump (f))		14	93.95 %	
	Public support percentage from 2019					14	95.13 %	
	33 1/3% support test - 2020. If the c						,-	
100	stop here. The organization qualifies	-						
h	<b>33 1/3% support test - 2019.</b> If the c							
~	and <b>stop here.</b> The organization qual							
17a								
	17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization							
	meets the facts-and-circumstances te			-				
b	10% -facts-and-circumstances tes	•	•		•			
~	more, and if the organization meets th	-						
	organization meets the facts-and-circ				• •			
18	Private foundation. If the organization		•				s	
	Schedule A (Form 990 or 990-EZ) 2020							

032022 01-25-21

12170504 351354 331012774

Schedule A	(Form 990	or 990-EZ) 2020	TSIC	OF S	ARASOTA	COUNTY	INC
Part III	Support	Schedule for	or Organ	nization	s Described	I in Section	1 509(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.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to 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						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons				V.		
t	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			R			
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975		-				
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's f	irst, second, third	, fourth, or fifth tax	year as a section	501(c)(3) orga	nization,
See	ction C. Computation of Publ	ic Support Pe	ercentage				
15	Public support percentage for 2020 (	line 8, column (f), d	divided by line 13,	, column (f))		15	%
16	Public support percentage from 2019	Schedule A, Part	: III, line 15			16	%
See	ction D. Computation of Invest	stment Incom	e Percentage	)			
17	Investment income percentage for 20	<b>)20</b> (line 10c, colu	mn (f), divided by	line 13, column (f))		17	%
18	Investment income percentage from	2019 Schedule A,	Part III, line 17			18	%
19a	a 33 1/3% support tests - 2020. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than	33 1/3%, and	line 17 is not
	more than 33 1/3%, check this box a						
b	33 1/3% support tests - 2019. If the						3%, and
	line 18 is not more than 33 1/3%, che	•					
20	Private foundation. If the organization						
	23 01-25-21						n 990 or 990-EZ) 2020
				16			

12170504 351354 331012774

2020.05093 TSIC OF SARASOTA COUNTY INC 33101271

## Schedule A (Form 990 or 990-EZ) 2020 TSIC OF SARASOTA COUNTY INC

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes

No

## Part IV Supporting Organizations

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

## Section A. All Supporting Organizations

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

032024 01-25-21

Schedule A (Form 990 or 990-EZ) 2020

12170504 351354 331012774

2020.05093 TSIC OF SARASOTA COUNTY INC 33101271

17

## Schedule A (Form 990 or 990-EZ) 2020 TSIC OF SARASOTA COUNTY INC

Part IV Supporting Organizations (continued)

1

2

Yes No

No

Yes

2a

2b

За

3b

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
с	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			

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

supervised, or controlled the supporting organization.
Section C. Type II Supporting Organizations

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

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

### Section E. Type III Functionally Integrated Supporting Organizations

- a \_\_\_\_ The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

с		The organization supported a	governmental entity	. Describe in Part VI how	you supported a governm	ental entity (see instructions).
---	--	------------------------------	---------------------	---------------------------	-------------------------	----------------------------------

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If* "Yes," *then in* **Part VI identify those supported organizations and explain** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*
- b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" provide details in **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

032025 01-25-21

Schedule A (Form 990 or 990-EZ) 2020

18 2020.05093 TSIC OF SARASOTA COUNTY INC 33101271

12170504 351354 331012774

Schedule A	$_{ m c}$ (Form 990 or 990-EZ) 2020 ${ m TS}$	SIC OF	SARASOTA	COUNTY	INC
Part V	Type III Non-Functiona	lly Integi	rated 509(a)(3)	Supporting	organizations

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

Net short-term capital gain	· · · · · · · · · · · · · · · · · · ·		
	1		
Recoveries of prior-year distributions	2		
Other gross income (see instructions)	3		
Add lines 1 through 3.	4		
Depreciation and depletion	5		
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		
Other expenses (see instructions)	7		
Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
Average monthly value of securities	1a		
Average monthly cash balances	1b		
Fair market value of other non-exempt-use assets	1c		
Total (add lines 1a, 1b, and 1c)	1d		
Discount claimed for blockage or other factors (explain in detail in Part VI):			
Acquisition indebtedness applicable to non-exempt-use assets	2		
Subtract line 2 from line 1d.	3		
Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
Multiply line 5 by 0.035.	6		
Recoveries of prior-year distributions	7		
Minimum Asset Amount (add line 7 to line 6)	8		
on C - Distributable Amount	-		Current Year
Adjusted net income for prior year (from Section A, line 8, column A)	1		
Enter 0.85 of line 1.	2		
Minimum asset amount for prior year (from Section B, line 8, column A)	3		
Enter greater of line 2 or line 3.	4		
Income tax imposed in prior year	5		
Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
	Depreciation and depletion 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) Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) on B - Minimum Asset Amount Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): Average monthly value of securities Average monthly value of other non-exempt-use assets Total (add lines 1a, 1b, and 1c) Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets Subtract line 2 from line 1d. Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by 0.035. Recoveries of prior-year distributions Minimum Asset Amount Adjusted net income for prior year (from Section A, line 8, column A) Enter 0.85 of line 1. Minimum asset amount for prior year (from Section B, line 8, column A) Enter greater of line 2 or line 3. Income tax imposed in prior year	Depreciation and depletion       5         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         Other expenses (see instructions)       7         Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)       8         on B - Minimum Asset Amount       8         Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):       1a         Average monthly value of securities       1a         Average monthly cash balances       1b         Fair market value of other non-exempt-use assets       1c         Total (add lines 1a, 1b, and 1c)       1d         Discount claimed for blockage or other factors (explain in detail in Part VI):       1d         Acquisition indebtedness applicable to non-exempt-use assets       2         Subtract line 2 from line 1d.       3         Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).       4         Net value of non-exempt-use assets (subtract line 4 from line 3)       5         Multiply line 5 by 0.035.       6         Recoveries of prior-year distributions       7         Minimum Asset Amount       2         Adjusted net income for prior year (from Section	Depreciation and depletion       5         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         Other expenses (see instructions)       7         Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)       8         on B - Minimum Asset Amount       (A) Prior Year         Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):       1a         Average monthly value of securities       1a         Average monthly cash balances       1b         Fair market value of other non-exempt-use assets       1c         Total (add lines 1a, 1b, and 1c)       1d         Discount claimed for blockage or other factors       2         Subtract line 2 from line 1d.       3         Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).       4         Net value of non-exempt-use assets (subtract line 4 from line 3)       5         Multipy line 5 by 0.035.       6         Recoveries of prior-year distributions       7         Multipy line 5 by 0.035.       6         Recoveries of prior-year (from Section A, line 8, column A)       1         Enter 0.85 of line 1.       2

instructions).

Schedule A (Form 990 or 990-EZ) 2020

032026 01-25-21

# Schedule A (Form 990 or 990-EZ) 2020 TSIC OF SARASOTA COUNTY INC

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations <sub>(continu</sub>	ied)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe		1		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	าร	3	
4	Amounts paid to acquire exempt-use assets		4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in <b>Part VI</b> )		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsiv	e		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2020	าร	(iii) Distributable Amount for 2020
_1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
с	From 2017				
d	From 2018				
e	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2016				
b	Excess from 2017				
с	Excess from 2018				
d	Excess from 2019				
е	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

032027 01-25-21

Schedule A (	Form 990 or 990-E	Z) 2020 TSIC (	OF SARASOTA	COUNTY INC	ł	*-**2774 Pag
Part VI	Supplemental Part IV, Section A, line 1; Part IV, Section D, lines 5,	I <b>Information.</b> Pr , lines 1, 2, 3b, 3c, 4l tion D, lines 2 and 3 6, and 8; and Part V	ovide the explanatior o, 4c, 5a, 6, 9a, 9b, 9 ; Part IV, Section E, li	ns required by Part II, line c, 11a, 11b, and 11c; Pa nes 1c, 2a, 2b, 3a, and 3	10; Part II, line 17a or 17 t IV, Section B, lines 1 ar b; Part V, line 1; Part V, S his part for any additional	b; Part III, line 12; d 2; Part IV, Section C, ection B, line 1e; Part V,
	(See instructions.)	, ,	, , , , , 	, ,		
32028 01-25-2	1				Schedule A	(Form 990 or 990-EZ) 2

## Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

## Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2020

tification number

•	*	_	*	*	*	2	7	7	4	
---	---	---	---	---	---	---	---	---	---	--

Name of the organization	on la constante de la constante	Employer identification number
	TSIC OF SARASOTA COUNTY INC	**-**2774
Organization type (che	ck one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
• •	ion is covered by the <b>General Rule</b> or a <b>Special Rule.</b> 01(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special F	lule. See instructions.
General Rule		
-	ation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totali any one contributor. Complete Parts I and II. See instructions for determining a contribute	
Special Rules		
sections 509(a any one contri	ation described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16 butor, during the year, total contributions of the greater of <b>(1)</b> \$5,000; or <b>(2)</b> 2% of the amo D-EZ, line 1. Complete Parts I and II.	a, or 16b, and that received from

↓ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ...... \* \$

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

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Employer identification number

(d)

(d)

(d)

(d)

(d)

Noncash (Complete Part II for

> Person Pavroll

Noncash

(Complete Part II for

noncash contributions.)

(d)

Type of contribution

X

X

X

X

Х

X

X

\*\*-\*\*\*2774

Schedule B (Form 990, 990-EZ, or 990-PF) (2020) Name of organization TSIC OF SARASOTA COUNTY INC Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 FLORIDA PREPAID SCHOLARSHIP FOUNDATION Person Payroll 309,361. 1801 HERMITAGE BLVD, STE 210 Noncash \$ (Complete Part II for TALLAHASSEE, FL 32308 noncash contributions.) (a) (b) (c) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 2 TAKE STOCK IN CHILDREN, INC. Person Payroll 8600 NW 38TH STREET, SUITE 500 130,816. Noncash \$ (Complete Part II for MIAMI, FL 33166 noncash contributions.) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 3 EDUCATED KIDS Person Payroll 601 SOUTH TAMIAMI TRAIL 25,000. Noncash (Complete Part II for VENICE, FL 34285 noncash contributions.) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 HUNKELE FAMILY FOUNDATION Person Payroll 1515 RINGLING BLVD 47,500. Noncash (Complete Part II for SARASOTA, FL 34236 noncash contributions.) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 BANK OF AMERICA CLIENT FOUNDATION Person Payroll

noncash contributions.)
Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

299,600.

50,000.

12170504 351354 331012774

(a)

No.

6

023452 11-25-20

**150 NORTH COLLEGE STREET** 

(b) Name, address, and ZIP + 4

CHARLES & MARGERY BARANCIK FOUNDATION

2 NORTH TAMIAMI TRAIL, STE 314

CHARLOTTE, NC 28202

SARASOTA, FL 34236

\$

(c)

**Total contributions** 

<sup>23</sup> 

12170504 351354 331012774

Name of organization

Employer identification number

\*\*-\*\*2774

## TSIC OF SARASOTA COUNTY INC

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> </u>	BANK OF AMERICA CHARITABLE GIFT FUND - WILLIAM & SARA GILL FUND		Person X
	100 FEDERAL STREET	\$35,000.	Payroll Noncash
	BOSTON, MA 02110		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll On Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
023452 11-2	<sup>5-20</sup> <b>24</b>	Schedule B (Form	990, 990-EZ, or 990-PF) (2020)

2020.05093 TSIC OF SARASOTA COUNTY INC 33101271

Name of organization

Employer identification number

\*\*-\*\*2774

TSIC OF SARASOTA COUNTY INC

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	PREPAID SCHOLARSHIPS		
		\$309,361.	04/01/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

12170504 351354 331012774

25

2020.05093 TSIC OF SARASOTA COUNTY INC 33101271

Page 4

ame of or	ganization		Employer identification numb
sic c	OF SARASOTA COUNTY INC		**-***2774
art III	Exclusively religious, charitable, etc., contrib from any one contributor. Complete columns completing Part III, enter the total of exclusively religious Use duplicate copies of Part III if additional	(a) through (e) and the following line entry. s, charitable, etc., contributions of \$1,000 or lest	tion 501(c)(7), (8), or (10) that total more than \$1,000 for the For organizations s for the year. (Enter this info. once.) ► \$
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee
i) No. From Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_			
-		(e) Transfer of gift	
-	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee
) No. rom art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—			
	Transferee's name, address,	(e) Transfer of gift and ZIP + 4	Relationship of transferor to transferee
) No. rom art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—			_
F		(e) Transfer of gift	I
-	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee
454 11-25-	-20	26	Schedule B (Form 990, 990-EZ, or 990-PF) (

12170504 351354 331012774 2020.05093 TSIC OF SARASOTA COUNTY INC 33101271

**SCHEDULE D** 

(Form 990)

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

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



Employer identification number \*\*-\*\*\*2774

Department of the Treasury Internal Revenue Service Name of the organization

## TSIC OF SARASOTA COUNTY INC

	organization answered "Yes" on Form 990, Part IV, line	(a) Donor advised funds		(b) Funds and other accou	ints
4	Total number at and of year		+ '		
1 2	Total number at end of year Aggregate value of contributions to (during year)				
2	F				
3	Aggregate value of grants from (during year)		-		
4	Aggregate value at end of year			l	
5	Did the organization inform all donors and donor advisors in w	-			
~	are the organization's property, subject to the organization's e				
6	Did the organization inform all grantees, donors, and donor ac				
	for charitable purposes and not for the benefit of the donor or	· · · · ·		ľ –	Г
Dai	impermissible private benefit?           rt II         Conservation Easements.         Complete if the organization	anization answered "Yes" on Form 99		Yes	
1	Purpose(s) of conservation easements held by the organization		0, 1 alt 11	,	
	Preservation of land for public use (for example, recreat		of a histo	orically important land area	a
	Protection of natural habitat			ified historic structure	~
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribution in the fo	rm of a co	onservation easement on t	he
-	day of the tax year.		ini oi u oi	Held at the End of the	
а	Total number of conservation easements			2a	
b				2b	
ĉ	Number of conservation easements on a certified historic stru			2c	
d					
	listed in the National Register			2d	
3	Number of conservation easements modified, transferred, rele				
•	year >		the ergu	inzation during the tax	
4	Number of states where property subject to conservation eas	ement is located			
5	Does the organization have a written policy regarding the peri		of		
•	violations, and enforcement of the conservation easements it			Yes	Г
6	Staff and volunteer hours devoted to monitoring, inspecting, I				
•		handling of violations, and emotering e		on casements during the y	yca
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conse	rvation ea	asements during the year	
•			i valion et		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 1	170(h)(4)(F	3)(i)	
•	and section 170(h)(4)(B)(ii)?				Г
9	In Part XIII, describe how the organization reports conservation				
•	balance sheet, and include, if applicable, the text of the footn	•			
	organization's accounting for conservation easements.	oto to the organization o nhanolal stat			
a	rt III Organizations Maintaining Collections of	Art. Historical Treasures. or	• Other	Similar Assets.	
	Complete if the organization answered "Yes" on Form				
1a	If the organization elected, as permitted under FASB ASC 958		nt and ba	lance sheet works	
	of art, historical treasures, or other similar assets held for pub	lic exhibition, education, or research i	n furthera	ince of public	
	service, provide in Part XIII the text of the footnote to its finan	icial statements that describes these i	items.		
b	If the organization elected, as permitted under FASB ASC 958			e sheet works of	
	art, historical treasures, or other similar assets held for public				
	provide the following amounts relating to these items:	. ,		. ,	
	(i) Revenue included on Form 990, Part VIII, line 1			▶ \$	
2	If the organization received or held works of art, historical trea				
	the following amounts required to be reported under FASB AS		. 34,		
	Revenue included on Form 990, Part VIII, line 1			▶ \$	
а				-	
	Assets included in Form 990. Part X			<b>D</b>	
b	Assets included in Form 990, Part X For Paperwork Reduction Act Notice, see the Instructions			. <b>Schedule D (Form</b>	99

Sche	dule D (Form 990) 2020 <b>TSIC OF</b>	SARASOTA (	COUNTY	INC	!			**_**	*277	<b>4</b> Pa	age <b>2</b>
Par	t III Organizations Maintaining C	ollections of Ar	t, Histori	cal Tr	easures, o	r Othe					
3	Using the organization's acquisition, accessic	n, and other record	s, check an	/ of the	following that	make si	gnificant	use of its			
	collection items (check all that apply):										
а	Public exhibition	d	Loar	or exc	hange progra	m					
b	Scholarly research	е	U Othe	er							
С	Preservation for future generations										
4	Provide a description of the organization's co	llections and explair	n how they f	urther t	he organizatio	n's exen	npt purpo	ose in Parl	t XIII.		
5	During the year, did the organization solicit or		,		,				-		
_	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arrang		te if the org	anizatio	on answered "	Yes" on l	Form 990	), Part IV,	line 9, or		
	reported an amount on Form 990, Part										
<b>1</b> a	Is the organization an agent, trustee, custodia		-						٦		1
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fol	lowing table	:							
									Amount		
	Beginning balance										
	Additions during the year										
-	Distributions during the year										
f	Ending balance Did the organization include an amount on Fo						. <b>1f</b>		Yes		No
	If "Yes," explain the arrangement in Part XIII.										]
Par										L	1
		(a) Current year	(b) Prior		(c) Two years			ears back	(e) Four	vears	back
1a	Beginning of year balance	175,890.		3,317.		,814.		67,493.	(0) + 001		001.
	Contributions	, -			1	,000.		, -		,	
	Net investment earnings, gains, and losses	42,328.		5,236.		,631.		5,337.		7,	499.
	Grants or scholarships	6,372.		, 3,067.	. 2	,984.		2,905.			819.
	Other expenditures for facilities										
	and programs										
f	Administrative expenses	533.		596.		144.		111.			188.
g	End of year balance	211,313.	17	5,890.	173	,317.		69,814.		67,	493.
2	Provide the estimated percentage of the curre	ent year end balance	e (line 1g, co	olumn (a	a)) held as:						
а	Board designated or quasi-endowment 🕨	100	_%								
b	Permanent endowment	_%									
с	Term endowment	6									
	The percentages on lines 2a, 2b, and 2c should	ıld equal 100%.									
3a	Are there endowment funds not in the posses	sion of the organiza	tion that are	e held a	and administer	ed for th	e organiz	ation	-		
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		Х
	(ii) Related organizations								3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organizat				•				3b		
4	Describe in Part XIII the intended uses of the		wment fund	S.							
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answered										
	Description of property	(a) Cost or ot		•	t or other		cumulate	d	(d) Bool	< value	Э
		basis (investm	ient)	basis	(other)	dep	reciation				
	Land										
	Buildings										
	Leasehold improvements			<u> </u>	9,452.		24 0	20		5 /	<u>,,</u>
	Equipment			4	9,494.		24,0	4.7.		5,42	<u>4</u> ].
	Other		V ochurs "	) <i>I'</i>	100)					5,42	22
iota	Add lines 1a through 1e. (Column (d) must eq	juai roim 990, Part J	∧, coiumn (E	oj, iirie 1	i UC.)	<u></u>	<u></u>	Paka di d		-	
							-	Schedule	rorn) ש	1 99U)	2020

032052 12-01-20

12170504 351354 331012774

	ASOTA COUNTY	INC **	-***2774 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (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	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 000 Part IV line	11d Soo Form 990 Part X line 15	
	Description	The See Form 990, Fart A, line 13.	(b) Book value
(1) FLORIDA PREPAID SCHOLARSH			5,941,803.
			211,313.
		OTHERS	211, 515.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15.)		6,153,116.
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	
1.(a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			

(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

Schedule D (Form 990) 2020

032053 12-01-20

Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	nts With	Revenue per R	eturr	ı.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	1,225,385.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	15,833.		
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	15,833.
3	Subtract line 2e from line 1			3	1,209,552.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines <b>4a</b> and <b>4b</b>			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	1,209,552.
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme	ents Witl	n Expenses per	Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	694,518.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	а I			
а		2a			
b	Prior year adjustments	2b			
с	Other losses				
d	Other (Describe in Part XIII.)				0
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	694,518.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			•
С	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	694,518.
Pa	rt XIII Supplemental Information.				

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

PART V, LINE 4:

THE ENDOWMENT FUND IS TO BE USED FOR STUDENT AND MENTOR SUPPORT, AND TO

PROVIDE A SOURCE OF FUNDS TO FINANCIALLY MAINTAIN THE MENTORING OF ALL THE

STUDENTS IN THE PROGRAM.

032054 12-01-20

12170504 351354 331012774

с	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines <b>2a</b> through <b>2d</b>				2e	
3	Subtract line <b>2e</b> from line <b>1</b>				3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
	Add lines <b>4a</b> and <b>4b</b>				4c	
С						
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				5	
5		ents V	Vith Exper	nses per l	-	rn.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	ents V	Vith Exper	nses per l	-	irn.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	ents V	Vith Exper	nses per l	-	irn.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         t XII       Reconciliation of Expenses per Audited Financial Stateme         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ents V	Vith Exper	nses per l	-	irn.
5 Par 1 2	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         rt XII       Reconciliation of Expenses per Audited Financial Statemer         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements	ents V	Vith Exper	nses per l	-	irn.
5 Par 1 2 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         rt XII       Reconciliation of Expenses per Audited Financial Stateme         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:	ents V	Vith Exper	nses per l	-	irn.
5 Par 1 2 a b	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         rt XII         Reconciliation of Expenses per Audited Financial Stateme         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities	ents V 2a	Vith Exper	nses per l	-	irn.
5 Par 1 2 a b c	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         t XII       Reconciliation of Expenses per Audited Financial Stateme         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses	2a 2b	Vith Exper	nses per l	-	irn.
5 Par 1 2 a b c d	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         Reconciliation of Expenses per Audited Financial Stateme         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses	2a 2b 2c	Vith Exper	nses per l	-	irn.
5 Par 1 2 a b c d	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         Reconciliation of Expenses per Audited Financial Statemen         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	2a 2b 2c	Vith Exper	nses per l	1	irn.

SCHEDULE I (Form 990)		Gov	rants and Oth vernments, ar ete if the organizatio	nd Individua	ls in the Ŭni	ited States		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service		Comp	-	Attach to For				Open to Public Inspection
Name of the organizat		ARASOTA C	OUNTY INC					Employer identification number **-**2774
Part I General I	nformation on Grants a	and Assistance						
criteria used to a	zation maintain records ward the grants or assis IV the organization's pro	stance?						
	d Other Assistance to					anization answered "		t IV/ line 21 for any
	nat received more than					anization answered	res on Form 990, Far	
1 (a) Name and ad	Idress of organization vernment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
					2			
2 Enter total numb	er of section 501(c)(3) a	and government or	ganizations listed in th	ne line 1 table	1	ı	1	· · · · · · · · · · · · · · · · · · ·
	er of other organization			·····	<u></u>			······
LHA For Paperwork	Reduction Act Notice	, see the Instructi	ons for Form 990.					Schedule I (Form 990) 2020

Page 2

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

(a) Type of grant or assistance	(b) Number of recipients	<b>(c)</b> Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS	563	237,558.	0.	FMV	
				Ť	

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

PART I, LINE 2:

USE OF THE SCHOLARSHIP FUNDS IS MONITORED FOR EACH STUDENT ENROLLED IN THE

PROGRAM BY THE FLORIDA PREPAID COLLEGE FOUNDATION. REPORTS ARE PROVIDED TO

THE ORGANIZATION DETAILING THE USE OF THE FUNDS.

SCHEDULE L	Tr	ansactior	ıs V	Vith	Interested	1 P	ersons			0	MB No.	1545-0	047	
(Form 990 or 990-EZ) ► (		organization and	swere	d "Yes	s" on Form 990, Pa	rt IV	, line 25a, 25b, 2	26, 27	, 28a,		2	02	20	
Department of the Treasury	<b>b</b> a .	Atta	ich to	Form	990 or Form 990-E	Ζ.					•		olic	
(Form 990 or 990-EZ)       ► Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 25b, 26, 27, 28a, 22b, or 7cm 990-EZ, Part V, line 38a or 40b.       ▲ Data to Form 990-EZ.         Name of the organization       ► Other SARASOTA COUNTY INC       Employer identification number +* - *** - 2774         Part II       Excess Benefit Transactions (section 501(c)(4), and section 501(c)(29) organizations only).       Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 25b, 26, 27, 28a, 28a, 28a, 28a, 28a, 28a, 28a, 28a														
(Form 990 or 990-EZ)       ► Complete if the organization answered "Ves" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.       ▲ Natach to Form 990 or FORM 990-EZ.         Dependence Service       ▲ Go www.ire.gov/Form990 for instructions and the latest information.       Employer identification numerications only.         Name of the organization       TSIC OF SARASOTA COUNTY INC       #****** 2774         Part1       Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only.       Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.         1 (a) Name of disqualified person       (b) Relationship between disqualified persons during the year under section 4558       \$         2       Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4558       \$       \$         3       Enter the amount of tax, incurred by the organization managers or disqualified persons during the year under section 4558       \$       \$         (a) Name of insequence of the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990. Part IV, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990. Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990. Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990. Part V, line 27.      <		Imper												
						ectic	on 501(c)(29) ora				/ 1			
1	(b)	Relationship bet	ween	disqua	lified						(d)	Corre	cted?	
(a) Name of disqualmed	person	person and o	rganiz	ation			escription of tran	Isactic	Dri		Y	es	No	
2 Enter the amount of tax	incurred by the	organization mar	nagers	or dise	qualified persons du	uring	the year under							
									▶ \$					
<b>3</b> Enter the amount of tax,	, if any, on line 2	, above, reimburs	sed by	the or	ganization				▶ \$					
Part II   Loans to an	d/or From Ir	tarastad Dar	sons											
					Part V line 38a or	Forr	n 990 Part IV lir	a 26.	or if th		anizati	on		
-	-				, i art v, into ooa or		11000, 1 alt 10, iii	10 20,	01 11 11	lo orge	amzati	011		
(a) Name of			(d) La	oan to or	(e) Original	(1	f) Balance due	(g)	) In			1 (1) *	/ritten	
interested person	with organizatio	n of loan			principal amount				default?				igreement?	
			То	From				Yes	No	Yes	No	Yes	No	
						-								
	ssistanoo R	pofiting Into	rocto	d Do										
		•												
· · · · · · · · · · · · · · · · · · ·	-			-			(d) Type	of		(e	) Purc	ose o	f	
		interested pers	son ar										•	
		the organiza	ation											
							+							
									+					
LUA For Deportwork Poduo	tion Act Nation	and the Instruc	tione	for Eo	rm 000 or 000 E7		Seb	مانيام		rm 00(	or O	00 E7	1 2020	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2020

Schedule L (Form 990 or 990-EZ) 2020 7	rsic c	OF SZ	ARASOTA	COUNTY	INC
--	--------	-------	---------	--------	-----

## Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person		between interested the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz rever	haring of hization's enues?	
					Yes	No	
GORDON LEAR, LLC	GORDON LE	EAR IS THE	3,410.	GORDON LEAR	2	X	

#### Part V Supplemental Information.

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

## SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: GORDON LEAR, LLC

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

GORDON LEAR IS THE HUSBAND OF BOARD MEMBER KELLEY LEAR.

(D) DESCRIPTION OF TRANSACTION: GORDON LEAR. LLC PROVIDES IT AND

COMPUTER SUPPORT TO THE ORGANIZATION.

Schedule L (Form 990 or 990-EZ) 2020

032132 12-09-20

12170504 351354 331012774

## SCHEDULE M (Form 990)

## **Noncash Contributions**

OMB No. 1545-0047

**Open to Public** 

Inspection

20

Employer identification number \*\* - \*\*\* 2774

20

Department of the Treasury	
Internal Revenue Service	

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
 Attach to Form 990.

Attacil to Form 590.

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

## Name of the organization

TSIC OF SARASOTA COUNTY INC

Pa	rt I Types of Property							
		<b>(a)</b> Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu		•	s
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ( SCHOLARSHIPS )	X	1		FAIR VALUE			
26	Other ► ( GAIN ON SCHOL )	X	1	8,849.	FAIR VALUE	OF	SCH	OLA
27	Other ()							
28	Other  ()							
29	Number of Forms 8283 received by the organi							
	for which the organization completed Form 82	83, Part V, I	Donee Acknowledg	gement 29				
							Yes	No
30a	During the year, did the organization receive b							
	must hold for at least three years from the date							37
	exempt purposes for the entire holding period	?				30a		X
	If "Yes," describe the arrangement in Part II.							37
31	Does the organization have a gift acceptance					31		X
32a	Does the organization hire or use third parties	or related or	ganizations to sol	icit, process, or sell noncash				77
_						32a		X
	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of proper	y for which column (a) is che	cked,			
	describe in Part II.							

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

Schedule M (Form 990) 2020

032141 11-23-20

12170504 351354 331012774

Part II

12

**Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

032142 11-23-20	Schedule M (Form 990) 202
	36
170504 351354 331012774	

SCHEDULE O

(Form 990 or 990-EZ) Department of the Treasury

Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ

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

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

OMB No 1545-0047 L Open to Public Inspection

TSIC OF SARASOTA COUNTY INC

Employer identification number \*\*-\*\*\*2774

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PROGRAM SUPPORT/CASE MANAGAGEMENT TO ENABLE THEM TO ACHIEVE HIGH SCHOOL

GRADUATION AND GAIN ENTRANCE INTO POST-SECONDARY EDUCATION.

FORM 990, PART VI, SECTION B, LINE 11B:

EXECUTIVE DIRECTOR REVIEWED PREPARED FORM 990 PRIOR TO FILING

FORM 990, PART VI, SECTION B, LINE 12C:

ANNUAL REVIEW OF POLICY AND DISCLOSURE

FORM 990, PART VI, SECTION B, LINE 15A:

PROCESS PERFORMED ANNUALLY FOR EXECTIVE DIRECTOR.

FORM 990, PART VI, SECTION C, LINE 19:

ALL OF THE POLICY AND GOVERNING DOCUMENTS, FINANCIAL STATEMENTS, AND TAX

RETURNS ARE ON FILE IN THE CORPORATE OFFICE AND ARE AVAILABLE UPON REQUEST.

LHA For Paperwork Reduction Act Notice. see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

12170504 351354 331012774

37 2020.05093 TSIC OF SARASOTA COUNTY INC 33101271

#### 2020 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

#### 990

	90 PAGE 10							990	-	-					
Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation

028111 04-01-20

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone