

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 24pt;">2009</div>
		This Form is Open to Public Inspection

Part I	Annual Report Identification Information
For calendar plan year 2009 or fiscal plan year beginning <u>10/01/2008</u> and ending <u>09/30/2009</u>	
A This return/report is for:	<input type="checkbox"/> a multiemployer plan; <input type="checkbox"/> a multiple-employer plan; or <input checked="" type="checkbox"/> a single-employer plan; <input type="checkbox"/> a DFE (specify) ____
B This return/report is:	<input type="checkbox"/> the first return/report; <input type="checkbox"/> the final return/report; <input type="checkbox"/> an amended return/report; <input type="checkbox"/> a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	<input type="checkbox"/>
D Check box if filing under:	<input type="checkbox"/> Form 5558; <input type="checkbox"/> automatic extension; <input type="checkbox"/> the DFVC program; <input type="checkbox"/> special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan THE CRISIS CENTER OF TAMPA BAY, INC. 401 (K) EMPLOYEE SAVINGS PLAN	<table border="1"> <tr> <td>1b Three-digit plan number (PN) ▶</td> <td>002</td> </tr> <tr> <td colspan="2">1c Effective date of plan</td> </tr> </table>	1b Three-digit plan number (PN) ▶	002	1c Effective date of plan	
1b Three-digit plan number (PN) ▶	002				
1c Effective date of plan					
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) THE CRISIS CENTER OF TAMPA BAY, INC. ONE CRISIS CENTER PLAZA TAMPA, FL 33613	<table border="1"> <tr> <td>2b Employer Identification Number (EIN) 59-1785265</td> </tr> <tr> <td>2c Sponsor's telephone number</td> </tr> <tr> <td>2d Business code (see instructions)</td> </tr> </table>	2b Employer Identification Number (EIN) 59-1785265	2c Sponsor's telephone number	2d Business code (see instructions)	
2b Employer Identification Number (EIN) 59-1785265					
2c Sponsor's telephone number					
2d Business code (see instructions)					

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE			
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Form 5500 (2009)
v.092307.1

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") THE CRISIS CENTER OF TAMPA BAY, INC. ONE CRISIS CENTER PLAZA TAMPA, FL 33613	3b Administrator's EIN 59-1785265 3c Administrator's telephone number <div style="background-color: #cccccc; height: 30px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5
6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).	
a Active participants.....	6a
b Retired or separated participants receiving benefits.....	6b
c Other retired or separated participants entitled to future benefits.....	6c
d Subtotal. Add lines 6a , 6b , and 6c	6d
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e
f Total. Add lines 6d and 6e	6f
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:	

9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) <input type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) <input type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input type="checkbox"/> A (Insurance Information) (4) <input type="checkbox"/> C (Service Provider Information) (5) <input type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)

Form **5500**Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit PlanThis form is required to be filed under sections 104 and 4065 of the Employee
Retirement Income Security Act of 1974 (ERISA) and sections 6047(e),
6057(b), and 6058(a) of the Internal Revenue Code (the Code).▶ Complete all entries in accordance with
the instructions to the Form 5500.Official Use Only
OMB Nos. 1210-0110
1210-0089**2008****This Form is Open to
Public Inspection.****Part I Annual Report Identification Information**

For the calendar plan year 2008 or fiscal plan year beginning 10/01/2008, and ending 09/30/2009,

A This return/report is for: (1) ☐ a multiemployer plan; (3) ☐ a multiple-employer plan; or
(2) ☒ a single-employer plan (other than a (4) ☐ a DFE (specify) _____
multiple-employer plan);B This return/report is: (1) ☐ the first return/report filed for the plan; (3) ☐ the final return/report filed for the plan;
(2) ☐ an amended return/report; (4) ☐ a short plan year return/report (less than 12 months).C If the plan is a collectively-bargained plan, check here _____ ▶ ☐D If filing under an extension of time or the DFVC program, check box and attach required information. (see instructions). _____ ▶ ☒**Part II Basic Plan Information -- enter all requested information.****1a** Name of planTHE CRISIS CENTER OF TAMPA BAY, INC. 401(K)
EMPLOYEE SAVINGS PLAN**1b** Three-digit
plan number (PN) ▶

002

1c Effective date of plan (mo., day, yr.)
10/01/2000**2a** Plan sponsor's name and address (employer, if for a single-employer plan)

(Address should include room or suite no.)

THE CRISIS CENTER OF TAMPA BAY,
INC.

ONE CRISIS CENTER PLAZA

TAMPA

FL

33613-1238

2b Employer Identification Number (EIN)
59-1785265**2c** Sponsor's telephone number
813-964-1964**2d** Business code (see instructions)
621900**Caution:** A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and
attachments, as well as the electronic version of this return/report if it is being filed electronically, and to the best of my knowledge and belief, it is true, correct and complete.**SIGN
HERE**

Signature of plan administrator

Date

W. DAVID BRAUGHTON

Type or print name of individual signing as plan administrator

**SIGN
HERE**

Signature of employer/plan sponsor/DFE

Date

W. DAVID BRAUGHTON

Type or print name of individual signing as employer, plan sponsor or DFE

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

v11.3

Form **5500** (2008)

3a Plan administrator's name and address (If same as plan sponsor, enter "Same")
SAME

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report below:

a Sponsor's name

b EIN

c PN

5 Preparer information (optional) **a** Name (including firm name, if applicable) and address

b EIN

c Telephone number

6 Total number of participants at the beginning of the plan year	6	151
7 Number of participants as of the end of the plan year (welfare plans complete only lines 7a , 7b , 7c , and 7d)		
a Active participants	7a	129
b Retired or separated participants receiving benefits	7b	0
c Other retired or separated participants entitled to future benefits	7c	40
d Subtotal. Add lines 7a , 7b , and 7c	7d	169
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	7e	0
f Total. Add lines 7d and 7e	7f	169
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	7g	169
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	7h	35
i If any participant(s) separated from service with a deferred vested benefit, enter the number of separated participants required to be reported on a Schedule SSA (Form 5500)	7i	17

8 Benefits provided under the plan (complete **8a** and **8b**, as applicable)

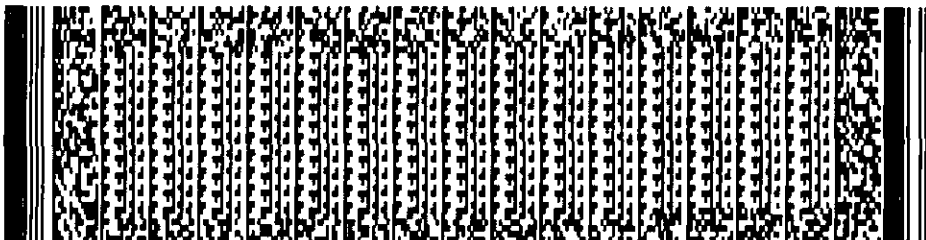
- a** ☒ Pension benefits (check this box if the plan provides pension benefits and enter the applicable pension feature codes from the List of Plan Characteristics Codes printed in the instructions): 2E 2F 2H 2J 3F 3E 2K 2A
- b** ☐ Welfare benefits (check this box if the plan provides welfare benefits and enter the applicable welfare feature codes from the List of Plan Characteristics Codes printed in the instructions):

9a Plan funding arrangement (check all that apply)

- (1) ☒ Insurance
 (2) ☐ Code section 412(e)(3) insurance contracts
 (3) ☒ Trust
 (4) ☐ General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- (1) ☒ Insurance
 (2) ☐ Code section 412(e)(3) insurance contracts
 (3) ☒ Trust
 (4) ☐ General assets of the sponsor

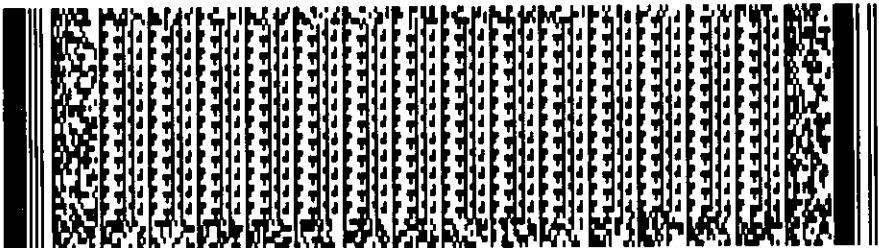


10 Schedules attached (Check all applicable boxes and, where indicated, enter the number attached. See instructions.)**a Pension Benefit Schedules**

- | | | | |
|-----|-------------------------------------|------------|--|
| (1) | <input checked="" type="checkbox"/> | R | (Retirement Plan Information) |
| (2) | <input type="checkbox"/> | B | (Actuarial Information) |
| (3) | <input type="checkbox"/> | E | (ESOP Annual Information) |
| (4) | <input checked="" type="checkbox"/> | SSA | (Separated Vested Participant Information) |

b Financial Schedules

- | | | | |
|-----|-------------------------------------|-------------------|---------------------------------------|
| (1) | <input checked="" type="checkbox"/> | H | (Financial Information) |
| (2) | <input type="checkbox"/> | I | (Financial Information -- Small Plan) |
| (3) | <input checked="" type="checkbox"/> | <u>2</u> A | (Insurance Information) |
| (4) | <input type="checkbox"/> | C | (Service Provider Information) |
| (5) | <input checked="" type="checkbox"/> | D | (DFE/Participating Plan Information) |
| (6) | <input type="checkbox"/> | G | (Financial Transaction Schedules) |



**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the
Employee Retirement Income Security Act of 1974.

► **File as an attachment to Form 5500.**

► Insurance companies are required to provide this information
pursuant to ERISA section 103(a)(2).

Official Use Only

OMB No. 1210-0110

2008

**This Form is Open to
Public Inspection.**

For calendar plan year 2008 or fiscal plan year beginning 10/01/2008 and ending 09/30/2009

A Name of plan
THE CRISIS CENTER OF TAMPA BAY, INC. 401(K) EMPLOYEE

B Three-digit
plan number ► 002

C Plan sponsor's name as shown on line 2a of Form 5500
THE CRISIS CENTER OF TAMPA BAY, INC.

D Employer Identification Number
59-1785265

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be
reported on a single Schedule A.

1 Coverage:

(a) Name of insurance carrier

HARTFORD LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-0974148	88072	GA-711622	132	10/01/2008	09/30/2009

2 Insurance fees and commissions paid to agents, brokers and other persons. Enter the total fees and total commissions below and list agents,
brokers and other persons individually in descending order of the amount paid in the items on the following page(s) in Part I.

Totals

Total amount of commissions paid	Total fees paid / amount
23684	6606

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. v11.3 Schedule A (Form 5500) 2008



(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

M.E.WILSON COMPANY, INC.
P.O. BOX 373
TAMPA

FL 33601

(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	
23684	0		3

(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

EXECUTIVE TAX BENEFITS OF FLORIDA
13065 N. TELECOM PKWY
TAMPA

FL 33637

(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	6606	SALES/ADMINISTRATION	5

(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

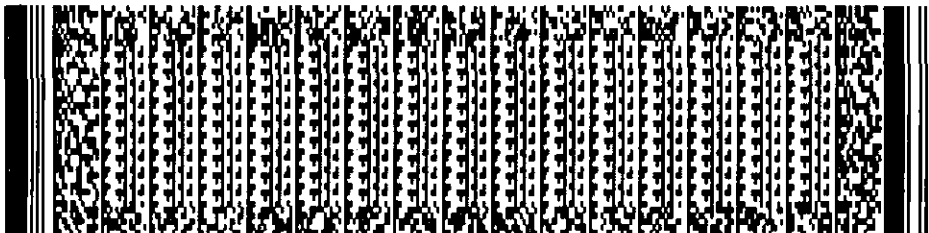
(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	



Part III Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

3	Current value of plan's interest under this contract in the general account at year end	0
4	Current value of plan's interest under this contract in separate accounts at year end	2374434
5	Contracts With Allocated Funds	
a	State the basis of premium rates ▶	
b	Premiums paid to carrier.	0
c	Premiums due but unpaid at the end of the year	0
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	0
	Specify nature of costs ▶	
e	Type of contract (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ <input type="checkbox"/>	
6	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)	
a	Type of contract (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input checked="" type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other (specify below) ▶	
b	Balance at the end of the previous year	0
c	Additions: (1) Contributions deposited during the year	0
	(2) Dividends and credits.	0
	(3) Interest credited during the year.	1
	(4) Transferred from separate account	0
	(5) Other (specify below)	12033
	▶ TRANSFER FROM WITHIN TRUST	
	(6) Total additions	12034
d	Total of balance and additions (add b and c(6)).	12034
e	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year.	0
	(2) Administration charge made by carrier.	0
	(3) Transferred to separate account.	12034
	(4) Other (specify below)	0
	▶	
	(5) Total deductions.	12034
f	Balance at the end of the current year (subtract e(5) from d)	0



Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes on this report.

7 Benefit and contract type (check all applicable boxes)

- | | | | |
|--|--|---|--|
| a <input type="checkbox"/> Health (other than dental or vision) | b <input type="checkbox"/> Dental | c <input type="checkbox"/> Vision | d <input type="checkbox"/> Life Insurance |
| e <input type="checkbox"/> Temporary disability (accident and sickness) | f <input type="checkbox"/> Long-term disability | g <input type="checkbox"/> Supplemental unemployment | h <input type="checkbox"/> Prescription drug |
| i <input type="checkbox"/> Stop loss (large deductible) | j <input type="checkbox"/> HMO contract | k <input type="checkbox"/> PPO contract | l <input type="checkbox"/> Indemnity contract |
| m <input type="checkbox"/> Other (specify) ▶ | | | |

8 Experience-rated contracts

a Premiums: (1) Amount received		
(2) Increase (decrease) in amount due but unpaid		
(3) Increase (decrease) in unearned premium reserve		
(4) Earned ((1) + (2) - (3))		
b Benefit charges: (1) Claims paid		
(2) Increase (decrease) in claim reserves		
(3) Incurred claims (add (1) and (2))		
(4) Claims charged		
c Remainder of premium: (1) Retention charges (on an accrual basis) --		
(A) Commissions		
(B) Administrative service or other fees		
(C) Other specific acquisition costs		
(D) Other expenses		
(E) Taxes		
(F) Charges for risks or other contingencies		
(G) Other retention charges		
(H) Total retention		
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		
(2) Claim reserves		
(3) Other reserves		
e Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).)		
9 Nonexperience-rated contracts:		
a Total premiums or subscription charges paid to carrier		
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount		
Specify nature of costs ▶		



**SCHEDULE A
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation**Insurance Information**This schedule is required to be filed under section 104 of the
Employee Retirement Income Security Act of 1974.► **File as an attachment to Form 5500.**► Insurance companies are required to provide this information
pursuant to ERISA section 103(a)(2).

Official Use Only

OMB No. 1210-0110

2008**This Form is Open to
Public Inspection.**

For calendar plan year 2008 or fiscal plan year beginning 10/01/2008 and ending 09/30/2009

A Name of plan THE CRISIS CENTER OF TAMPA BAY, INC. 401(K) EMPLOYEE	B Three-digit plan number ► 002
C Plan sponsor's name as shown on line 2a of Form 5500 THE CRISIS CENTER OF TAMPA BAY, INC.	D Employer Identification Number 59-1785265

Part I Information Concerning Insurance Contract Coverage, Fees, and CommissionsProvide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be
reported on a single Schedule A.**1 Coverage:**

(a) Name of insurance carrier

JOHN HANCOCK (USA)

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
01-0233346	65838	10670	0	10/01/2008	09/30/2009

2 Insurance fees and commissions paid to agents, brokers and other persons. Enter the total fees and total commissions below and list agents,
brokers and other persons individually in descending order of the amount paid in the items on the following page(s) in Part I.**Totals**

Total amount of commissions paid	Total fees paid / amount
1091	0

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. v11.3 Schedule A (Form 5500) 2008



(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

NORTHWESTERN MUTUAL LIFE

1511 N WESTSHORE BLVD, SUITE 500

TAMPA

FL

33607-4595

(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	
1091	0		3

(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	

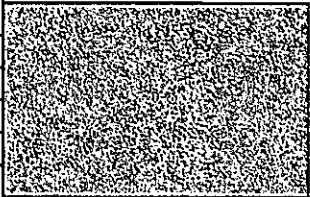
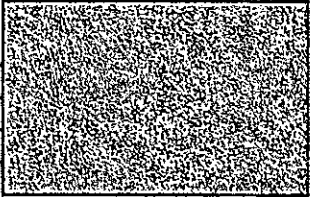
(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

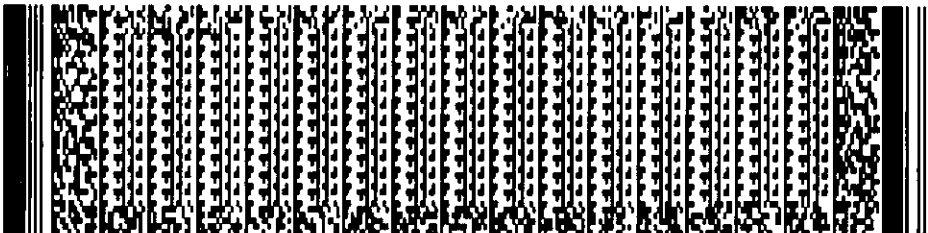
(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	



Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

3	Current value of plan's interest under this contract in the general account at year end	0
4	Current value of plan's interest under this contract in separate accounts at year end	0
5	Contracts With Allocated Funds	
a	State the basis of premium rates ▶	
b	Premiums paid to carrier	0
c	Premiums due but unpaid at the end of the year	0
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	0
	Specify nature of costs ▶	
e	Type of contract (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here <input type="checkbox"/>	
6	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)	
a	Type of contract (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other (specify below) ▶	
b	Balance at the end of the previous year	
c	Additions: (1) Contributions deposited during the year	
	(2) Dividends and credits.	
	(3) Interest credited during the year.	
	(4) Transferred from separate account	
	(5) Other (specify below)	
	▶	
	(6) Total additions	
d	Total of balance and additions (add b and c(6)).	
e	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year.	
	(2) Administration charge made by carrier.	
	(3) Transferred to separate account.	
	(4) Other (specify below)	
	▶	
	(5) Total deductions.	
f	Balance at the end of the current year (subtract e(5) from d)	



Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes on this report.

7 Benefit and contract type (check all applicable boxes)

- | | | | |
|--|--|---|--|
| a <input type="checkbox"/> Health (other than dental or vision) | b <input type="checkbox"/> Dental | c <input type="checkbox"/> Vision | d <input type="checkbox"/> Life Insurance |
| e <input type="checkbox"/> Temporary disability (accident and sickness) | f <input type="checkbox"/> Long-term disability | g <input type="checkbox"/> Supplemental unemployment | h <input type="checkbox"/> Prescription drug |
| i <input type="checkbox"/> Stop loss (large deductible) | j <input type="checkbox"/> HMO contract | k <input type="checkbox"/> PPO contract | l <input type="checkbox"/> Indemnity contract |
| m <input type="checkbox"/> Other (specify) ▶ | | | |

8 Experience-rated contracts

- | | | |
|--|--|--|
| a Premiums: (1) Amount received | | |
| (2) Increase (decrease) in amount due but unpaid | | |
| (3) Increase (decrease) in unearned premium reserve | | |
| (4) Earned ((1) + (2) - (3)) | | |
| b Benefit charges: (1) Claims paid | | |
| (2) Increase (decrease) in claim reserves | | |
| (3) Incurred claims (add (1) and (2)) | | |
| (4) Claims charged | | |
| c Remainder of premium: (1) Retention charges (on an accrual basis) -- | | |
| (A) Commissions | | |
| (B) Administrative service or other fees | | |
| (C) Other specific acquisition costs | | |
| (D) Other expenses | | |
| (E) Taxes | | |
| (F) Charges for risks or other contingencies | | |
| (G) Other retention charges | | |
| (H) Total retention | | |
| (2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) | | |
| d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement | | |
| (2) Claim reserves | | |
| (3) Other reserves | | |
| e Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).) | | |

9 Nonexperience-rated contracts:

- | | |
|---|--|
| a Total premiums or subscription charges paid to carrier | |
| b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount | |
| Specify nature of costs ▶ | |



**SCHEDULE D
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

► **File as an attachment to Form 5500.**

Official Use Only

OMB No. 1210-0110

2008

**This Form is Open to
Public Inspection.**

For calendar plan year 2008 or fiscal plan year beginning 10/01/2008 and ending 09/30/2009

A Name of plan or DFE THE CRISIS CENTER OF TAMPA BAY, INC. 401(K) EMPLOYEE	B Three-digit plan number ► <u>002</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 THE CRISIS CENTER OF TAMPA BAY, INC.	D Employer Identification Number <u>59-1785265</u>

Part I Information on Interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(a) Name of MTIA, CCT, PSA, or 103-12 IE LIFESTYLE AGGRESSIVE

(b) Name of sponsor of entity listed in (a) JOHN HANCOCK USA

(c) EIN-PN 01-0233346-000 (d) Entity code P (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

(a) Name of MTIA, CCT, PSA, or 103-12 IE LIFESTYLE GROWTH

(b) Name of sponsor of entity listed in (a) JOHN HANCOCK USA

(c) EIN-PN 01-0233346-000 (d) Entity code P (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

(a) Name of MTIA, CCT, PSA, or 103-12 IE LIFESTYLE BALANCED

(b) Name of sponsor of entity listed in (a) JOHN HANCOCK USA

(c) EIN-PN 01-0233346-000 (d) Entity code P (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

(a) Name of MTIA, CCT, PSA, or 103-12 IE LIFESTYLE CONSERVATIVE

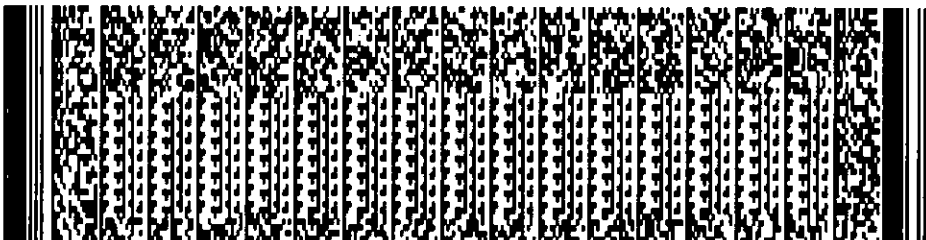
(b) Name of sponsor of entity listed in (a) JOHN HANCOCK USA

(c) EIN-PN 01-0233346-000 (d) Entity code P (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

For Paperwork Reduction Act Notice and OMB Control Numbers, see the Instructions for Form 5500. v11.3 Schedule D (Form 5500) 2008



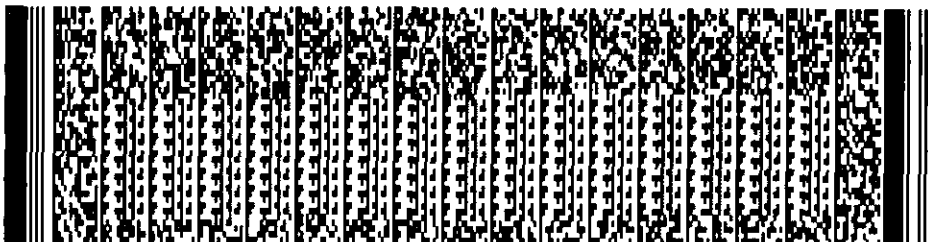
(a) Name of MTIA, CCT, PSA, or 103-12 IE <u>SMALL CAP GROWTH INDEX</u>	
(b) Name of sponsor of entity listed in (a) <u>JOHN HANCOCK USA</u>	
(c) EIN-PN <u>01-0233346-000</u>	(d) Entity code <u>P</u> (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
<hr/>	
(a) Name of MTIA, CCT, PSA, or 103-12 IE <u>SMALL CAP VALUE INDEX</u>	
(b) Name of sponsor of entity listed in (a) <u>JOHN HANCOCK USA</u>	
(c) EIN-PN <u>01-0233346-000</u>	(d) Entity code <u>P</u> (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
<hr/>	
(a) Name of MTIA, CCT, PSA, or 103-12 IE <u>EUROPACIFIC GROWTH FUND</u>	
(b) Name of sponsor of entity listed in (a) <u>JOHN HANCOCK USA</u>	
(c) EIN-PN <u>01-0233346-000</u>	(d) Entity code <u>P</u> (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
<hr/>	
(a) Name of MTIA, CCT, PSA, or 103-12 IE <u>OPPENHEIMER GLOBAL</u>	
(b) Name of sponsor of entity listed in (a) <u>JOHN HANCOCK USA</u>	
(c) EIN-PN <u>01-0233346-000</u>	(d) Entity code <u>P</u> (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
<hr/>	
(a) Name of MTIA, CCT, PSA, or 103-12 IE <u>MID CAP INDEX FUND</u>	
(b) Name of sponsor of entity listed in (a) <u>JOHN HANCOCK USA</u>	
(c) EIN-PN <u>01-0233346-000</u>	(d) Entity code <u>P</u> (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
<hr/>	
(a) Name of MTIA, CCT, PSA, or 103-12 IE <u>TEMPLETON WORLD</u>	
(b) Name of sponsor of entity listed in (a) <u>JOHN HANCOCK USA</u>	
(c) EIN-PN <u>01-0233346-000</u>	(d) Entity code <u>P</u> (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>



(a) Name of MTIA, CCT, PSA, or 103-12 IE <u>COLUMBIA VALUE & RESTRUCTURING</u>	
(b) Name of sponsor of entity listed in (a) <u>JOHN HANCOCK USA</u>	
(c) EIN-PN <u>01-0233346-000</u>	(d) Entity code <u>P</u> (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
<hr/>	
(a) Name of MTIA, CCT, PSA, or 103-12 IE <u>T. ROWE PRICE BLUE CHIP</u>	
(b) Name of sponsor of entity listed in (a) <u>JOHN HANCOCK USA</u>	
(c) EIN-PN <u>01-0233346-000</u>	(d) Entity code <u>P</u> (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
<hr/>	
(a) Name of MTIA, CCT, PSA, or 103-12 IE <u>DOMINI SOCIAL EQUITY</u>	
(b) Name of sponsor of entity listed in (a) <u>JOHN HANCOCK USA</u>	
(c) EIN-PN <u>01-0233346-000</u>	(d) Entity code <u>P</u> (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
<hr/>	
(a) Name of MTIA, CCT, PSA, or 103-12 IE <u>MUTUAL DISCOVERY</u>	
(b) Name of sponsor of entity listed in (a) <u>JOHN HANCOCK USA</u>	
(c) EIN-PN <u>01-0233346-000</u>	(d) Entity code <u>P</u> (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
<hr/>	
(a) Name of MTIA, CCT, PSA, or 103-12 IE <u>FRANKLIN BALANCE SHEET</u>	
(b) Name of sponsor of entity listed in (a) <u>JOHN HANCOCK USA</u>	
(c) EIN-PN <u>01-0233346-000</u>	(d) Entity code <u>P</u> (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
<hr/>	
(a) Name of MTIA, CCT, PSA, or 103-12 IE <u>JH WEITZ PARTNERS VALUE</u>	
(b) Name of sponsor of entity listed in (a) <u>JOHN HANCOCK USA</u>	
(c) EIN-PN <u>01-0233346-000</u>	(d) Entity code <u>P</u> (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>



(a) Name of MTIA, CCT, PSA, or 103-12 IE <u>MUTUAL BEACON</u>		
(b) Name of sponsor of entity listed in (a) <u>JOHN HANCOCK USA</u>		
(c) EIN-PN <u>01-0233346-000</u>	(d) Entity code <u>P</u>	(e) Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
<hr/>		
(a) Name of MTIA, CCT, PSA, or 103-12 IE <u>DAVIS NEW YORK VENTURE</u>		
(b) Name of sponsor of entity listed in (a) <u>JOHN HANCOCK USA</u>		
(c) EIN-PN <u>01-0233346-000</u>	(d) Entity code <u>P</u>	(e) Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
<hr/>		
(a) Name of MTIA, CCT, PSA, or 103-12 IE <u>T. ROWE PRICE EQUITY INC</u>		
(b) Name of sponsor of entity listed in (a) <u>JOHN HANCOCK USA</u>		
(c) EIN-PN <u>01-0233346-000</u>	(d) Entity code <u>P</u>	(e) Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
<hr/>		
(a) Name of MTIA, CCT, PSA, or 103-12 IE <u>LM PARTNERS GLB HIGH YIELD</u>		
(b) Name of sponsor of entity listed in (a) <u>JOHN HANCOCK USA</u>		
(c) EIN-PN <u>01-0233346-000</u>	(d) Entity code <u>P</u>	(e) Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
<hr/>		
(a) Name of MTIA, CCT, PSA, or 103-12 IE <u>PIMCO TOTAL RETURN</u>		
(b) Name of sponsor of entity listed in (a) <u>JOHN HANCOCK USA</u>		
(c) EIN-PN <u>01-0233346-000</u>	(d) Entity code <u>P</u>	(e) Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
<hr/>		
(a) Name of MTIA, CCT, PSA, or 103-12 IE <u>MONEY MARKET FUND</u>		
(b) Name of sponsor of entity listed in (a) <u>JOHN HANCOCK USA</u>		
(c) EIN-PN <u>01-0233346-000</u>	(d) Entity code <u>P</u>	(e) Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>



(a) Name of MTIA, CCT, PSA, or 103-12 IE SEPARATE ACCOUNT 401

(b) Name of sponsor of entity listed in (a) HARTFORD LIFE INSURANCE COMPANY

(c) EIN-PN 06-0974148-000 (d) Entity code P (e) Dollar value of interest in MTIA, CCT, PSA,
or 103-12 IE at end of year (see instructions) 2374434

(a) Name of MTIA, CCT, PSA, or 103-12 IE _____

(b) Name of sponsor of entity listed in (a) _____

(c) EIN-PN _____ (d) Entity code _____ (e) Dollar value of interest in MTIA, CCT, PSA,
or 103-12 IE at end of year (see instructions) _____

(a) Name of MTIA, CCT, PSA, or 103-12 IE _____

(b) Name of sponsor of entity listed in (a) _____

(c) EIN-PN _____ (d) Entity code _____ (e) Dollar value of interest in MTIA, CCT, PSA,
or 103-12 IE at end of year (see instructions) _____

(a) Name of MTIA, CCT, PSA, or 103-12 IE _____

(b) Name of sponsor of entity listed in (a) _____

(c) EIN-PN _____ (d) Entity code _____ (e) Dollar value of interest in MTIA, CCT, PSA,
or 103-12 IE at end of year (see instructions) _____

(a) Name of MTIA, CCT, PSA, or 103-12 IE _____

(b) Name of sponsor of entity listed in (a) _____

(c) EIN-PN _____ (d) Entity code _____ (e) Dollar value of interest in MTIA, CCT, PSA,
or 103-12 IE at end of year (see instructions) _____

(a) Name of MTIA, CCT, PSA, or 103-12 IE _____

(b) Name of sponsor of entity listed in (a) _____

(c) EIN-PN _____ (d) Entity code _____ (e) Dollar value of interest in MTIA, CCT, PSA,
or 103-12 IE at end of year (see instructions) _____



Part III Information on Participating Plans (to be completed by DFEs)

(a) Plan name _____

(b) Name of plan sponsor _____ (c) EIN-PN _____

(a) Plan name _____

(b) Name of plan sponsor _____ (c) EIN-PN _____

(a) Plan name _____

(b) Name of plan sponsor _____ (c) EIN-PN _____

(a) Plan name _____

(b) Name of plan sponsor _____ (c) EIN-PN _____

(a) Plan name _____

(b) Name of plan sponsor _____ (c) EIN-PN _____

(a) Plan name _____

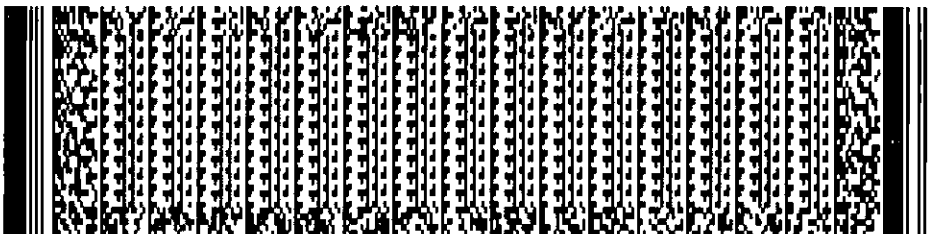
(b) Name of plan sponsor _____ (c) EIN-PN _____

(a) Plan name _____

(b) Name of plan sponsor _____ (c) EIN-PN _____

(a) Plan name _____

(b) Name of plan sponsor _____ (c) EIN-PN _____



**SCHEDULE H
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under Section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

► **File as an attachment to Form 5500.**

Official Use Only

OMB No. 1210-0110

2008**This Form is Open to
Public Inspection.**

For calendar year 2008 or fiscal plan year beginning <u>10/01/2008</u> and ending <u>09/30/2009</u>	
A Name of plan THE CRISIS CENTER OF TAMPA BAY, INC. 401(K) EMPLOYEE	B Three-digit plan number ► <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 THE CRISIS CENTER OF TAMPA BAY, INC.	D Employer Identification Number <u>59-1785265</u>

Part I Asset and Liability Statement

- 1** Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	a	12033	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	b(1)	256214	233173
(2) Participant contributions	b(2)	0	0
(3) Other	b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	c(1)	536	195448
(2) U.S. Government securities	c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	c(3)(A)	0	0
(B) All other	c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	c(4)(A)	0	0
(B) Common	c(4)(B)	0	0
(5) Partnership/joint venture interests	c(5)	0	0
(6) Real estate (other than employer real property)	c(6)	0	0
(7) Loans (other than to participants)	c(7)	0	0
(8) Participant loans	c(8)	0	0
(9) Value of interest in common/collective trusts	c(9)	0	0
(10) Value of interest in pooled separate accounts	c(10)	2375614	2178986
(11) Value of interest in master trust investment accounts	c(11)	0	0
(12) Value of interest in 103-12 investment entities	c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	c(13)	0	0
(14) Value of funds held in insurance co. general account (unallocated contracts) ..	c(14)	0	0
(15) Other	c(15)	0	0

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. v11.3 Schedule H (Form 5500) 2008



		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities	d(1) 0	0
(2)	Employer real property	d(2) 0	0
e	Buildings and other property used in plan operation	e 0	0
f	Total assets (add all amounts in lines 1a through 1e)	f 2644397	2607607
Liabilities			
g	Benefit claims payable	g 0	0
h	Operating payables	h 0	0
i	Acquisition indebtedness	i 0	0
j	Other liabilities	j 0	0
k	Total liabilities (add all amounts in lines 1g through 1j)	k 0	0
Net Assets			
l	Net assets (subtract line 1k from line 1f)	l 2644397	2607607

Part II Income and Expense Statement

- 2** Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

		(a) Amount	(b) Total
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	a(1)(A) 234193	
	(B) Participants	a(1)(B) 83542	
	(C) Others (including rollovers)	a(1)(C) 0	
(2)	Noncash contributions	a(2) 0	
(3)	Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)	a(3)	317735
b	Earnings on Investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	b(1)(A) 57	
	(B) U.S. Government securities	b(1)(B) 0	
	(C) Corporate debt instruments	b(1)(C) 0	
	(D) Loans (other than to participants)	b(1)(D) 0	
	(E) Participant loans	b(1)(E) 0	
	(F) Other	b(1)(F) 0	
	(G) Total interest. Add lines 2b(1)(A) through (F)	b(1)(G)	57
(2)	Dividends: (A) Preferred stock	b(2)(A) 0	
	(B) Common stock	b(2)(B) 0	
	(C) Total dividends. Add lines 2b(2)(A) and (B)	b(2)(C)	0
(3)	Rents	b(3)	0
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	b(4)(A) 0	
	(B) Aggregate carrying amount (see instructions)	b(4)(B) 0	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	b(4)(C)	0



	(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	b(5)(A) 0	
(B) Other	b(5)(B) 0	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	b(5)(C)	0
(6) Net investment gain (loss) from common/collective trusts	b(6)	0
(7) Net investment gain (loss) from pooled separate accounts	b(7)	-57842
(8) Net investment gain (loss) from master trust investment accounts	b(8)	0
(9) Net investment gain (loss) from 103-12 investment entities	b(9)	0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	b(10)	0
c Other income	c	0
d Total income. Add all income amounts in column (b) and enter total	d	259950
Expenses		
e Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers	e(1) 292339	
(2) To insurance carriers for the provision of benefits	e(2) 0	
(3) Other	e(3) 0	
(4) Total benefit payments. Add lines 2e(1) through (3)	e(4)	292339
f Corrective distributions (see instructions)	f	0
g Certain deemed distributions of participant loans (see instructions)	g	0
h Interest expense	h	0
i Administrative expenses: (1) Professional fees	i(1) 0	
(2) Contract administrator fees	i(2) 4401	
(3) Investment advisory and management fees	i(3) 0	
(4) Other	i(4) 0	
(5) Total administrative expenses. Add lines 2i(1) through (4)	i(5)	4401
j Total expenses. Add all expense amounts in column (b) and enter total	j	296740
Net Income and Reconciliation		
k Net income (loss) (subtract line 2j from line 2d)	k	-36790
l Transfers of assets		
(1) To this plan	l(1)	0
(2) From this plan	l(2)	0

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500.
Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☒ Yes ☐ No

c Enter the name and EIN of the accountant (or accounting firm) ▶ 59-3040705
RIVERO, GORDIMER & COMPANY

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ this form is filed for a CCT, PSA or MTIA. (2) ☐ it will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.



Part IV Transactions During Plan Year

- 4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, or 5. 103-12 IEs also do not complete 4j.

During the plan year:

	Yes	No	Amount
a Did the employer fail to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		300000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	

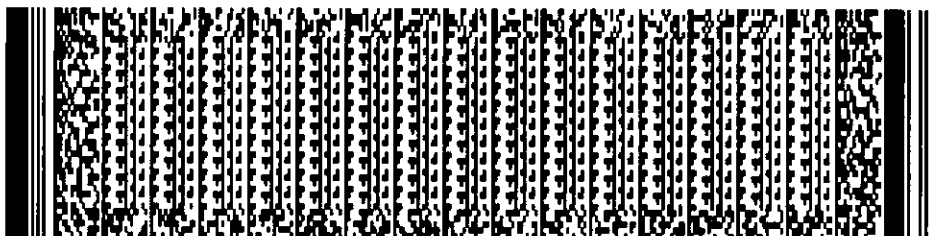
- 5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If yes, enter the amount of any plan assets that reverted to the employer this year. ☐ Yes ☒ No Amount

- 5b** If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions).

5b(1) Name of plan(s)

5b(2) EIN(s)

5b(3) PN(s)



Schedule H, line 4i

Schedule of Assets (Held At End of Year)

For the plan year beginning 10/01/2008 and ending 09/30/2009

Name of plan

THE CRISIS CENTER OF TAMPA BAY, INC. 401(k) EMPLOYEE SAVINGS PLAN

Employer Identification Number

59-1785265

Three-digit plan number	▶	002
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[illegible]

**SCHEDULE R
(Form 5500)**

Department of the Treasury
Internal Revenue Service
Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

► **File as an Attachment to Form 5500.**

Official Use Only

OMB No. 1210-0110

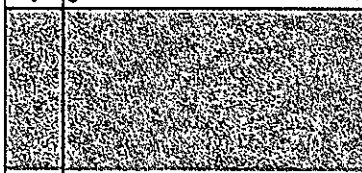
2008

**This Form is Open to
Public Inspection.**

For calendar year 2008 or fiscal plan year beginning <u>10/01/2008</u> and ending <u>09/30/2009</u>	
A Name of plan THE CRISIS CENTER OF TAMPA BAY, INC. 401(K) EMPLOYEE	B Three-digit plan number ► <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 THE CRISIS CENTER OF TAMPA BAY, INC.	D Employer Identification Number <u>59-1785265</u>

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.	1 \$ <u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the plan year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits). <u>06-0974148</u> Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.	
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If the plan is a defined benefit plan, go to line 7.	
5 If a waiver of the minimum funding standard for a prior plan year is being amortized in this plan year, see instructions, and enter the date of the ruling letter granting the waiver	► Month <u> </u> Day <u> </u> Year <u> </u>
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.	
6a Enter the minimum required contribution for this plan year	6a \$ <u> </u>
b Enter the amount contributed by the employer to the plan for this plan year	6b \$ <u> </u>
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c \$ <u> </u>
If you completed line 6c, skip lines 7 and 8 and complete line 9.	
7 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

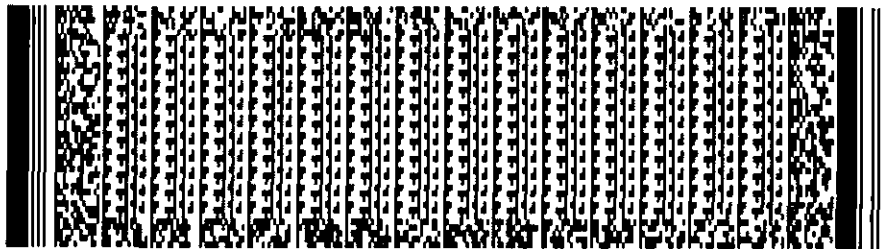
Part III Amendments

8 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box. (See instructions.)	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> No
--	---

Part IV Coverage (See Instructions.)

9 Check the box for the test this plan used to satisfy the coverage requirements	<input type="checkbox"/> ratio percentage test <input checked="" type="checkbox"/> average benefit test
--	---

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. v11.3 Schedule R (Form 5500) 2008



Schedule SSA (Form 5500) removed
from filing and forwarded to the
Social Security Administration.

► For Privacy Act and Paperwork Reduction Act Notice, see instructions on page 3.

File With IRS Only

Part I Identification

A	Name of filer, plan administrator, or plan sponsor (see instructions)			B <input checked="" type="checkbox"/> Filer's identifying number (see instructions).		
	<u>The Crisis Center of Tampa Bay, Inc.</u>			<input checked="" type="checkbox"/> Employer identification number (EIN).		
	Number, street, and room or suite no. (If a P.O. box, see instructions.)			59-1785265		
	<u>One Crisis Center Plaza</u>			<input type="checkbox"/> Social security number (SSN)		
	City or town, state and ZIP code					
	<u>Tampa</u>	<u>FL</u>	<u>33613-1238</u>			

C	Plan name	Plan number	Plan year ending--		
			MM	DD	YYYY
1	THE CRISIS CENTER OF TAMPA BAY, INC. 401(k) E	0 0 2	09	30	2009
2					
3					

Part II Extension of Time to File Form 5500 or Form 5500-EZ (see instructions)

1 I request an extension of time until 07 / 15 / 2010 to file Form 5500 or Form 5500-EZ.

The application is **automatically approved** to the date shown on line 1 (above) if: **(a)** the Form 5558 is filed on or before the normal due date of Form 5500 or 5500-EZ for which this extension is requested, and **(b)** the date on line 1 is no more the 2 1/2 months after the normal due date.

You must attach a copy of this Form 5558 to each Form 5500 and 5500-EZ filed after the due date for the plans listed in C above.

Note. A signature is not required if you are requesting an extension to file Form 5500 or Form 5500-EZ.

Part III Extension of Time to File Form 5330 (see instructions)

2 I request an extension of time until _____ to file Form 5330.

You may be approved for up to a six (6) month extension to file Form 5330, after the normal due date of Form 5330.

a Enter the Code section(s) imposing the tax **a**

b Enter the payment amount attached	b
--	----------

c For excise taxes under section 4980 or 4980F of the Code, enter the revision/amendment date . . . ▶		c	
---	--	---	--

3 State in detail why you need the extension

Under penalties of perjury, I declare that to the best of my knowledge and belief the statements made on this form are true, correct, and complete, and that I am authorized to prepare this application.

Signature ►

Date ►

FINANCIAL STATEMENTS AND INDEPENDENT AUDITORS' REPORT

**THE CRISIS CENTER OF TAMPA BAY, INC.
401(K) EMPLOYEE SAVINGS PLAN**

September 30, 2009 and 2008

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RIVERO, GORDIMER & COMPANY, P.A.
CERTIFIED PUBLIC ACCOUNTANTS

MEMBER
AMERICAN INSTITUTE
OF CERTIFIED PUBLIC ACCOUNTANTS
FLORIDA INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS

CESAR J. RIVERO
RICHARD GORDIMER
HERMAN V. LAZZARA
MARC D. SASSER
SAM A. LAZZARA
STEPHEN G. DOUGLAS
MICHAEL E. HELTON

INDEPENDENT AUDITORS' REPORT

The Crisis Center of Tampa Bay, Inc.
401(k) Employee Savings Plan Trustees and Participants

We were engaged to audit the accompanying statements of net assets available for benefits of The Crisis Center of Tampa Bay, Inc. 401(k) Employee Savings Plan (the "Plan") as of September 30, 2009 and 2008, and the related statements of changes in net assets available for benefits, and the supplemental schedules for the years then ended. These financial statements and supplemental schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information certified by John Hancock Life Insurance Company and Hartford Life Insurance Company, the trustees of the Plan, except for comparing the information with the related information included in the financial statements and the supplemental schedules. We have been informed by the plan administrator that Hartford Life Insurance Company held the Plan's investment assets and executed investment transactions from November 3, 2008 to September 30, 2009, and that John Hancock Life Insurance Company held the Plan's investment assets and executed investment transactions as of and for the year ended September 30, 2008 and for the period October 1, 2008 to November 2, 2008. The plan administrator has obtained certifications from the trustees as of and for the years ended September 30, 2009 and 2008, that the information provided to the plan administrator by the trustees is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to and do not express an opinion on the accompanying financial statements and supplemental schedules taken as a whole. The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustees, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's *Rules and Regulations for Reporting and Disclosure* under the Employee Retirement Income Security Act of 1974.

Riviero, Gordimer & Company, P.A.

Tampa, Florida
June 30, 2010

The Crisis Center of Tampa Bay, Inc.
401(k) Employee Savings Plan

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

September 30,

	<u>2009</u>	<u>2008</u>
ASSETS		
Non-interest bearing cash	<u>\$ -</u>	<u>\$ 12,033</u>
Employer contribution receivables	<u>233,173</u>	<u>256,214</u>
Investments at fair value (notes C and D)		
Interest bearing cash	195,448	536
Separate accounts	<u>2,178,986</u>	<u>2,375,614</u>
	<u>2,374,434</u>	<u>2,376,150</u>
Total assets	<u>2,607,607</u>	<u>2,644,397</u>
LIABILITIES		
Benefit claims payable (note A5)	<u>-</u>	<u>-</u>
Net assets available for benefits	<u>\$ 2,607,607</u>	<u>\$ 2,644,397</u>

The accompanying notes are an integral part of these statements.

The Crisis Center of Tampa Bay, Inc.
401(k) Employee Savings Plan

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

For the year ended September 30,

	<u>2009</u>	<u>2008</u>
Additions to net assets attributed to		
Employee contributions	\$ 83,542	\$ 87,286
Employer contributions	234,193	256,214
Other income	57	75
	<u>317,792</u>	<u>343,575</u>
Investment income		
Net depreciation in fair value of investments (note C)	<u>(57,842)</u>	<u>(554,153)</u>
Total additions	<u>259,950</u>	<u>(210,578)</u>
Deductions from net assets attributed to		
Benefits paid directly to participants or beneficiaries (note A5)	292,339	946,272
Administration fees	<u>4,401</u>	<u>17,161</u>
Total deductions	<u>296,740</u>	<u>963,433</u>
Net decrease	(36,790)	(1,174,011)
Net assets available for benefits at beginning of year	<u>2,644,397</u>	<u>3,818,408</u>
Net assets available for benefits at end of year	<u>\$2,607,607</u>	<u>\$2,644,397</u>

The accompanying notes are an integral part of these statements.

The Crisis Center of Tampa Bay, Inc.
401(k) Employee Savings Plan

NOTES TO FINANCIAL STATEMENTS

September 30, 2009 and 2008

NOTE A - DESCRIPTION OF PLAN

The following description of The Crisis Center of Tampa Bay, Inc. (the "Center") 401(k) Employee Savings plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

1. General

The Plan is a defined contribution (profit sharing) plan covering all employees of the Center who have met the eligibility requirements as follows. In order to be eligible for employer discretionary and matching contributions, the employee must have completed 1,000 hours of service in each 12 month eligibility computation period. In order to be eligible for employee salary deferral contributions, the employee must have completed 3 months of service and 1 hour of service in each month. If the employee does not meet the previous eligibility requirements he/she still may be eligible if they complete a total of 1,000 hours of service in the eligibility computation period. The eligibility computation period is a 12 month period that begins with the employee's date of hire. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

2. Contributions

Plan participants may contribute up to the lesser of \$16,500 and \$15,500 or 100% of pre-tax annual compensation, as defined in the Plan for the years ended September 30, 2009 and 2008, respectively. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan. The Center contributes 50% of the first 6% of base compensation that a participant contributes to the Plan. Additional contributions may be made at the option of the Center's board of directors as profit sharing contributions; such investments are participant directed at September 30, 2009 and were non participant directed and included in the JH Lifestyle Balanced Mutual Funds at September 30, 2008.

3. Participant Accounts

Each participant's account is credited with the participant's contributions and allocations of a.) the Center's contribution and b.) Plan earnings, and is charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

4. Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. Participants vest in their employer contribution account on a sliding scale based on their number of years service.

The Crisis Center of Tampa Bay, Inc.
401(k) Employee Savings Plan

NOTES TO FINANCIAL STATEMENTS - CONTINUED

September 30, 2009 and 2008

NOTE A - DESCRIPTION OF PLAN - Continued

Vesting in the Center's matching contributions and discretionary contributions are defined below:

<u>Years of Service</u>	<u>Vested Percentage</u>
Less than 1	0%
2	20%
3	40%
4	60%
5	80%
6 or more	100%

5. Payment of Benefits

Upon termination of service due to retirement, death, disability, or other, the participant will receive payout of his/her vested account in the form of a qualified joint and survivor annuity, unless an alternative election has been made. Acceptable alternative distribution elections are a.) lump sum payout, b.) life annuity, and c.) any other form acceptable by the Plan.

6. Forfeited Accounts

Forfeited non-vested accounts totaled approximately \$50,000 and \$24,000 at September 30, 2009 and 2008, respectively. These funds will be paid to the Center at a future time or used to reduce future contributions.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The financial statements are prepared using the accrual basis of accounting.

1. Valuation of Assets

Investments are stated at fair value as determined by the Plan Trustee.

2. Income Earned

Income is recognized using the accrual method of accounting.

3. Plan Expenses

All administrative expenses are paid by the Plan. Independent auditor fees are paid by the Center.

4. Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan Administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

The Crisis Center of Tampa Bay, Inc.
401(k) Employee Savings Plan

NOTES TO FINANCIAL STATEMENTS - CONTINUED

September 30, 2009 and 2008

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - Continued

5. Payment of Benefits

Benefits are recorded when paid.

NOTE C - INVESTMENTS

Investments are carried in interest bearing cash accounts and separate accounts at September 30, 2009 and 2008. The Plan's assets are stated at fair value determined by quoted market prices of the investments held in the funds.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

The Plan provides various investment alternatives that consist of the following at September 30,:

	2009	2008
Interest bearing cash accounts	\$ 195,448	\$ 536
Separate accounts		
JH Lifestyle Aggressive Mutual Funds	-	19,995
JH Lifestyle Growth Mutual Funds	-	77,346
JH Lifestyle Balanced Mutual Funds	-	2,243,064
JH Lifestyle Conservative Mutual Funds	-	22,359
JH Weitz Partners Value Mutual Funds	-	155
JH American Funds EuroPacific Mutual Funds	-	5,110
JH Templeton Foreign Mutual Funds	-	207
JH Oppenheimer Global Mutual Funds	-	207
JH Quantitative Mid Cap Fund Mutual Funds	-	41
JH Columbia Value & Restructuring Mutual Funds	-	586
JH Franklin Balance Sheet Mutual Funds	-	123
JH Domini Social Equity Mutual Funds	-	166
JH T. Rowe Price Blue Chip Mutual Funds	-	158
JH Mutual Beacon Mutual Funds	-	148
JH T. Rowe Price Equity Inc. Mutual Funds	-	177
JH LM Partners High Yield Mutual Funds	-	1,884
JH Davis New York Venture Mutual Funds	-	147
JH Small Capital Value Index Mutual Funds	-	485
JH Small Capital Growth Index Mutual Funds	-	458
JH Mutual Discovery Mutual Funds	-	701
JH PIMCO Total Return Mutual Funds	-	2,097

The Crisis Center of Tampa Bay, Inc.
401(k) Employee Savings Plan

NOTES TO FINANCIAL STATEMENTS - CONTINUED

September 30, 2009 and 2008

NOTE C – INVESTMENTS - Continued

	2009	2008
T. Rowe Price Retirement 2020	2,002,716	-
T. Rowe Price Retirement 2030	58,825	-
Allianz NFJ Dividend Value	653	-
T. Rowe Price Retirement 2040	32,612	-
American Funds Bond Fund	22,769	-
T. Rowe Price Retirement Inc.	37,256	-
The Hartford Small Company	3,701	-
MFS Research International	1,046	-
American Funds Capwld G&I	3,790	-
Pioneer High Yield	11,925	-
SSGA S&P Flagship	1,814	-
T. Rowe Price Growth Stock	1,287	-
Victory Special Value	592	-
	<u>\$ 2,374,434</u>	<u>\$ 2,376,150</u>

The net appreciation of the separate accounts includes dividends; and realized and unrealized gains and losses in the fair value of investments. The net depreciation is as follows at September 30,:

	2009	2008
Separate accounts		
Mutual Funds	<u>\$ (57,842)</u>	<u>\$ (554,153)</u>

The following presents investments that represent 5% or more of the Plan's net assets at September 30,:

	2009	2008
JH Lifestyle Balanced Mutual Fund	\$ -	\$ 2,243,064
T. Rowe Price Retirement 2020	\$ 2,002,716	\$ -
The Hartford Money Market	\$ 195,448	\$ -

NOTE D – FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board ASC 820 establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurement) and the lowest priority to unobservable inputs (level 3 measurements).

The Crisis Center of Tampa Bay, Inc.
401(k) Employee Savings Plan

NOTES TO FINANCIAL STATEMENTS - CONTINUED

September 30, 2009 and 2008

NOTE D – FAIR VALUE MEASUREMENTS - Continued

The three levels of the fair value hierarchy under FASB ASC 820 are described below:

Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for that asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means;
- If the asset or liability has a specified (contractual) term, the input must be observable for substantially the full term of the asset or liability.

Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value at September 30, 2009:

Cash: Consists of deposits with financial institutions and money market funds. The Plan uses quoted market prices of identical assets on active exchanges, or Level 1 measurements.

Investments - Separate Accounts: primarily consist of publicly traded stock, bonds, and mutual funds and are valued at quoted market prices of identical assets on active exchanges, or Level 1 measurements.

The methods described above may produce a fair value calculation that may not be indicative of the net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The Crisis Center of Tampa Bay, Inc.
401(k) Employee Savings Plan

NOTES TO FINANCIAL STATEMENTS - CONTINUED

September 30, 2009 and 2008

NOTE D – FAIR VALUE MEASUREMENTS – Continued

The following table sets forth by level, within the fair value hierarchy, the Plan's investment assets measured at fair value on a recurring basis at September 30, 2009:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Fair Value</u>
Cash	\$ 195,448	\$ -	\$ -	\$ 195,448
Investments - separate accounts	\$ 2,178,986	\$ -	\$ -	\$ 2,178,986

NOTE E - ADMINISTRATION OF PLAN ASSETS

The John Hancock Life Insurance Company ("John Hancock") held the Plan's assets in an insurance company administered group annuity contract as of September 30, 2008 and for the period October 1, 2008 to November 2, 2008. The Plan's assets were transferred to Hartford Life Insurance Company ("Hartford") on November 3, 2008. Hartford provides recordkeeping and investment services to the Plan. Center contributions are managed by Hartford which invests cash received, interest and dividend income, and makes distributions to participants.

Officers or employees of the Center also perform administrative functions. No officer or employee receives compensation from the Plan. Independent auditor fees are paid directly by the Center.

The Plan provides for investment of contributions in general and separate account funds. The financial statements and the financial information presented are prepared from information supplied by Hartford and John Hancock as of and for the years ended September 30, 2009 and 2008, respectively. Specifically, investments, investment income, contributions received, and benefits paid information, as of and for the years ended September 30, 2009 and 2008, were certified by Hartford and John Hancock, respectively, as complete and accurate.

NOTE F - PLAN TERMINATION

Although the Center has not expressed any intent to do so, the Center has the right under the Plan, to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. Participants will become 100 percent vested in their accounts in the event of Plan termination.

The Crisis Center of Tampa Bay, Inc.
401(k) Employee Savings Plan

NOTES TO FINANCIAL STATEMENTS - CONTINUED

September 30, 2009 and 2008

NOTE G - RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

NOTE H - TAX STATUS

The trust established under the Plan to hold the Plan's assets is qualified, pursuant to the appropriate section of the Internal Revenue Code and, accordingly, the trust's net investment income is exempt from income taxes. The Plan has obtained a favorable tax determination letter from the Internal Revenue Service and the plan sponsor believes that the Plan continues to qualify and operate as designed.

NOTE I – SUBSEQUENT EVENT

Domestic equity and debt securities markets have continued to experience volatility subsequent to the Statement of Net Assets Available for Benefits date of September 30, 2009. As such, the fair value of the investment securities may experience substantial changes from the values presented at September 30, 2009.

The Plan's management has evaluated events and transactions occurring subsequent to September 30, 2009 as of June 30, 2010, which is the date the financial statements were issued. Subsequent events occurring after June 30, 2010 have not been evaluated by management. Except as noted above, no material events have occurred since September 30, 2009 that requires recognition or disclosure in the financial statements.

SUPPLEMENTAL INFORMATION

The Crisis Center of Tampa Bay, Inc.
401(k) Employee Savings Plan

SCHEDULE OF ASSETS HELD AT END OF YEAR

September 30, 2009

Supplemental Schedule for IRS Form 5500 - Schedule H, Part IV, Line I
Plan EIN 59-1785265
Plan Number 002

(a)	(b)	(c)	(d)	(e)
Party of Interest	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
		T. Rowe Price Retirement 2020		\$ 2,002,716
		T. Rowe Price Retirement 2030		58,825
		Allianz NFJ Dividend Value		653
		T. Rowe Price Retirement 2040		32,612
		American Funds Bond Fund		22,769
		T. Rowe Price Retirement Inc.		37,256
*	Hartford Life Insurance Co.	The Hartford Small Company		3,701
		MFS Research International		1,046
		American Funds Capwld G&I		3,790
		Pioneer High Yield		11,925
		SSGA S&P Flagship		1,814
		T. Rowe Price Growth Stock		1,287
		Victory Special Value		592
*	Hartford Life Insurance Co.	The Hartford Money Market		195,448
				<u>\$ 2,374,434</u>

(a) * Party-in-interest to the Plan

(d) Department of Labor Regulation 2520.103-11(d) allows the exclusion of participant directed transactions from the historical cost entry on the schedule of assets held at end of year.

The Crisis Center of Tampa Bay, Inc.
401(k) Employee Savings Plan

SCHEDULE OF ASSETS HELD AT END OF YEAR

September 30, 2008

Supplemental Schedule for IRS Form 5500 - Schedule H, Part IV, Line I
Plan EIN 59-1785265
Plan Number 002

(a)	(b)	(c)	(d)	(e)
Party of Interest	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
*	John Hancock U.S.A	JH Lifestyle Aggressive Mutual Funds	\$ 19,129	\$ 19,995
*	John Hancock U.S.A	JH Lifestyle Growth Mutual Funds	76,394	77,346
*	John Hancock U.S.A	JH Lifestyle Balanced Mutual Funds	2,031,860	2,243,064
*	John Hancock U.S.A	JH Lifestyle Conservative Mutual Funds	21,896	22,359
*	John Hancock U.S.A	JH Small Capital Growth Index Mutual Funds	508	458
*	John Hancock U.S.A	JH Small Capital Value Index Mutual Funds	506	485
*	John Hancock U.S.A	JH American Funds Europacific Growth Mutual Funds	6,343	5,110
*	John Hancock U.S.A	JH Oppenheimer Global Mutual Funds	239	207
*	John Hancock U.S.A	JH Mid. Cap Index Mutual Funds	46	41
*	John Hancock U.S.A	JH Templeton World Mutual Funds	239	207
*	John Hancock U.S.A	JH Columbia Value & Restructuring Mutual Funds	714	586
*	John Hancock U.S.A	JH T. Rowe Price Blue Chip Mutual Funds	183	158
*	John Hancock U.S.A	JH Domini Social Equity Mutual Funds	184	166
*	John Hancock U.S.A	JH Mutual Discovery Mutual Funds	802	701
*	John Hancock U.S.A	JH Franklin Balance Sheet Mutual Funds	138	123
*	John Hancock U.S.A	JH Weitz Partners Value Mutual Funds	166	155
*	John Hancock U.S.A	JH Mutual Beacon Mutual Funds	166	148
*	John Hancock U.S.A	JH Davis New York Venture Mutual Funds	166	147
*	John Hancock U.S.A	JH T. Rowe Price Equity Inc. Mutual Funds	193	177
*	John Hancock U.S.A	JH LM Partners High Yield Mutual Funds	2,119	1,884
*	John Hancock U.S.A	JH Pimco Total Return Mutual Funds	2,094	2,097
*	John Hancock U.S.A	JH Money Market	502	536
			<u>\$ 2,164,587</u>	<u>\$ 2,376,150</u>

(a) * Party-in-interest to the Plan

FedEx US Airbill
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Number

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City Lawrence State KS ZIP 66044

2 Your Internal Billing Reference Inv. Ref. 0001

3 To

Recipient's Name ENSA Phone _____

Company Attention: PLAT ☐ HOLD Weekday Print FedEx location address below. Priority NOT available for FedEx First Overnight. ☐ HOLD Saturday Print FedEx location address below. Available ONLY for FedEx Priority Overnight and FedEx 2Day to select locations.

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City Lawrence State KS ZIP 66044



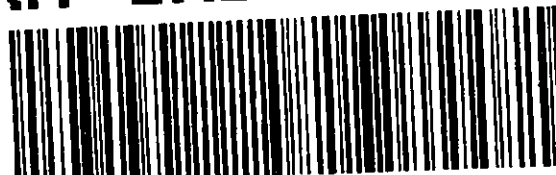
8704 2590 2537

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PRIORITY OVERNIGHT

 TRK#
0215 8704 2590 2537

XH IXDA

 66046
KS-US
MCI


0215

4a Express Package Service

☐ FedEx Priority Overnight Next business morning. Friday shipments will be delivered on Monday unless SATURDAY Delivery is selected.

☐ FedEx Standard Overnight Next business morning. Saturday Delivery NOT available.

☐ FedEx 2Day Second business day. Thursday shipments will be delivered on Friday unless SATURDAY Delivery is selected.

☐ FedEx Express Saver Third business day. Saturday Delivery NOT available.

4b Express Freight Service

☐ FedEx 1Day Freight Next business day. Friday shipments will be delivered on Monday unless SATURDAY Delivery is selected.

☐ FedEx 2Day Freight Second business day. Thursday shipments will be delivered on Friday unless SATURDAY Delivery is selected.

☐ FedEx 3Day Freight Third business day. Saturday Delivery NOT available.

5 Packaging

☐ FedEx Envelope* *Declared value limit \$500.

☐ FedEx Pak* *Includes FedEx Small Pak, FedEx Large Pak, and FedEx Sturdy Pak.

☐ FedEx Box ☐ FedEx Tube ☐ Other

6 Special Handling and Delivery Signature Options

☐ SATURDAY Delivery NOT available for FedEx Standard Overnight, FedEx First Overnight, FedEx Express Saver, or FedEx 3Day Freight.

☐ No Signature Required Package may be delivered without signature if no signature is required for delivery.

☐ Direct Signature Someone at recipient's address may sign for delivery. Fee applies.

☐ Indirect Signature If no one is available at recipient's address, someone at a neighboring address may sign for delivery. Fee applies.

Does this shipment contain dangerous goods?

☐ No ☐ Yes As per attached Shipper's Declaration. ☐ Yes Shipper's Declaration not required. ☐ Dry Ice Dry Ice, 9 UN 1845. ☐ Cargo Aircraft Only

7 Payment Bill to:

Enter FedEx Acct. No. or Credit Card No. below.

☐ Sender Print No. in Section 1 will be billed. ☐ Recipient ☐ Third Party ☐ Credit Card ☐ Cash/Check

Total Packages _____ Total Weight _____ Credit Card Auth. _____

For delivery is limited to \$500 unless you declare a higher value. See the carrier's FedEx Service Guide for details.

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