

# Application Form

---

## *Organization Information*

---

If you would like to complete this application in Word first and copy your answers over later, use the following link: [Download Application](#)

The evaluation rubric that will be used to score your request is now available here: [Download Rubric](#)

Please pay attention to character limits while working on your draft. These limits include spaces.

### Organization Name\*

Suncoast Center Inc.

### Proposal Name\*

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

Suncoast on the Road

### EIN\*

59-2092717

### Incorporation Year\*

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

1984

### Organizational Mission Statement\*

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

Suncoast Center's Mission is to Strengthen, Protect, and Restore lives for a healthy community.

### Unique Entity ID (SAM)

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

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

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

Character Limit: 12

MH1TLUVKQNV6

### Annual Operating Budget Size\*

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

\$21,818,161.00

### Amount Requested\*

The maximum grant amount is \$199,999.

\$189,000.00

### Parent Non-Profit/Subsidiaries\*

If your organization has a parent non-profit that has multiple subsidiaries, will multiple subsidiaries be applying in this process?

#### Example

Better Tomorrow is the parent non-profit of three organizations. Two of those organizations want to apply in this process. Both would select "Yes" on this question.

No

## *Request Specifics*

---

### Organization Programmatic Background\*

Please describe the programming your organization offers to the community and the length of time it has been doing so. What does your organization **do** and **how long** has it been doing it?

Suncoast Center has been providing behavioral health services in Pinellas County since 1944. Today, we provide a multitude of quality behavioral health, substance abuse, child safety, and social support services that have been enhancing the health and safety of Pinellas County Citizens. We provide outpatient therapy, psychiatric service that are designed to improve the overall wellbeing. We have providers that specialize in trauma informed care and the care of the severely and persistently mentally ill, and providers that specialize in improving the coping skills for children and families. Our outpatient services are provided from three vibrant clinics though our located in different areas of the county. We provide in home services for families and the severely persistently mentally ill that include both therapy and case management. Due to limited

funded capacity, our case management services are focused on the individuals at greatest need and risk, such as those individuals that intersect with law enforcement related to their behavioral health symptoms. In 21-22 FY our providers served more than 21 thousand individuals and their families, through more than 269 thousand services. Ninety-one percent of the clients we served were at or below 150% of the Federal Poverty Guidelines. Approximately 23% of the individuals served are Black or African American; 6% report as Multiracial; and 2% report other minority populations. Twelve percent of our individuals served report as Hispanic. As may now be commonly understood as we are several years into the COVID 19 pandemic and all the behavioral health impact this common trauma has brought to the human condition, we treated 38% symptoms of mood disorders such as depression, and 31% symptoms of anxiety disorders. As a result of cultural and community changes our community has more individuals needing and seeking behavioral health services than our community can provide based upon the nationwide shortage of providers.

## Community Need\*

Please describe the community need that exists for your programming. If you are able to cite quantitative, local data, that will strengthen your proposal.

According to the Pinellas CHNA, Pinellas County has been experiencing an increasing demand for services for individuals with a Mental Health and/or Substance use disorder. 28.2% of residents report a depression diagnosis. Suicide and unintentional injury rates in Pinellas County are also higher than in all of FL or the U.S. at 16.9 per 100,000. Disparities - As the Pinellas CHNA survey data shows, health inequities exist for low-income individuals: 28.7% of low-income residents don't have insurance compared to 10.8% of all residents, 34.8% of low-income residents experience difficulties getting needed health care, compared to 19.2% of all residents. Within low-income inequities, there are others based on gender, race, and ethnicity. While poverty level overall is 11.2%, it is 15% for females and 21.8% for Black/African Americans. The Florida Health Dashboard shows that, compared to Pinellas County as a whole, Black/African Americans experience health disparities. While 15.1% of residents of Pinellas County couldn't see a doctor in 2019 due to cost (per 100,000), for Blacks/African Americans it was 21.5%. For Latinx, the rate is even higher – 25.6%. The age-adjusted hospitalization rate for mental health disorders (per 100,000) for the county is 1,225; for Black/African Americans, it is 1,631. Latinx living in Pinellas County have a rate of suicide double that for FL. The rate of suicidal deaths is considerably high in the veteran populations. Recent estimates suggest that 20 veterans may die by suicide each day. For female, Black/African American, or Latinx veterans, these disparities are even greater.

## Negative Economic Impact on Organization\*

**The following question is the keystone of a strong application in this process. If your organization cannot demonstrate a negative economic impact from the pandemic, your application will not qualify for committee review. If you are uncertain about what constitutes negative economic impact or how to demonstrate it, please contact PCF staff for technical assistance.**

Describe your organization's negative economic impact arising from the COVID-19 pandemic. Examples could include:

- A reduction in revenue from 2019 to 2020
- Inflationary pressures
- Increases in demand for services that have not been compensated for through new revenue
- The use of reserves for unbudgeted expenses since the onset of the pandemic, and such use of reserves has prevented the purchase of capital assets
- A need for capital assets to offset community need for which your organization does not have the resources to purchase due to the negative economic harm from the pandemic

- A need for additional capital assets to adapt operations to accommodate health and safety guidelines by the CDC
- Growth in restricted pandemic-related revenue that does not permit capital asset acquisition

**You have the option to upload supporting documentation regarding negative economic impact. However, please limit your upload to no more than five pages.**

**Note: If you are applying for both a Small Purchase and Large Project, you may reuse the answer for this question PROVIDED THAT the negative economic impact is relevant to both requests. The Large Project Letter of Intent does not permit uploads to support the answer to this question.**

Suncoast Center has suffered economic losses that are strongly driven by the inflationary impact for personnel and operating expenses. During this pandemic, when our community needs behavioral health services and emotional supports more than ever, there has been significant financial pressures making it challenging for Suncoast Center to carry out our very mission. From a strong history of stable staffing patterns and an environment of training and learning, we quickly felt the impact of staff retiring, leaving the field, and then later in the pandemic, leaving for more lucrative behavioral health employment. The staffing drain was primarily to serve populations that are more fortunate than our population of severely and persistently mentally ill and individuals impacted by poverty and near poverty.

Suncoast Center needed to increase the pay rate to stabilize and maintain staffing. The staffing turnover is strongly influenced by the inflationary cost of living in the area, and the unpredictable transportation costs for living outside the area. We have increased salaries significantly in order to attract and retain employees. The overall cost to the agency for salary increases to maintain staff is \$1,110,321.

Staff have asked for increased ability to use company vehicles for client visits. In some cases, it has meant the difference between an employee being able to maintain their employment when they have had a temporary personal vehicle breakdown, and in other cases it has impacted our ability to hire a staff member. For our maintenance department, having reliable vehicles for their tasks adds to the pool of eligible employees, and ensures that their job can be safely completed in a timely manner. Providing vehicles to support our staff to carry the mission of strengthening, protecting, and restoring lives makes an important difference in their perception of community support of their efforts.

The inflationary increase for renewals of services and support such as insurance, software, equipment, janitorial, auditing, is \$161,143, presumably from pandemic related pressures.

The reduction in overall revenue due to staffing shortage leading to reduced production was \$162,903. At the same time that more individual are needing our services. The pressures on the existing staff and providers is significant.

The reduction in our service rates, and the use of cash reserves to support salary increases, and inflationary increases has prevented us from being able to purchase vehicles for client transportation using our own funding. We are exceptionally grateful for this opportunity to assist our clients and providers.

## Proposal Description\*

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

Please describe your purchase proposal and address the following:

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

The COVID pandemic has significantly changed the landscape of eligible employees and how employees view their role in the social services industry. We are requesting vehicles for the purpose of providers doing community-based work, and for our support maintenance staff to transport equipment and supplies between provider sites. While in the past we have had many providers willing and able to use their own vehicles to complete their community based work for a standard mileage reimbursement, we are finding that fewer are willing to continue this practice. This is factored by the global shortage of new/used vehicles related to the pandemic, and instable gas prices. The shortage also creates significant concern for our employees about wear and tear on their vehicles could lead them to personal hardship if their vehicles fail. Also, more families are sharing vehicles than in the past, having company vehicles expands our employment eligibility to individuals that do not currently have reliable transportation for job related activities, but have reliable transportation to the job site.

Suncoast center seeks to purchase 3 trucks for use by our maintenance department and 3 cars for use by our case management and FACT providers. We anticipate a 5-8 year lifespan on each of these vehicles. The result will be a decreased staffing turnover rate for this staffing group and for position openings, as shorter vacancy period. Our maintenance positions have demonstrated some of the highest vacancy rates at our agency, with a position that was not able to be filled with a viable candidate for over 12 months. In addition, within this group we have anticipated retirements within the next 12 months. For our FACT and Case Management positions, they currently share 4 cars, and we have 24 FACT and Case Management positions that share the usage of these vehicles. In 2020, we had 9 cars available, however, 5 vehicles required retirement due safety issues related to age, breakdowns and repairs. The managers and direct providers have asked us to increase the number of cars available in order to better support them in their job duties. Managers have reported that employees have left for other jobs to reduce the travel in their own vehicle, and that some applicants have not accepted the position after considering the use of their own vehicle for their job duties. Having agency cars for employees to complete job duties, will improve our hiring pool and employee retention.

## Guiding Principles - Client Impact\*

The American Rescue Plan Act, which provides the funding for this grant program, aims to ensure an equitable recovery from the COVID-19 pandemic. The term "equity" is defined as:

The consistent and systematic fair, just, and impartial treatment of all individuals, including individuals who belong to underserved communities that have been denied such treatment, such as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality.

One of the guiding principles of this fund is that it will apply a lens of equity to ensure the needs of specified priority populations are met.

**Will this purchase benefit the community members defined above that have experienced disproportionate negative impacts from the COVID-19 pandemic? If so, how?**

Adult Case Management program, including our Forensic Case Management serves a total of 727 annually. FACT reaches 107 individuals with intensive, often daily community based services. Cars support these services. Our most severe severely and persistently mentally ill (SPMI) clients are best served with in person services- not tele-health, due to their symptoms.

Clients are below 150% of the poverty level. Individuals living in poverty have a disproportionate impact of the pandemic. SPMI clients have disproportionate impacts of poverty compounded by cultural stigma. The COVID pandemic magnified inflationary impacts with no increases in subsidies or benefits for SPMI clients. Pandemic related inflation for the marginalized increased risk of homelessness, and return to homelessness due to housing costs and decreased housing opportunities. Case managers are reporting closing of long standing Adult Living Facilities that were serving the SPMI population.

The maintenance vehicles support the entire agency in ensuring our sites are maintained to support safety and wellbeing of all our clients. From ensuring that all PPE are available, sanitizing completed at all sites with scheduled maintenance, to addressing plumbing, safety, repairs, and maintenance of sites with a daily flow of hundreds of clients. We have an increase in clients with depression and anxiety, especially in children since the pandemic. As well as an increase in suicidal thoughts and behaviors.

Maintenance impacts 100% of clients and their families, as well as safety and comfort of our providers. Maintenance staff work 1800 service tickets a year in addition to scheduled maintenance tasks. The maintenance vehicles are expected to impact over 21 thousand individuals and their families, including 31% BIPOC population and 91% individuals that are at or below 150% of the federal poverty level, all of which are addressing behavioral health symptoms, impact, intervention and treatment.

## Number Served\*

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

834

## Unduplicated vs. Duplicated\*

Is the number indicated above duplicated or unduplicated?

**Duplicated:** A client is counted each time they access services

**Unduplicated:** A client is counted once, regardless of the number of times they access services

**Example:** ABC Food Bank operates two mobile food pantries, one in Clearwater and one in St. Petersburg. Taylor, a Pinellas County resident, goes to both food pantries. If ABC Food Bank counts Taylor's visit TWICE, it is **duplicated**. If ABC Food Bank counts Taylor's visit ONCE, it is **unduplicated**.

Unduplicated

## Other (Explanation Required)

If you selected "Other" in the previous question, please explain how your organization determined the number of clients that will benefit from the proposed capital purchase.

**The American Rescue Plan Act (ARPA) prioritizes organizations that either have headquarters or carry out the majority of their operations inside Qualified Census Tracts (QCTs). QCTs are a standard method of identifying communities with a large proportion of low-income residents. The U.S. Department of Housing and Urban**

Development determines what areas qualify as QCT.

To assess if your organization serves or is headquartered in a QCT, use the following link:

[https://www.huduser.gov/portal/sadda/sadda\\_qct.html](https://www.huduser.gov/portal/sadda/sadda_qct.html)

In the top right-hand corner, choose the state of Florida and Pinellas County. Then on the left-hand side of the screen, click the box next to “Color QCT Qualified Tracts.” The QCT zones are denoted in purple. You can also map your address by adding it into the address box at the top to see if your location is inside the zones.

Below, please provide the location of your operations and the location of your headquarters, if different.

The screenshot displays the HUD SADDa QCT map interface. At the top, there is an address input field with a "Go" button, both circled in red. To the right, dropdown menus for "Florida" and "Pinellas" are also circled in red. Below the address field, the "Map Options" section includes a legend and several checkboxes: "Show Difficult Development Areas (Zoom 7+)", "Color QCT Qualified Tracts (Zoom 7+)" (checked, with a red arrow pointing to it), "Show Tracts Outline (Zoom 11+)", "Show FMR Outlines (Zoom 4+)", and "Show LIHTC Projects (Zoom 11+)". The "Select Year" section shows "2022" selected. The map itself shows purple shaded areas representing QCT zones in the Tampa Bay area, with labels for Clearwater, St. Petersburg, and Tampa. A red pin is placed on the map near Clearwater. The Google logo is visible in the bottom left corner of the map area.



## Headquarters Location\*

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

4024 Central Ave. St Petersburg, FL 33711

## QCT Determination - Headquarters\*

Is this organization headquartered in a QCT?

Yes

## Purchase Location\*

Where will the majority of the activities related to the purchase(s) take place?

### Examples

- If you are proposing the purchase of a van that will deliver to multiple areas within Pinellas County, specifically mention what areas those are.
- If your purchase enables remote access to your services, such as telehealth, provide geographical data around where the majority of your clients reside (presuming they will access your services from their residence).

Suncoast Center services are provided to clients throughout Pinellas County, and our outpatient offices are located in high need areas. Our Central Avenue campus including 4010, 4024, and 4050 Central Avenue in St. Petersburg and our 920 22nd Ave S and 940 22nd Ave S are all located in QCT 200.00. Our Roosevelt Campus offices are located across Roosevelt Blvd from QCT 245.08. Clients served by our FACT providers and Case Management providers are economically disadvantaged, and marginalized individuals. Their housing and community based service locations that we use vehicles to reach them are throughout the county, with a higher prevalence in QCT 200.00; QCT246.02; QCT 245.14; and QCT 263.00.

## QCT Determination - Purchase\*

Does this organization's proposed purchase benefit residents of QCTs?

Yes

## *Community Connection*

---

This section aims to capture general demographic data about your organization and to see how you engage with and represent the community you serve. PCF has generalized the demographic data questions more than it has in other processes because of the public nature of this process. PCF understands that identity disclosure can be a sensitive matter, and wants to respect your organization's board and staff. If your organization feels comfortable sharing more detailed demographic information, it may do so in the "Community Representation and Connection" section.



## Community Representation and Connection\*

Describe how your organization is representative of, or has authentic connections to, the community your proposal seeks to serve. You can list other community-based organizations that work on programming with you and/or list examples of your work within this community.

Suncoast Center, Inc. is tremendously committed to developing and maintaining strong connections to our community. To that end, Suncoast Center initiated the Pinellas Behavioral Health System of Care Workgroup (PBHSOC), which has more than 40 agencies that participate regularly in our meetings. PBHSOC has collaborated monthly, ensured excellent communication between providers and helped resolve service gaps and transitions of care. The group initiated the collective impact project of the Pinellas Zero Suicide Partners of Pinellas (ZSPP) and the collaborative access & service project of the Wellness Connection. These projects all are designed to use the expertise of our local providers while gaining feedback, input and insight from citizens, collaborative partners, and other social service providers.

ZSPP has changed the way local providers screen, assess, intervene and treat suicidal thoughts/behaviors to bring all to a common national standard. Twelve partners have regularly reported metrics, while there are more than 45 collaborative entities committed to the project. The group is providing regular outreach activities that is using and building upon the citizen input and involvement to expand our outreach. These outreach activities currently focus on the high need populations of youth, LGBTQ+, and Veterans.

The Wellness Connection project has designed with input from providers and citizens. The Wellness Connection legally ties together core providers, with the ultimate goal of a single point of access between partners, integrated behavioral health and health care, and a center of excellence which focuses on access to both preventative mental wellness activities, and seamless access to the full continuum of care. For the most severe of cases, the site is envisioned as integrating a crisis unit to provide both Baker Act (mental health) and Marchmen Act (Substance misuse) service, while providing on site step down and follow-up service from the integrated outpatient services agencies.

While Suncoast Center initiated and continues to lead these projects, they are true collaborative projects. Their success and community engagement is due to the partnerships and the collective impact of all of the community partners and the citizen membership.

## Leadership Demographics - Board Membership\*

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

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

BIPOC

LGBTQ+

## Leadership Demographics - Executive Level Leadership Team\*

Does your executive leadership team consider themselves a member of one or more of the following populations? Check all that apply.

- BIPOC defined as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color

- LGBTQ+ (Lesbian, Gay, Bisexual, Transgender, Queer+)
- Neurodiverse/physically disabled

If your organization is volunteer-run and does not have an executive leadership team, please select "Not applicable."

BIPOC  
LGBTQ+

## Leadership Demographics - CEO/Executive Director\*

Does your CEO/Executive Director consider themselves a member of one or more of the following populations? Check all that apply.

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

If your organization is volunteer-run and does not have an executive leader, please select "Not applicable."

None of the above

## *Proposal Costs*

### Purchase Estimates/Bids\*

**You must combine all bids/estimates into one file.**

**Attach current verifiable bids, estimates, or price lists [from your potential vendor(s)]. Please ensure there is a date listed or when you obtained these estimates/bids, as they must be from within the past sixty (60) days.**

- If your purchase is **BELOW** \$75,000, you must upload TWO verifiable bids or estimates for the proposed purchases.
- If your purchase is **EQUAL TO** or **MORE THAN** \$75,000, you must upload THREE verifiable bids or estimates for your proposed purchases.

This can be as simple as screenshots from Amazon or Best Buy (though PCF does not endorse or recommend any specific vendor) or may be from specialized vendors that sell your proposed purchase. If you have concerns regarding bids or estimates, please reach out to PCF staff.

Suncoast quotes.pdf

## Sole Source\*

In some cases, a proposed small purchase is only available from a single vendor, and as such, only one bid/estimate can be uploaded. If this is the case for your organization, please explain in the field below. Otherwise, write "N/A" below.

N/A

## Related Parties\*

Are any of the contractors/vendors that have provided bids/estimates a related party to your organization?

### Examples of Related Parties

- A board member that owns the contracting company that provided a bid
- The relative of a director, officer, or executive team member owns a company that provided an estimate
- The CEO of the applying organization has a financial interest in the construction company providing a bid

If **yes**, identify the vendor and describe the relationship.

If **no**, write "No related parties below."

No related parties

## Budget Summary\*

Please use **THIS TEMPLATE** to indicate costs and any cash match your organization may have for the proposed purchases. Note: this spreadsheet will automatically round numbers to make it easier to read for committee members.

Please note that indirect costs are not permitted for small purchases.

If you have additional notes to add to your budget summary, you may do so in the text box below.

Copy of Budget-Template-Small-Capital-Purchases (1).xlsx

## Other Funding Sources\*

Please describe any other funding not already mentioned that your organization has applied for or obtained for this purchase.

This includes but is not limited to Community Block Development Grants (CBDG), local government grants (including Tourist Development Council funding), foundation grants, and private donors (you do not need to disclose donor identities but simply indicate the amount raised for this purchase). This includes any matching grants or in-kind contributions you may have obtained.

**Please be sure these other funding sources are represented in the "Applicant Match" column in the budget summary uploaded above.**

No other funding has been obtained for this purpose.

## Changes in Operating Costs\*

Please answer this question based on the descriptions below:

- If this project **increases** ongoing operational costs (programmatic, operating maintenance or other costs), how will you compensate for the difference?
- If this purchase **decreases** ongoing operating costs, how will it do so?
- If this purchase **does not affect** operating costs, please note so below.

Our request is not expected to have a significant impact on our operating costs. The overall travel miles is not expected to change. The method of travel is expected to change from staff owned vehicle to agency owned vehicle. In the past, it has been less costly for staff to use the available agency vehicle than the cost of travel reimbursement. These costs are more equal with the changing cost of gas and increases to the travel reimbursement rate.

## Organization Documentation

---

**Please reach out to PCF staff if you have trouble uploading the files below. We are able to assist with file conversion and file compression.**

### Organization Budget\*

Please upload your most recent, board-approved organizational budget for this fiscal year. PDF and Excel documents are accepted.

Summary 12 Month Budget.xlsx

### Board of Directors List\*

Please upload your Board of Directors list.

Excel, Word, and PDF file formats are accepted.

Board-of-Directors-List-PCF-Grant-Application.xlsx

### IRS Form 990\*

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

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

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

Only PDF files are permitted.

2020 Suncoast Center Inc - Public Inspection Copy.pdf

## Most Recent Financial Statements\*

Upload a PDF version of your most recent financial statements. If you have audited financial statements, please upload the most recently conducted audit. If you do not have a recent audit, please explain why.

Suncoast Center Inc and Subsidiary 21 FS\_Final.pdf

## *Insurance Requirements*

---

### Evidence of Insurance Coverage\*

Grantees of the ARPA Nonprofit Capital Project Fund will be required to maintain appropriate insurance related to your operations and this purchase. PCF will determine whether this coverage is appropriate.

Please upload evidence of insurance.

**If your organization does not have evidence of insurance coverage, please provide an explanation as to why.**

Suncoast-Center,-In\_Suncoast-Center\_22-23-Master-CO\_5-31-2022\_930592099\_....pdf

### Insurance Requirement\*

**If you are awarded a contract from the ARPA Nonprofit Capital Project Fund, you will be required to list Pinellas Community Foundation as an additional insured through your general liability insurance or other appropriate coverages for the duration of the contract. If you would like to check with your insurance carrier on how to do this, here is the information about PCF you will need:**

Pinellas Community Foundation  
17755 US Highway 19 N  
Suite 150  
Clearwater, FL 33764  
727-531-0058

**Please check the box below to indicate that you understand and will be able to comply with this requirement if you are awarded a contract.**

**PCF will not ask for a certificate naming us as additional insured until the contracting stage.**

Yes, I understand and will comply with this requirement if awarded a contract.

## *Post-Grant Requirements*

---

### **Reporting Requirements Acknowledgment\***

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

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

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

If you have any questions, please contact Rose Cervantes, ARPA Program Officer at [rcervantes@pinellascf.org](mailto:rcervantes@pinellascf.org).

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

## *Additional Information*

---

### **Budget Summary**

**NO LONGER USED, REPLACED IN APP WITH UPLOAD FIELD INCLUDED**

**Please use THIS TEMPLATE to indicate costs and any cash match your organization may have for the proposed purchases.**

Please note that indirect costs are not permitted for small purchases.

If you have additional notes to add to your budget summary, you may do so in the text box below.

### **Additional Upload**

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

### **Anything else to share?**

Is there anything else that you would like Pinellas Community Foundation to know or other information your organization would like to share that isn't addressed elsewhere in this application?

We used the more conservative number of individuals benefiting from this grant. When calculating the number of individuals directly benefiting from the Case Managers and FACT providers having transportation to complete the community based job duties, this is expected to be approximately 834 unduplicated clients. When calculating the number of individuals directly benefiting from Maintenance department transportation, this impacts all our services and all our clients and families served. In the 2021-2022 FY we served 21,122 unduplicated individuals.

## **Brief Project Descriptor**

Please briefly describe this organization's request.



## File Attachment Summary

---

### *Applicant File Uploads*

- Suncoast quotes.pdf
- Copy of Budget-Template-Small-Capital-Purchases (1).xlsx
- Summary 12 Month Budget.xlsx
- Board-of-Directors-List-PCF-Grant-Application.xlsx
- 2020 Suncoast Center Inc - Public Inspection Copy.pdf
- Suncoast Center Inc and Subsidiary 21 FS\_Final.pdf
- Suncoast-Center,-In\_Suncoast-Center\_22-23-Master-CO\_5-31-2022\_930592099\_....pdf

# Clearwater Toyota

Used 2020 Toyota Corolla LE (LE) x +

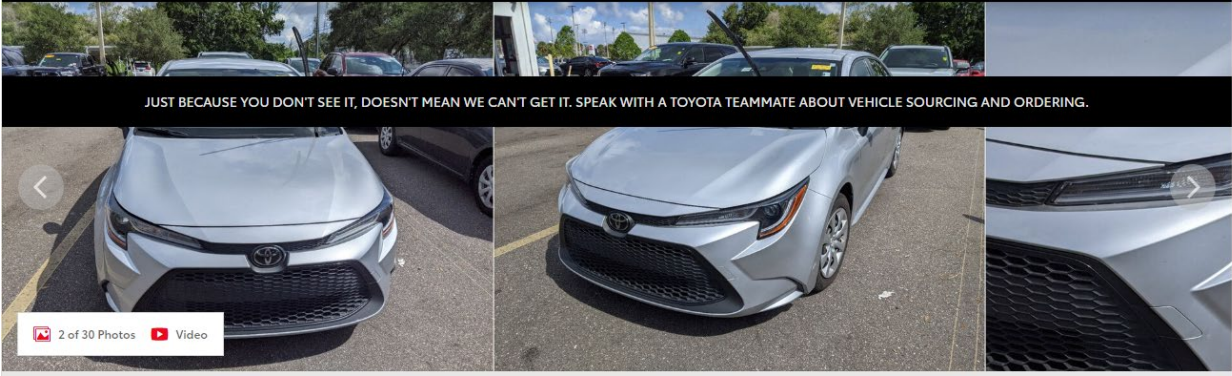
clearwatertoyota.com/used/Toyota/2020-Toyota-Corolla-Clearwater-a5fdaf840a0e0a9a5691cd6a262a45bc.htm

Welcome to Synovus... ADP Workforce No... Carisk Partners... Company Mileage... Paycom - Client S... Office Supplies: Offi... Amazon Sign-In Synovus Card Servi...

Contact Us: (800) 677-6099 21799 US Hwy 19 N, Clearwater, FL 33765

**Clearwater Toyota** SMARTPATH SHOP NEW SHOP PRE-OWNED & CERTIFIED SERVICE & PARTS SPECIALS & FINANCE SELL OR TRADE ABOUT US

JUST BECAUSE YOU DON'T SEE IT, DOESN'T MEAN WE CAN'T GET IT. SPEAK WITH A TOYOTA TEAMMATE ABOUT VEHICLE SOURCING AND ORDERING.



2 of 30 Photos Video

Pre-Owned 2020 Toyota  
**Corolla LE (LE CVT (Natl)) Sedan**  
VIN: JTDEPRAE9LJ016809 Stock: MLJ016809

**WATCH NOW**

**Personalize Payments Below**  
Get Today's Price **\$22,999**

**Schedule Service** **Chat** **Text**

# Carmax Corolla


Used 2018 Toyota Corolla in Clearwater, FL

carmax.com/car/22817614

Shop Sell/Trade Finance More

Your store for 33760 Clearwater

Search by Make, Model, or Keyword



1 / 21

### 2018 Corolla LE

Toyota

3 people saved

**\$22,998\*** **26K miles**

Estimate Payment 28/36 mpg

Stock # 22817614 • VIN # 2T1BURHE3JC103728

**Single Owner**  
Reported by AutoCheck®. [View History Report](#)

**Low Miles Per Year**  
Less than 9,000 miles per year

**Well-Equipped**  
Automated Cruise Control, Apple CarPlay, Lane Departure Warning... [See All Features](#)

Available at your store  
CarMax Clearwater, FL

#### Get started

Reserve Buy online Buy online

Feature Summary 6

Automated Cruise Control Apple CarPlay Rear View Camera

FEEDBACK

# Autonation Corolla

2020 Toyota Corolla for sale in Miami


autonation.com/cars/5YFEPRAE3LP087788

Welcome to Synovus... ADP Workforce No... Carisk Partners... Company Mileage... Paycom - Client S... Office Supplies: Offi... Amazon Sign-In Synovus Card Servi...

**AutoNation** SHOP SELL SERVICE ABOUT US FIND A STORE

Vehicles > Gas > Sedan > Used > Toyota > Corolla

## 2020 Toyota Corolla LE CVT (Natl) USED Mileage 24,826



AutoNation

AutoNation Price **\$21,995**  
[Contact store](#)

**Buy**  
For 60 months at 5.85% APR+ Taxes & Fees **\$339/mo**  
[Customize Payment](#)

[Get pre-qualified](#) [Apply today](#)

[Make a store appointment](#) [Schedule now](#)

[STORE APPOINTMENT](#) [START PURCHASE](#)

AutoNation Chevrolet Doral  
[1201 NW 89th Court,](#)  
[Miami, FL 33172](#)  
[\(855\) 972-6380](#)

[CONTACT US](#)

Store hours **Today 9:00 AM - 9:00 PM**


# Autonation

2017 Chevrolet Silverado 1500 for sale

autonation.com/cars/1GCVKSEC5HZ305404

Vehicles > Gas > Truck > Used > Chevrolet > Silverado 1500

## 2017 Chevrolet Silverado 1500 4WD Double Cab 143.5" LTZ w/1LZ USED Mileage 61,279



17

Available for purchase

FL, 6 miles from 33704

**Highlights**

**AutoNation Price** **\$35,540**  
[Contact store](#)

**Buy** **\$548/mo**  
For 60 months at 5.85% APR+ Taxes & Fees  
[Customize Payment](#)

**Get pre-qualified** [Apply today](#)

**Make a store appointment** [Schedule now](#)

[STORE APPOINTMENT](#) [START PURCHASE](#)

**AutoNation Toyota Pinellas Park**  
**8501 US Highway 19 North,**  
**Pinellas Park, FL 33781**  
**(727) 977-2440**

[CONTACT US](#)

**Store hours** Today 9:00 AM - 8:00 PM



# Maher Silverado2

SALES : (727) 610-6619 | SERVICE : (727) 273-7122 | COLLISION : (727) 493-9390

SIGN IN

HOURS & MAP

## LOANER 2018 CHEVROLET SILVERADO 1500

LT LT1

**VIP PRICE \$37,414**

[See Important Disclosures Here](#)

[Home](#) > [Used](#) > [2018](#) > [Chevrolet](#) > [Silverado 1500](#) > [LT LT1](#)

[DEALERSHIP PHOTOS](#) | [MANUFACTURER PHOTOS](#) | [INTERACTIVE MEDIA GALLERY](#)

1 of 7

Current Offers		Specifications	
VIP Price	\$37,414	STOCK NUMBER	220294A
THE MAHER DIFFERENCE		MSRP	N/A
DARING DEALS <sup>1</sup>		EXTERIOR	BLACK
<a href="#">Click here for more offer information</a>		INTERIOR	BLACK
		VIN	3GCPCRE7JG409008
		MILES	24,180
		ENGINE	ECOTEC 5.3L V8
		TRANSMISSION	AUTOMATIC
		LOCATION	MAHER CHEVROLET
		OEM COLOR	BLACK

Viewed 9 times in the past 7 days
Only 1 vehicle like this remaining

TEXT MY TRADE-IN VALUE!

TEXT MY TRADE VALUE
ASK US A QUESTION

# Carmax Silverado

The screenshot shows a web browser window with the URL `carmax.com/car/22818084`. The page features a large 360-degree view of a silver 2018 Chevrolet Silverado 1500 LT. To the right of the image, the listing details are provided: price of \$34,998, 54K miles, and 16/23 mpg. The vehicle is identified as a single owner with a reported history report. Key features listed include Apple CarPlay, a rear view camera, and remote start. A MaxCare warranty option is also mentioned, offering up to 150K miles or 60 months of coverage. The listing is available at the CarMax Bradenton, FL location, approximately 34 miles away. A 'Get started' button is visible at the bottom of the listing area.

Used 2018 Chevrolet Silverado 1500 LT

[carmax.com/car/22818084](#)

Welcome to Synovus... ADP Workforce No... Carisk Partners... Company Mileage... Paycom - Client S... Office Supplies: Off... Amazon Sign-In Synovus Card Servi...

**CARMAX** Shop Sell/Trade Finance More

Your store for 33760 Clearwater

Search by Make, Model, or Keyword

See inside

## 2018 Silverado 1500 LT

Chevrolet

10 people saved

**\$34,998\*** **54K miles**

[Estimate Payment](#) 16/23 mpg

Stock # 22818084 • VIN # 3GCPCREXJG508017

**Single Owner**  
Reported by AutoCheck®. [View History Report](#)

**The Basics**  
Apple CarPlay, Rear View Camera, Remote Start, Bluetooth Technology... [See All Features](#)

**150K miles or 60 months of coverage available**  
Optional MaxCare covers all major systems, offers flexible plan pricing, and hassle-free repairs. [Learn more about MaxCare](#)

Available at CarMax Bradenton, FL (~34 miles)

Get started

FEEDBACK

Feature Summary 3

Apple CarPlay

Rear View Camera

Remote Start

Drag to view 360°





SUNCOAST CENTER INC.  
SUMMARY COST CENTERS  
For the Twelve Months Ending Friday, June 30, 2023

	July	August	September	October	November	December	January	February	March	April	May	June	<i>Year to Date</i>
<b>Revenues</b>													
DC&F/CFBHN	\$301,060	\$375,589	\$345,778	\$345,778	\$301,060	\$271,252	\$343,202	\$330,871	\$345,778	\$330,871	\$360,681	\$315,963	\$3,967,886
JWB Funding & Subcontract	480,386	520,422	500,404	653,531	666,044	666,108	666,737	611,758	693,338	611,648	693,338	666,108	7,429,822
Medicaid	247,104	312,967	286,622	286,622	247,104	220,760	329,231	329,231	345,192	329,231	361,154	313,269	3,608,486
Pinellas County	85,557	92,557	92,557	92,557	92,557	88,984	92,557	92,557	89,557	92,557	92,557	85,557	1,090,111
Pinellas County School Board	33,133	33,133	33,133	33,133	33,133	33,133	33,133	33,133	33,133	33,133	33,133	33,133	397,590
Department of Health	72,816	72,816	72,816	72,816	72,816	72,816	72,816	72,816	72,816	72,816	72,816	72,816	873,801
Medicare	72,383	92,489	84,447	84,447	72,383	64,341	80,426	80,426	84,447	80,426	88,468	76,404	961,087
VOCA	23,630	25,881	24,756	23,630	24,756	24,756	24,756	22,505	25,881	22,505	25,881	24,756	293,691
SAVE	30,000	30,000	30,000	30,000	29,000	21,000	22,000	25,000	30,000	30,000	30,000	29,000	336,000
FCASV	10,779	10,779	10,779	10,779	10,779	10,779	10,779	10,779	10,779	10,779	10,779	10,778	129,346
FNCA	10,139	10,757	10,448	14,664	15,157	15,157	16,343	15,286	16,872	15,754	17,340	16,811	174,730
PEMHS	30,435	35,503	33,476	33,476	30,435	28,408	32,462	32,462	33,476	32,462	34,489	31,448	388,530
Lutheran Services	750	750	2,000	2,000	3,500	3,750	3,500	3,500	3,000	3,000	3,000	750	30,000
Grants	5,203	5,628	5,404	5,284	5,512	5,455	5,552	5,073	5,760	5,073	5,760	5,477	65,183
Healthy Start Coalition	1,000	1,600	1,800	2,000	1,800	1,800	1,800	1,600	1,600	2,000	2,000	1,000	20,000
Other Revenue	12,894	13,494	13,894	13,894	19,994	14,394	12,894	13,549	12,949	14,949	13,549	12,949	169,403
Private Insurance	44,718	57,140	52,171	52,171	44,718	39,749	49,687	49,687	52,171	49,687	54,655	47,202	593,757
Client Fees	8,048	10,283	9,389	9,389	8,048	7,154	8,942	8,942	9,389	8,942	9,836	8,495	106,859
Donations & Fundraising	4,157	8,157	24,157	68,601	53,601	57,601	48,601	47,601	48,601	71,101	71,101	48,601	551,880
In-Kind Revenue	52,500	52,500	52,500	52,500	52,500	52,500	52,500	52,500	52,500	52,500	52,500	52,500	630,000
<b>Total Revenues</b>	<b>1,526,692</b>	<b>1,762,445</b>	<b>1,686,531</b>	<b>1,887,772</b>	<b>1,784,897</b>	<b>1,699,897</b>	<b>1,907,918</b>	<b>1,839,276</b>	<b>1,967,239</b>	<b>1,869,434</b>	<b>2,033,036</b>	<b>1,853,026</b>	<b>21,818,161</b>
<b>Expenses</b>													
Salary Expenses	1,068,499	1,165,277	1,114,612	1,107,991	1,160,753	1,160,753	1,168,474	1,062,249	1,221,587	1,062,249	1,221,587	1,168,474	13,682,506
Fringe Expenses	253,340	256,411	283,026	291,896	297,238	275,221	364,949	296,459	310,979	292,835	310,160	298,902	3,531,416
CFBHN Drug LOC Exp	7,872	7,872	7,872	7,872	7,872	7,872	7,872	7,872	7,872	7,872	7,872	7,872	94,460
Client Support & Operating	35,868	35,868	35,868	35,868	35,868	50,268	48,199	35,868	35,868	35,868	35,868	35,868	457,147
Other Professional Fees	50,206	45,791	75,791	73,706	69,391	65,873	67,101	67,847	66,388	59,351	58,936	58,936	759,314
Building Occupancy	91,127	93,470	92,327	94,290	89,754	90,854	89,741	93,547	90,922	92,867	91,275	93,183	1,103,356
Travel, Maint., Equip	22,304	22,304	22,304	44,797	31,837	31,837	31,912	31,837	31,837	31,837	31,837	31,994	366,637
Insurance	35,534	35,534	35,534	35,534	35,534	35,534	35,534	35,534	35,534	35,534	35,534	40,407	431,286
Office Expense	23,205	19,977	20,899	24,061	20,183	20,105	23,552	20,324	20,096	23,343	20,115	20,037	255,898
Telephone Expense	16,963	16,963	16,963	17,143	17,143	17,143	17,143	17,143	17,143	17,143	17,143	17,143	205,180
Other Expenses	1,432	1,561	1,515	1,568	1,607	1,455	2,375	1,467	1,504	1,504	1,504	1,454	18,942
Fund Raising	0	250	10,500	250	0	0	0	0	0	0	0	0	11,000
Depreciation Expense	15,923	15,923	15,923	24,506	24,506	24,506	24,806	24,806	24,806	25,106	25,106	25,106	271,020
In-Kind Expenses	52,500	52,500	52,500	52,500	52,500	52,500	52,500	52,500	52,500	52,500	52,500	52,500	630,000
<b>Total Expenses</b>	<b>1,674,773</b>	<b>1,769,701</b>	<b>1,785,634</b>	<b>1,811,982</b>	<b>1,844,186</b>	<b>1,833,921</b>	<b>1,934,158</b>	<b>1,747,453</b>	<b>1,917,036</b>	<b>1,738,009</b>	<b>1,909,437</b>	<b>1,851,876</b>	<b>21,818,161</b>
<b>Surplus/ (Deficit)</b>	<b>(\$148,081)</b>	<b>(\$7,256)</b>	<b>(\$99,103)</b>	<b>\$75,790</b>	<b>(\$59,289)</b>	<b>(\$134,024)</b>	<b>(\$26,240)</b>	<b>\$91,823</b>	<b>\$50,203</b>	<b>\$131,425</b>	<b>\$123,599</b>	<b>\$1,150</b>	<b>\$0</b>

Pinellas Community Foundation  
Grant Application  
Applicant Board of Directors List

Organization Name: **SUNCOAST CENTER, INC.**

How many times does your board meet per calendar year? **10**

Name	Board Position	Company Affiliation	Lives/Works in Pinellas County? (Y/N)	12-Month Meeting Attendance Rate*
KRISTIN SMITH	CHAIR	RAYMOND JAMES	Y	100%
CINDY STOKES	CO-CHAIR	EVENTS PLANNER	Y	80%
ROBERT M. MELBY	SECRETARY/TREASURER	MELBY & ASSOCIATES	Y	60%
STEPHAN FREEMAN	MEMBER	FREEMAN/FREEMAN ATTORNEYS AT LAW	Y	80%
HILLARY HUTCHINS	MEMBER	LIGHTHOUSE PEDIATRIC THERAPY PARTNERS	Y	70%
LINDA LERNER	MEMBER	PINELLAS COUNTY SCHOOL BOARD (RETIRED)	Y	100%
GEORGE J. MATZ	MEMBER	RETIRED BUSINESSMAN	Y	90%
CHUCK PRATHER	MEMBER	OWNER - THE BIRCHWOOD INN	Y	80%
VITO SHEELEY	MEMBER	POLITICAL CONSULTANT	Y	70%
RICHARD TOURTELOT	MEMBER	REAL ESTATE BROKER	Y	90%
JANIS WEBER	MEMBER	RETIRED SCHOOL TEACHER	Y	90%

**\*If the board member has served less than 12 months on the board, please calculate the attendance for how many meetings they have been required to attend. For example, a board member that has served for six months and attended six monthly board meetings would have an attendance rate of 100%**

PUBLIC DISCLOSURE COPY

Public Inspection

Form **990**

**Return of Organization Exempt From Income Tax**

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

**2020**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A** For the 2020 calendar year, or tax year beginning **JUL 1, 2020** and ending **JUN 30, 2021**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>SUNCOAST CENTER, INC.</b>		<b>D</b> Employer identification number <b>59-2092717</b>
	Doing business as		<b>E</b> Telephone number <b>727-327-7656</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G</b> Gross receipts \$ <b>22,602,735.</b>
	<b>P.O. BOX 10970</b>		
	City or town, state or province, country, and ZIP or foreign postal code <b>ST. PETERSBURG, FL 33733</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>F</b> Name and address of principal officer: <b>BARBARA DAIRE</b> <b>4024 CENTRAL AVE, ST. PETERSBURG, FL 33711</b>		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(c)</b> Group exemption number ▶	
<b>J</b> Website: ▶ <b>WWW.SUNCOASTCENTER.COM</b>		<b>L</b> Year of formation: <b>1981</b> <b>M</b> State of legal domicile: <b>FL</b>	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>STRENGTHENING, PROTECTING AND RESTORING LIVES FOR A HEALTHY COMMUNITY</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>11</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>11</b>
	<b>5</b> Total number of individuals employed in calendar year 2020 (Part V, line 2a)	<b>5</b>	<b>394</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>13</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>-4,521.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>1,949,080.</b>	<b>3,883,078.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>19,153,749.</b>	<b>18,626,402.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>48,156.</b>	<b>46,142.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>10,753.</b>	<b>41,531.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>21,161,738.</b>	<b>22,597,153.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>1,784,634.</b>	<b>1,243,221.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>0.</b>	<b>0.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>16,751,418.</b>	<b>15,927,385.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>124,862.</b>	<b>0.</b>	<b>0.</b>
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>2,684,778.</b>	<b>2,884,039.</b>
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>21,220,830.</b>	<b>20,054,645.</b>
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>-59,092.</b>	<b>2,542,508.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>9,642,151.</b>	<b>10,260,658.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>4,895,604.</b>	<b>2,621,435.</b>
		<b>4,746,547.</b>	<b>7,639,223.</b>

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer <i>Dustin Sode</i>	Date <b>1/31/2022</b>			
	<b>DUSTIN SODE, CFO</b> Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>CATHERINE MARY SULLIVAN</b>	Preparer's signature	Date <b>01/27/22</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P01265964</b>
	Firm's name ▶ <b>RSM US LLP</b>	Firm's EIN ▶ <b>42-0714325</b>			
	Firm's address ▶ <b>100 2ND AVENUE S #600 ST. PETERSBURG, FL 33701</b>	Phone no. <b>727-821-6161</b>			

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

SEE SCHEDULE O

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

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

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 5,545,765. including grants of \$ 684,854. ) (Revenue \$ 5,948,846. )

ADULT INTEGRATED SERVICES PROVIDES AN ARRAY OF EVIDENCE BASED MEDICAL AND NON-MEDICAL BEHAVIORAL HEALTH TREATMENT CRUCIAL TO AN INDIVIDUAL CONFRONTING SIGNIFICANT MENTAL HEALTH AND SUBSTANCE ABUSE CHALLENGES IN THEIR LIVES. THE TREATMENT APPROACHES ARE RECOVERY-ORIENTED AND FOCUSED ON THE NEEDS OF THE INDIVIDUAL. MEDICAL TREATMENT INCLUDES PSYCHIATRIC EVALUATIONS, CONSULTATION, INDIVIDUAL THERAPY, MEDICATION MANAGEMENT, AND LABORATORY SERVICES. NON-MEDICAL SERVICES INCLUDE BIOPSYCHOSOCIAL ASSESSMENT, TREATMENT PLANNING, INDIVIDUAL AND GROUP THERAPY, CRISIS INTERVENTION, EDUCATION, FAMILY SUPPORT, REHABILITATION SERVICES, AND REFERRAL SERVICES. (SEE SCHEDULE O FOR CONTINUATION)

4b (Code: ) (Expenses \$ 1,994,452. including grants of \$ 1,609. ) (Revenue \$ 2,062,186. )

TOTAL FAMILY STRATEGY PROVIDES IN-HOME, EVIDENCE-BASED PREVENTION AND EARLY INTERVENTION PROGRAMS/SERVICES FOR FAMILIES AT RISK OF DEPENDENCY UPON PUBLIC FUNDED ECONOMIC AND SOCIAL SERVICE SUPPORT, DEMONSTRATE MENTAL HEALTH AND/OR SUBSTANCE ABUSE CHALLENGES, DOMESTIC VIOLENCE AND/OR AT RISK WITH JUVENILE AND/OR CRIMINAL JUSTICE. PRIMARY LEVELS OF CARE ARE PROVIDED THROUGH THERAPEUTIC SERVICES, FAMILY CASE MANAGEMENT, EARLY CHILDHOOD SERVICES (FOR CHILDREN 0-5 DEMONSTRATING SEVERE BEHAVIORAL OR DEVELOPMENTAL NEEDS), AND INTENSIVE FAMILY SERVICES (RESPONDING TO CHILD PROTECTION REFERRALS). (SEE SCHEDULE O FOR CONTINUATION)

4c (Code: ) (Expenses \$ 1,867,211. including grants of \$ 8,717. ) (Revenue \$ 2,547,087. )

FAMILY INTEGRATED SERVICES PROVIDES CHILDREN UNDER 18 AND THEIR FAMILY MEMBERS WITH CRUCIAL SERVICES TO RESPOND TO MENTAL HEALTH AND SUBSTANCE ABUSE CHALLENGES. THESE SERVICES INCLUDE BOTH MEDICAL AND NON-MEDICAL SERVICES. PROVIDED ON AN OUTPATIENT MODEL, SERVICES INCLUDE MENTAL HEALTH ASSESSMENT, PSYCHIATRIC EVALUATION, MEDICATION MANAGEMENT, INDIVIDUAL COUNSELING, GROUP THERAPY PROGRAMS, FAMILY SUPPORT THERAPY, AND RESOURCE ASSISTANCE. CLINICAL SERVICES UTILIZE EVIDENCE BASED MODELS AND ARE BUILT UPON THE CHILD'S STRENGTHS, NEEDED RESOURCES, FAMILY-CENTERED, AND SOLUTION FOCUS. DURING 2020-2021, OF THE CHILDREN RECEIVING SERVICES, 64% REDUCED ANXIETY, 64% REDUCED SYMPTOMS OF DEPRESSION AND 62% DECREASED OR STABILIZED SYMPTOMS OF SUICIDAL THOUGHTS OR BEHAVIORS.

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

(Expenses \$ 8,489,641. including grants of \$ 548,041. ) (Revenue \$ 8,116,142. )

4e Total program service expenses 17,897,069.

**Part IV Checklist of Required Schedules**

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



**Part IV Checklist of Required Schedules** (continued)

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

**Note:** All Form 990 filers are required to complete Schedule O

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .....	<b>1a</b> 17	
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .....	<b>1b</b> 0	
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	<b>1c</b> X	

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 16 regarding employee counts, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (11); 1b Enter the number of voting members included on line 1a, above, who are independent (11); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (X); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (X); b Other officers or key employees of the organization (X); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? (X).

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed FL
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [X] Another's website [X] Upon request [ ] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records DUSTIN SODE - 727-327-7656 4024 CENTRAL AVENUE, ST. PETERSBURG, FL 33711

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BARBARA DAIRE PRESIDENT/CEO	39.00 1.00			X			272,490.	0.	34,103.	
(2) LINDA LEFLER MEDICAL DIRECTOR	40.00				X		264,505.	0.	19,590.	
(3) FELIX NWOKOLO PSYCHIATRIST	40.00					X	262,552.	0.	15,520.	
(4) AARON BROOKS ARNP	40.00					X	154,281.	0.	5,355.	
(5) TWANA SNOW ARNP	40.00					X	132,518.	0.	25,109.	
(6) KRISTIN MATHRE COO	40.00					X	140,572.	0.	10,298.	
(7) CHIARA WILLIAMS ARNP	40.00					X	123,917.	0.	12,171.	
(8) DUSTIN SODE CFO	39.00 1.00			X			110,099.	0.	18,562.	
(9) KRISTIN SMITH CHAIR	2.50 1.00	X					0.	0.	0.	
(10) CINDY STOKES VICE CHAIR	2.50 0.00	X					0.	0.	0.	
(11) ROBERT MELBY TREASURER/SECRETARY	2.50 1.00	X					0.	0.	0.	
(12) STEPHAN FREEMAN DIRECTOR	2.50 0.00	X					0.	0.	0.	
(13) CHUCK PRATHER DIRECTOR	2.50 1.00	X					0.	0.	0.	
(14) LINDA LERNER DIRECTOR	2.50 0.00	X					0.	0.	0.	
(15) RICHARD TOURTELOT DIRECTOR	2.50 1.00	X					0.	0.	0.	
(16) HILLARY HUTCHINS DIRECTOR	2.50 0.00	X					0.	0.	0.	
(17) JANICE WEBER DIRECTOR	2.50 0.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position <small>(do not check more than one box, unless person is both an officer and a director/trustee)</small>						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) GEORGE MATZ DIRECTOR	2.50 1.00	X						0.	0.	0.
(19) VITO SHEELEY DIRECTOR	2.50 0.00	X						0.	0.	0.
<b>1b Subtotal</b>								1,460,934.	0.	140,708.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								1,460,934.	0.	140,708.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 16

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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

**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>	39,825.				
	<b>d</b> Related organizations	<b>1d</b>	400,000.				
	<b>e</b> Government grants (contributions)	<b>1e</b>	2,620,402.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	822,851.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 657,981.				
	<b>h Total.</b> Add lines 1a-1f			3,883,078.			
Program Service Revenue	<b>2 a</b> GOVERNMENT GRANTS	Business Code 623990	14,109,054.	14,109,054.			
	<b>b</b> MEDICARE/MEDICAID	623990	3,840,705.	3,840,705.			
	<b>c</b> CLIENT FEES	623990	593,718.	593,718.			
	<b>d</b> UNITED WAY	623990	82,925.	82,925.			
	<b>e</b>						
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f			18,626,402.			
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		45,338.			45,338.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss)						
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities				
			(ii) Other	4,579.			
	<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>	3,775.				
<b>c</b> Gain or (loss)	<b>7c</b>	804.					
<b>d</b> Net gain or (loss)			804.		804.		
<b>8 a</b> Gross income from fundraising events (not including \$ 39,825. of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>		0.				
		<b>b</b> Less: direct expenses	<b>8b</b>	1,807.			
		<b>c</b> Net income or (loss) from fundraising events			-1,807.		-1,807.
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>						
		<b>b</b> Less: direct expenses	<b>9b</b>				
		<b>c</b> Net income or (loss) from gaming activities					
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>						
		<b>b</b> Less: cost of goods sold	<b>10b</b>				
		<b>c</b> Net income or (loss) from sales of inventory					
Miscellaneous Revenue	<b>11 a</b> OTHER REVENUE	Business Code 900099	47,859.	47,859.			
	<b>b</b> K-1 BEHAVIORAL HEALTH PNTR FL	642100	-4,521.		-4,521.		
	<b>c</b>						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d			43,338.			
<b>12 Total revenue.</b> See instructions			22,597,153.	18,674,261.	-4,521.	44,335.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....	1,243,221.	1,243,221.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	719,349.	294,040.	425,309.	
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	12,117,296.	11,144,857.	903,400.	69,039.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) .....	245,035.	209,684.	33,359.	1,992.
<b>9</b> Other employee benefits .....	1,926,513.	1,789,110.	122,797.	14,606.
<b>10</b> Payroll taxes .....	919,192.	826,496.	88,026.	4,670.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	6,874.		6,874.	
<b>c</b> Accounting .....	74,824.	47,969.	26,521.	334.
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	187,922.	126,116.	50,560.	11,246.
<b>12</b> Advertising and promotion .....	1,948.	50.		1,898.
<b>13</b> Office expenses .....	465,615.	337,030.	122,386.	6,199.
<b>14</b> Information technology .....	298,121.	232,810.	60,173.	5,138.
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	1,119,254.	994,050.	117,567.	7,637.
<b>17</b> Travel .....	64,785.	53,946.	10,839.	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	20,304.	20,302.		2.
<b>20</b> Interest .....	1,512.	1,512.		
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	228,793.	196,344.	31,301.	1,148.
<b>23</b> Insurance .....	194,868.	170,338.	23,884.	646.
<b>24</b> 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.)				
<b>a</b> <b>MEDICAL &amp; PHARMACY</b>	112,236.	112,133.	103.	
<b>b</b> <b>EQUIPMENT</b>	106,983.	97,061.	9,615.	307.
<b>c</b> _____				
<b>d</b> _____				
<b>e</b> All other expenses _____				
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	20,054,645.	17,897,069.	2,032,714.	124,862.
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	2,935,727.	<b>1</b>	2,538,985.
	<b>2</b> Savings and temporary cash investments .....	509,671.	<b>2</b>	910,078.
	<b>3</b> Pledges and grants receivable, net .....	1,556,171.	<b>3</b>	1,667,118.
	<b>4</b> Accounts receivable, net .....	424,079.	<b>4</b>	315,585.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	95,928.	<b>8</b>	72,763.
	<b>9</b> Prepaid expenses and deferred charges .....	404,181.	<b>9</b>	587,731.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 6,190,984.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 5,084,648.	<b>10c</b>	1,106,336.
	<b>11</b> Investments - publicly traded securities .....	1,676,885.	<b>11</b>	2,000,284.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	725,994.	<b>12</b>	974,594.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	255,726.	<b>15</b>	87,184.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	9,642,151.	<b>16</b>	10,260,658.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	827,733.	<b>17</b>	859,125.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	16,521.	<b>19</b>	139,070.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....	2,620,402.	<b>24</b>	0.
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	1,430,948.	<b>25</b>	1,623,240.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	4,895,604.	<b>26</b>	2,621,435.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	4,231,081.	<b>27</b>	7,281,811.
	<b>28</b> Net assets with donor restrictions .....	515,466.	<b>28</b>	357,412.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	4,746,547.	<b>32</b>	7,639,223.
<b>33</b> Total liabilities and net assets/fund balances .....	9,642,151.	<b>33</b>	10,260,658.	



**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	22,597,153.
2	Total expenses (must equal Part IX, column (A), line 25)	2	20,054,645.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,542,508.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,746,547.
5	Net unrealized gains (losses) on investments	5	345,792.
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	4,376.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	7,639,223.

**Part XII Financial Statements and Reporting**

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

- 1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

Open to Public Inspection

Name of the organization <b>SUNCOAST CENTER, INC.</b>	Employer identification number <b>59-2092717</b>
--	---

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

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

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

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....						
<b>5</b> 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>7</b> Amounts from line 4 .....						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) .....	14	%
<b>15</b> Public support percentage from 2019 Schedule A, Part II, line 14 .....	15	%
<b>16a 33 1/3% support test - 2020.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 33 1/3% support test - 2019.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2020.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2019.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	835,589.	1,637,139.	2,305,063.	1,949,080.	3,883,078.	10,609,949.
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....	1,738,242.2.	1,751,346.3.	1,864,033.2.	1,917,660.3.	1,867,426.1.	9,138,708.1.
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....	1,821,801.1.	1,915,060.2.	2,094,539.5.	2,112,568.3.	2,255,733.9.	10,199,703.0.
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....				26,280.	6,280.	32,560.
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						0.
<b>c</b> Add lines 7a and 7b .....				26,280.	6,280.	32,560.
<b>8 Public support.</b> (Subtract line 7c from line 6.)						10,196,447.0.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>9</b> Amounts from line 6 .....	1,821,801.1.	1,915,060.2.	2,094,539.5.	2,112,568.3.	2,255,733.9.	10,199,703.0.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	30,632.	50,305.	69,699.	55,301.	45,338.	251,275.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....	30,632.	50,305.	69,699.	55,301.	45,338.	251,275.
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....	27,186.					27,186.
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	1,827,582.9.	1,920,090.7.	2,101,509.4.	2,118,098.4.	2,260,267.7.	10,227,549.1.

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

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	99.70 %
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15 .....	<b>16</b>	99.70 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	.25 %
<b>18</b> Investment income percentage from 2019 Schedule A, Part III, line 17 .....	<b>18</b>	.24 %

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

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

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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?		
<b>b</b> A family member of a person described in line 11a above?		
<b>c</b> A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
<b>1</b>		
<b>2</b>		
<b>3</b>		

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

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

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

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

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

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

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

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

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

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



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

Public Inspection

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

Name of the organization

SUNCOAST CENTER, INC.

Employer identification number

59-2092717

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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).

Name of organization  <b>SUNCOAST CENTER, INC.</b>	Employer identification number  <b>59-2092717</b>
--	---

**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
1	 <hr/> <hr/> <hr/>	\$ <u>73,150.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	 <hr/> <hr/> <hr/>	\$ <u>29,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	 <hr/> <hr/> <hr/>	\$ <u>20,120.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	 <hr/> <hr/> <hr/>	\$ <u>20,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	 <hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	 <hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>SUNCOAST CENTER, INC.</b>	Employer identification number  <b>59-2092717</b>
--	---

**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
7	<hr/> <hr/> <hr/>	\$ <u>7,731.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ <u>6,280.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ <u>271,592.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
10	<hr/> <hr/> <hr/>	\$ <u>28,219.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
11	<hr/> <hr/> <hr/>	\$ <u>18,382.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
12	<hr/> <hr/> <hr/>	\$ <u>77,567.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>SUNCOAST CENTER, INC.</b>	Employer identification number  <b>59-2092717</b>
--	---

**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
13	<hr/> <hr/> <hr/>	\$ 203,853.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
14	<hr/> <hr/> <hr/>	\$ 34,225.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
15	<hr/> <hr/> <hr/>	\$ 400,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	<hr/> <hr/> <hr/>	\$ 2,620,402.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>SUNCOAST CENTER, INC.</b>	Employer identification number  <b>59-2092717</b>
--	---

**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
3	PUBLICLY TRADED SECURITIES _____ _____ _____	\$ 20,120.	_____
9	DRUG SAMPLES _____ _____ _____	\$ 271,592.	_____
10	DRUG SAMPLES _____ _____ _____	\$ 28,219.	_____
11	DRUG SAMPLES _____ _____ _____	\$ 18,382.	_____
12	DRUG SAMPLES _____ _____ _____	\$ 77,567.	_____
13	DRUG SAMPLES _____ _____ _____	\$ 203,853.	_____

Name of organization  <b>SUNCOAST CENTER, INC.</b>	Employer identification number  <b>59-2092717</b>
--	---

**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
14	DRUG SAMPLES _____ _____ _____	\$ 34,225.	
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

Name of organization  <b>SUNCOAST CENTER, INC.</b>	Employer identification number  <b>59-2092717</b>
--	---

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

<b>(a) No. from Part I</b>	<b>(b) Purpose of gift</b>	<b>(c) Use of gift</b>	<b>(d) Description of how gift is held</b>
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(a) No. from Part I</b>	<b>(b) Purpose of gift</b>	<b>(c) Use of gift</b>	<b>(d) Description of how gift is held</b>
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(a) No. from Part I</b>	<b>(b) Purpose of gift</b>	<b>(c) Use of gift</b>	<b>(d) Description of how gift is held</b>
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(a) No. from Part I</b>	<b>(b) Purpose of gift</b>	<b>(c) Use of gift</b>	<b>(d) Description of how gift is held</b>
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	



SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization SUNCOAST CENTER, INC. Employer identification number 59-2092717

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

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

Form with multiple questions (1-9) regarding conservation easements, including checkboxes for various purposes, a table for lines 2a-2d (Held at the End of the Tax Year), and Yes/No questions about monitoring and reporting.

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

Form with questions 1a, 1b, and 2 regarding art and historical treasures, including sub-questions (i) and (ii) for revenue and assets, and Yes/No questions.

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	334,182.	334,182.	334,182.	334,182.	334,182.
b Contributions					
c Net investment earnings, gains, and losses	3,549.	3,478.	3,230.	3,230.	2,967.
d Grants or scholarships					
e Other expenditures for facilities and programs	3,549.	3,478.	3,230.	3,230.	2,967.
f Administrative expenses					
g End of year balance	334,182.	334,182.	334,182.	334,182.	334,182.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  .0000 %
  - b Permanent endowment  100 %
  - c Term endowment  .0000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes | No |
|---|-----|----|
| (i) Unrelated organizations   | X   |    |
| (ii) Related organizations  |     | X  |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b  |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		305,536.		305,536.
b Buildings		335,000.	304,335.	30,665.
c Leasehold improvements		1,023,541.	689,126.	334,415.
d Equipment		4,376,099.	3,987,939.	388,160.
e Other		150,808.	103,248.	47,560.

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶ 1,106,336.

**Part VII Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) PRINCIPAL 457 PLAN ASSETS	974,594.	END-OF-YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	<b>974,594.</b>	

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO SUNCOAST PROPERTIES	648,646.
(3) DEFERRED COMPENSATION PAYABLE	974,594.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	<b>1,623,240.</b>

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	22,665,276.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	345,792.	
b	Donated services and use of facilities	2b	61,541.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	66,000.	
e	Add lines 2a through 2d	2e		473,333.
3	Subtract line 2e from line 1	3		22,191,943.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	405,210.	
c	Add lines 4a and 4b	4c		405,210.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		22,597,153.

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

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

1	Total expenses and losses per audited financial statements		1	19,767,556.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	61,541.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	198,701.	
e	Add lines 2a through 2d	2e		260,242.
3	Subtract line 2e from line 1	3		19,507,314.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	547,331.	
c	Add lines 4a and 4b	4c		547,331.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		20,054,645.

**Part XIII Supplemental Information.**

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

**PART V, LINE 4:**

THE ORGANIZATION'S OBJECTIVE IS TO MAINTAIN ENDOWMENT ASSETS, AS WELL AS TO PROVIDE ADDITIONAL REAL GROWTH THROUGH INVESTMENT RETURN. THE ORGANIZATION HAS INVESTED ENDOWMENT ASSETS IN A MANNER THAT ATTEMPTS TO PROVIDE A PREDICTABLE STREAM OF FUNDING TO PROGRAMS SUPPORTED BY ITS ENDOWMENTS, WHILE SEEKING TO MAINTAIN THE VALUE OF THE ENDOWMENT ASSETS.

**PART X, LINE 2:**

SUNCOAST CENTER, INC. AND SUNCOAST CENTER PROPERTIES, INC. ARE NONPROFIT ENTITIES EXEMPT FROM FEDERAL INCOME TAX UNDER SECTIONS 501(C)(3) AND 501(C)(2), RESPECTIVELY, OF THE INTERNAL REVENUE CODE (IRC), AND FROM FLORIDA INCOME TAX UNDER CHAPTER 220 OF THE FLORIDA STATUTES. THE

**Part XIII** Supplemental Information (continued)

ORGANIZATION FOLLOWS ACCOUNTING STANDARDS RELATING TO ACCOUNTING FOR  
 UNCERTAINTY IN INCOME TAXES. MANAGEMENT ASSESSED WHETHER THERE WERE ANY  
 UNCERTAIN TAX POSITIONS WHICH MAY GIVE RISE TO INCOME TAX LIABILITIES AND  
 DETERMINED THAT THERE WERE NO SUCH MATTERS REQUIRING RECOGNITION IN THE  
 ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS.

## PART XI, LINE 2D - OTHER ADJUSTMENTS:

RELATED ENTITY REVENUE INCLUDED IN CONSOLIDATED FINANCIAL STATEMENTS	66,000.
---	---------

## PART XI, LINE 4B - OTHER ADJUSTMENTS:

INTERCOMPANY CONTRIBUTION ELIMINATED FOR CONSOLIDATED FINANCIAL STATEMENTS	400,000.
BAD DEBT EXPENSE GROUPED WITH CLIENT FEE REVENUE	9,586.
K-1 BEHAVIORAL HEALTH PARTNERS OF FLORIDA	-4,376.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	405,210.

## PART XII, LINE 2D - OTHER ADJUSTMENTS:

RELATED ENTITY EXPENSE INCLUDED IN CONSOLIDATED FINANCIAL STATEMENTS	198,701.
---	----------

## PART XII, LINE 4B - OTHER ADJUSTMENTS:

INTERCOMPANY RENT ELIMINATED FOR CONSOLIDATED FINANCIAL STATEMENTS	537,745.
BAD DEBT EXPENSE GROUPED WITH CLIENT FEE REVENUE	9,586.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	547,331.



**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		SUCCESS BREAKFAST (event type)	(event type)	NONE (total number)	
Revenue	1	Gross receipts	39,825.		39,825.
	2	Less: Contributions	39,825.		39,825.
	3	Gross income (line 1 minus line 2)			
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	1,807.		1,807.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			1,807.
	11	Net income summary. Subtract line 10 from line 3, column (d)			-1,807.

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

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

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

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

b If "No," explain: \_\_\_\_\_

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

b If "Yes," explain: \_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

a The organization's facility		13a	%
b An outside facility		13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_
- c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**16** Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

- Director/officer
- Employee
- Independent contractor

**17** Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

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



**Part IV** Supplemental Information *(continued)*

Lined area for supplemental information with horizontal ruling lines.

Public Inspection

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Name of the organization

**SUNCOAST CENTER, INC.**

**Employer identification number**

**59-2092717**

**Part I General Information on Grants and Assistance**

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

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

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance

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

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

**Schedule I (Form 990) 2020**

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
EMERGENCY FUNDS - OTHERS	391	548,041.	0.		
EMERGENCY FUNDS - AIS	414	46,993.	0.		
EMERGENCY FUNDS - FIS	76	8,717.	0.		
EMERGENCY FUNDS - TFS	40	1,609.	0.		
MEDICAL SAMPLES - AIS	2378	0.	637,861.	FMV	MEDICATION SAMPLES

**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:**

ASSISTANCE TO INDIVIDUALS IS GRANTED THROUGH VARIOUS PROGRAMS OF THE ORGANIZATION. THE ORGANIZATION PROVIDES EMERGENCY FUNDS FOR INDIGENT CLIENTS ON AN "AS NEEDED" BASIS. CLIENTS HAVE TO MEET SPECIFIC CRITERIA TO QUALIFY FOR THIS ASSISTANCE.

**SCHEDULE I, PART III**

ASSISTANCE PROVIDED TO INDIVIDUALS IS EMERGENCY FUNDS FOR RENT, UTILITIES, AND OTHER LIVING EXPENSES.

**Part IV** Supplemental Information

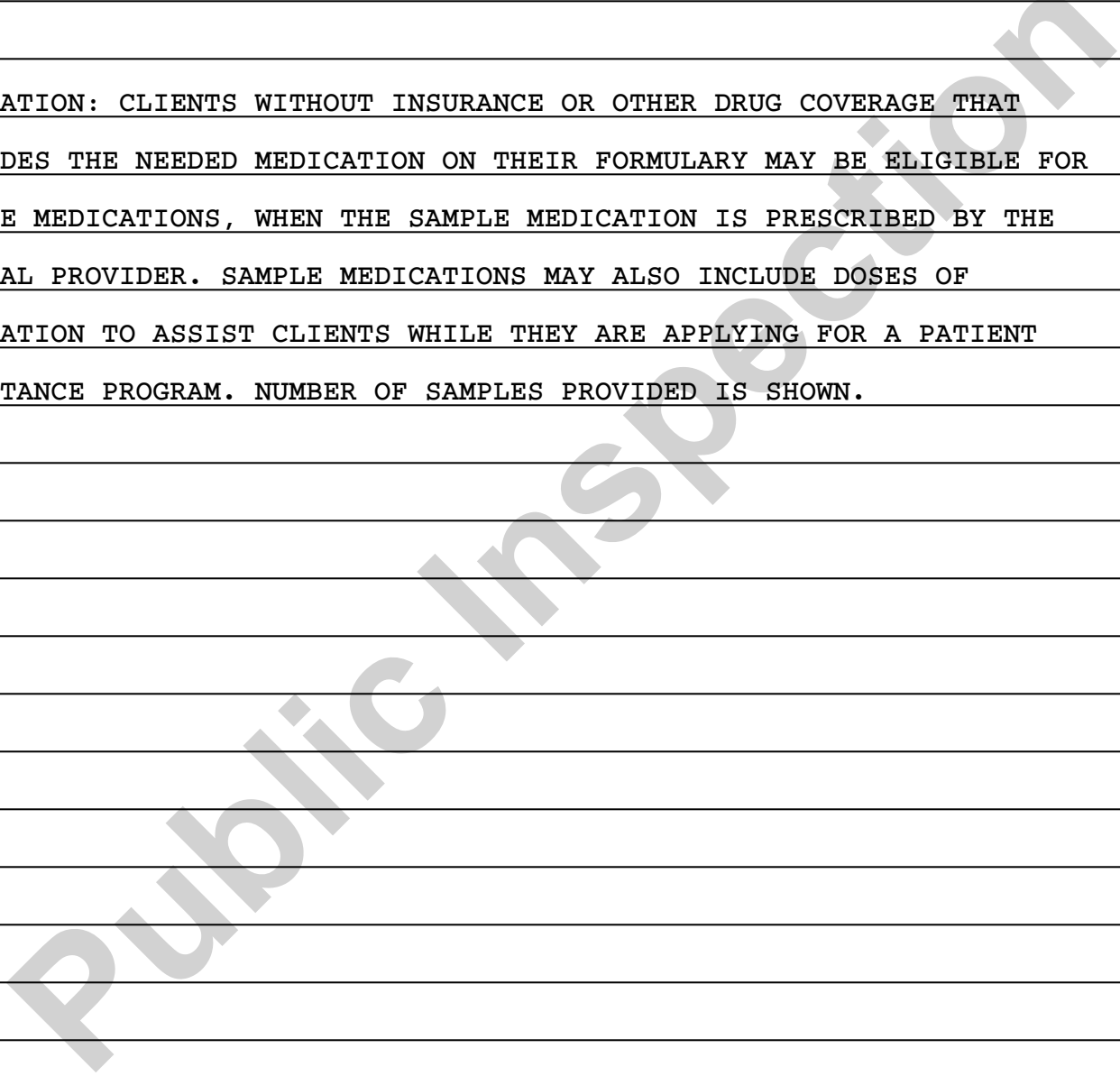
AIS - REIMBURSED EXPENSES FOR THE ADULT INTEGRATED SERVICES PROGRAM

TFS - REIMBURSED EXPENSES FOR THE TOTAL FAMILY STRATEGIES PROGRAM

FIS - REIMBURSED EXPENSES FOR THE FAMILY INTEGRATED SERVICES PROGRAM

OTHERS - REIMBURSED INCIDENTAL CLIENT EXPENSES IN ALL OTHER PROGRAMS

MEDICATION: CLIENTS WITHOUT INSURANCE OR OTHER DRUG COVERAGE THAT INCLUDES THE NEEDED MEDICATION ON THEIR FORMULARY MAY BE ELIGIBLE FOR SAMPLE MEDICATIONS, WHEN THE SAMPLE MEDICATION IS PRESCRIBED BY THE MEDICAL PROVIDER. SAMPLE MEDICATIONS MAY ALSO INCLUDE DOSES OF MEDICATION TO ASSIST CLIENTS WHILE THEY ARE APPLYING FOR A PATIENT ASSISTANCE PROGRAM. NUMBER OF SAMPLES PROVIDED IS SHOWN.



**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2020**

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
 ▶ Attach to Form 990.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization: **SUNCOAST CENTER, INC.**  
 Employer identification number: **59-2092717**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee          | <input checked="" type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant        | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? **4a**  Yes  No
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? **4b**  Yes  No
- c** Participate in or receive payment from an equity-based compensation arrangement? **4c**  Yes  No
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? **5a**  Yes  No
- b** Any related organization? **5b**  Yes  No
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? **6a**  Yes  No
- b** Any related organization? **6b**  Yes  No
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III **7**  Yes  No

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III **8**  Yes  No

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? **9**  Yes  No

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		<input checked="" type="checkbox"/>
<b>4b</b>		<input checked="" type="checkbox"/>
<b>4c</b>		<input checked="" type="checkbox"/>
<b>5a</b>		<input checked="" type="checkbox"/>
<b>5b</b>		<input checked="" type="checkbox"/>
<b>6a</b>		<input checked="" type="checkbox"/>
<b>6b</b>		<input checked="" type="checkbox"/>
<b>7</b>		<input checked="" type="checkbox"/>
<b>8</b>		<input checked="" type="checkbox"/>
<b>9</b>		<input checked="" type="checkbox"/>

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

Schedule J (Form 990) 2020

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) BARBARA DAIRE PRESIDENT/CEO	(i)	241,458.	20,000.	11,032.	19,307.	14,796.	306,593.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) LINDA LEFLER MEDICAL DIRECTOR	(i)	264,505.	0.	0.	7,979.	11,611.	284,095.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) FELIX NWOKOLO PSYCHIATRIST	(i)	257,804.	0.	4,748.	3,910.	11,610.	278,072.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) AARON BROOKS ARNP	(i)	153,428.	0.	853.	4,408.	947.	159,636.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) TWANA SNOW ARNP	(i)	132,247.	0.	271.	1,185.	23,924.	157,627.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) KRISTIN MATHRE COO	(i)	139,799.	0.	773.	9,410.	888.	150,870.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III Supplemental Information**

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

Area for supplemental information with horizontal lines. A large, diagonal watermark reading 'Public Inspection' is present across this section.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2020**

Open to Public Inspection

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.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization: **SUNCOAST CENTER, INC.** Employer identification number: **59-2092717**

**Part I Types of Property**

	(a) 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 determining noncash contribution amounts
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	X	250	20,120.	FMV
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	X	2,378	637,861.	FAIR VALUE-DONATED D
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( )				
26 Other ( )				
27 Other ( )				
28 Other ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement ..... **29** **0**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? .....		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? .....	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		



**Part II** **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.

SCHEDULE M, PART I, COLUMN (B):

REPORTING THE NUMBER OF ITEMS RECEIVED

Public Inspection

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

Department of the Treasury  
Internal Revenue Service

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization

SUNCOAST CENTER, INC.

Employer identification number

59-2092717

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

FOR OVER 77 YEARS, SUNCOAST CENTER, INC. HAS HELD TRUE TO ITS MISSION  
OF "STRENGTHENING, PROTECTING, AND RESTORING LIVES FOR A HEALTHY  
COMMUNITY" BY PROVIDING A COMPREHENSIVE RANGE OF EVIDENCE-BASED  
PROGRAMS THAT ADDRESS EMOTIONAL WELLNESS, TRAUMA SERVICES, AND CHILD  
ADVOCACY TO INDIVIDUALS AND FAMILIES THROUGHOUT PINELLAS COUNTY.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

(CONTINUED FROM PART II, LINE 4A)

DURING 2020-2021, OF ADULTS RECEIVING SERVICES FOR SYMPTOMS OF  
DEPRESSION, 75% REALIZED A REDUCTION IN THOSE SYMPTOMS, 75 % REDUCED  
ANXIETY, AND 74% DECREASED SYMPTOMS OF SUICIDAL THOUGHTS OR BEHAVIORS.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

(CONTINUED FROM PART II, LINE 4A)

DURING 2020-2021, OUR FAMILY SERVICES PROGRAMING RESULTED IN 99% HAVING  
NO REPORT OF ABUSE AND/OR NEGLECT DURING PARTICIPATION OF CHILD ABUSE  
PREVENTION SERVICES, AND 98% HAVING NO NEW VERIFIED REPORT OF ABUSE  
AND/OR NEGLECT FOR A PERIOD OF 12 MONTHS AFTER CASE CLOSURE.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

SUNCOAST CENTER PROVIDES A BROAD RANGE OF PSYCHIATRIC AND INDIVIDUAL,  
FAMILY, AND GROUP THERAPY SERVICES DESIGNED TO DEVELOP SUPPORT  
RESOURCES, AND TO RESOLVE EMOTIONAL AND BEHAVIORAL PROBLEMS. SERVICES  
CAN BE OFFICE OR HOME-BASED. SUNCOAST CENTER'S GOAL IS TO PROVIDE  
SOLUTIONS FOR LIFE'S STRESSORS TO FAMILIES AND INDIVIDUALS IN OUR

Name of the organization SUNCOAST CENTER, INC.	Employer identification number 59-2092717
---	--

COMMUNITY. WITH A STAFF OF MORE THAN 200 HIGHLY QUALIFIED PROFESSIONALS, INCLUDING MEDICAL DOCTORS, PSYCHIATRISTS, REGISTERED NURSES, LICENSED THERAPISTS, CASE MANAGERS, SUPPORT STAFF AND VOLUNTEERS, SUNCOAST CENTER IS DEDICATED TO HELPING CLIENTS MEET THE CHALLENGES THEY FACE ON A DAILY BASIS. THIS DEDICATION IS DEMONSTRATED IN THE EXCELLENT OUTCOMES WE'VE ACHIEVED. DURING 2020-2021, SUNCOAST CENTER PROVIDED 321,346 SERVICES TO OVER 24,000 INDIVIDUALS THROUGHOUT PINELLAS COUNTY.

EXPENSES \$ 8,489,641. INCL GRANTS OF \$ 548,041. REVENUE \$ 8,116,142.

SUNCOAST CENTER IS PINELLAS COUNTY'S RECOGNIZED CHILDREN'S ADVOCACY CENTER (CAC). THE CAC IS A COMMUNITY PARTNERSHIP OF DEDICATED AGENCIES AND PEOPLE COMMITTED TO PREVENTING CHILD MALTREATMENT AND CHILD WELFARE INVOLVEMENT, ASSIST WITH SCHOOL READINESS, AND EMPOWER CHILDREN TO SUCCEED IN SCHOOL. DURING 2020-2021, OUR CHILDREN'S ADVOCACY TEAM PROVIDED SERVICES TO 908; CONDUCTED 831 CHILD ABUSE/NEGLECT EXAMS AND PROVIDED 2,808 SERVICES TO CHILDREN AND FAMILIES.

SUNCOAST CENTER IS PINELLAS COUNTY'S ONLY CERTIFIED SEXUAL ASSAULT SERVICES PROVIDER CERTIFIED THROUGH THE FLORIDA COUNCIL AGAINST SEXUAL VIOLENCE. SERVICES PROVIDED INCLUDE A 24-HOUR SEXUAL ASSAULT HOTLINE, SEXUAL ASSAULT VICTIM EXAMINATIONS (SAVE), FORENSIC EVIDENCE COLLECTION, COUNSELING, SUPPORT GROUPS, EDUCATION, AWARENESS AND PREVENTIVE SERVICES. DURING 2020-2021, SEXUAL ASSAULT SERVICES RESPONDED TO 865 RAPE CRISIS CALLS, CONDUCTED 186 SEXUAL ASSAULT EXAMS AND PROVIDED THERAPY SERVICES TO OVER 2,072 TRAUMA VICTIMS. WE SERVE VICTIMS OF TRAUMA, REGARDLESS OF WHETHER THEY HAVE EXPERIENCED RECENT OR PAST TRAUMA. WE HAVE SPECIAL CONNECTIONS TO THE LOCAL SCHOOLS AND

Name of the organization

SUNCOAST CENTER, INC.

Employer identification number

59-2092717

UNIVERSITIES IN ORDER TO BEST CONNECT OUR EDUCATION AND AWARENESS  
CAMPAIGNS.

SUNCOAST CENTER IS ONE OF THE LARGEST UTILIZERS OF LONG-ACTING  
INJECTABLE ANTIPSYCHOTIC MEDICATION IN THE STATE OF FLORIDA.  
LONG-ACTING INJECTABLE ANTIPSYCHOTIC MEDICATIONS CAN BE MORE EFFICIENT  
AND EFFECTIVE FOR SOME CLIENTS. THEY CAN INCREASE MEDICATION  
COMPLIANCE, IMPROVE DAILY FUNCTIONING AND STABILITY, AND IMPROVE  
LONG-TERM OUTCOMES FOR SEVERELY AND PERSISTENTLY MENTALLY ILL CLIENTS.  
WE HAVE REPEATEDLY SEEN POSITIVE LIFE CHANGING IMPACTS ON INDIVIDUALS'  
LIVES AND SOCIETAL INTEGRATION THROUGH THE USE OF THIS AND OTHER  
INTERVENTIONS.

THE AGENCY IS ACCREDITED BY THE COMMISSION ON ACCREDITATION OF  
REHABILITATION FACILITIES (CARF) AND HOLDS A SUBSTANCE ABUSE LICENSE  
FROM THE DEPARTMENT OF CHILDREN AND FAMILIES.

WHILE SERVICES MAY APPEAR TO BE TRADITIONAL OUTPATIENT THERAPY OR  
MEDICATION MANAGEMENT, THEY ARE ACTUALLY EMBEDDED WITH THE VERY  
EFFECTIVE CULTURE OF FEEDBACK INFORMED TREATMENT WHICH ASSISTS BOTH  
CLIENT AND STAFF IN WORKING TOGETHER TO ENSURE GOOD ENGAGEMENT,  
CONNECTION AND POSITIVE OUTCOMES. TRAUMA INFORMED CARE AND CULTURE IS  
ALSO EMBEDDED IN ALL OUR SERVICES BECAUSE WE KNOW HOW RECOGNIZING THE  
IMPACT OF, AND TREATING TRAUMA IMPROVES THE OUTCOMES FOR OUR CLIENTS.

BEYOND OUR OFFICE WALLS, AT OUR MANY SITES THROUGHOUT PINELLAS, WE  
BRING THE CARE TO OUR CLIENTS IN A VARIETY OF WAYS. THIRTY PERCENT  
(30%) OF OUR SERVICES ARE IN COMMUNITY LOCATIONS SUCH AS JAILS, CLIENT

Name of the organization

SUNCOAST CENTER, INC.

Employer identification number

59-2092717

HOMES, SCHOOLS, OR EMBEDDED INTO OTHER COMMUNITY LOCATIONS. WE HAVE THERAPISTS HOUSED IN TEN ELEMENTARY SCHOOLS AND IN THE HEALTH CLINICS OF SEVEN HIGH SCHOOLS.

SUNCOAST CENTER BELIEVES IN COMMUNITY COLLABORATION. WE ARE REPRESENTED ON 60 COMMUNITY COUNCILS, COLLABORATIVE PARTNERSHIPS, AND TASK FORCES, AND HAVE FORMAL AGREEMENTS WITH OVER 50 LOCAL AGENCIES, COALITIONS AND ADVOCACY GROUPS. SUNCOAST CENTER COORDINATES THE PINELLAS BEHAVIORAL HEALTH SYSTEM OF CARE WORKGROUP. THE WORKGROUP CONVENES IN ORDER TO ANALYZE GAPS IN THE COORDINATION OF CARE AND IMPLEMENT IMPROVEMENTS TO OUR SYSTEM OF CARE.

THE BEHAVIORAL HEALTH SYSTEM OF CARE MEMBERS HAVE ALSO CONVENEED LOCAL AGENCIES TO EMBARK ON A COLLABORATIVE PROCESS IMPROVEMENT EFFORT TO PREVENT SUICIDES IN PINELLAS. THE ZERO SUICIDE INITIATIVE HAS HARNESSSED COLLABORATION ACROSS SECTORS OF MENTAL HEALTH, HEALTH, SCHOOLS, LAW ENFORCEMENT, AND HOUSING. AS PART OF THIS COLLABORATION, 23 PARTNERS SIGNED AN AGREEMENT TO WORK ON SUICIDE PREVENTION. THE ZERO SUICIDE INITIATIVE HAS RESULTED IN AREA AGENCIES AGREEING TO COMMON SCREENINGS, ASSESSMENTS, SAFETY PLANS AND SUICIDE SAFE CARE PATHWAYS FOR TREATMENT. AGENCIES HAVE IMPLEMENTED THESE CORE PROCESSES INTO THEIR ELECTRONIC RECORD SYSTEMS AND ARE CONTINUING TO ADDRESS AREAS OF METRICS REPORTING, COMMON MESSAGING, AWARENESS AND EDUCATION, AND ADVOCACY.

SOME OF THESE COMMUNITY PARTNERS HAVE COME TOGETHER TO FORM THE PINELLAS COMMUNITY EMPOWERMENT TEAM TO ADDRESS THE NEEDS OF INDIVIDUALS WITH SERIOUS BEHAVIORAL HEALTH DISORDERS WHO ARE REPEATEDLY BEING ADMITTED TO THE CRISIS STABILIZATION UNIT AND THE JAIL. THE GOAL OF

Name of the organization

SUNCOAST CENTER, INC.

Employer identification number

59-2092717

THIS PROGRAM IS TO ENGAGE INDIVIDUALS WHO HAVE "FALLEN THROUGH THE CRACKS" OF OUR COMMUNITY SYSTEMS AND LEARN HOW THE SYSTEM CAN CHANGE TO PROVIDE RESOURCES AND SERVICES IN A WAY TO ENGAGE SIMILAR CLIENTS EARLIER IN THEIR EXPERIENCE. THE PROGRAM HAS SIGNIFICANTLY CHANGED THE LIVES OF THE CLIENTS INVOLVED AND HAS PROVIDED VALUABLE INFORMATION TO OUR SYSTEM OF CARE.

SUNCOAST CENTER IS A LEADERSHIP MEMBER OF AN EMERGING GROUP, "THE WELLNESS CONNECTION" WHICH SEEKS TO COLLABORATIVELY BUILD A CENTRALIZED ACCESS POINT FOR BEHAVIORAL WELLBEING ASSISTANCE WITH 11 PRIMARY PARTNERS AND LINKAGES TO BEHAVIORAL HEALTH SERVICES IN PINELLAS.

WHILE THE NUMBER OF INDIVIDUALS SEEKING OUR SERVICES CONTINUES TO RISE, SUNCOAST CENTER CONTINUES TO FOCUS ON PREVENTION AS WELL AS TREATMENT. INCREASING AWARENESS AND EDUCATION IS PART OF OUR OUTREACH SERVICES. ELIMINATING THE STIGMA OF MENTAL HEALTH DISORDERS AND RECEIVING TREATMENT IS IMPORTANT TO SUNCOAST CENTER.

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

AUDITOR PROVIDES PRELIMINARY COPIES OF 990. CFO TAKES TO BOARD OF TRUSTEES FOR REVIEW. FINAL 990 SENT TO IRS.

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

COVERED IN THE HR MANUAL UNDER TABLE OF CONTENTS 3.09 "CONFLICTS OF INTEREST." IN SUMMARY THIS IS REVIEWED ANNUALLY AND VERBATIM "SUNCOAST WILL NOT DO BUSINESS WITH THE RELATIVES OF EMPLOYEES, VOLUNTEERS, INTERNS, CONTRACTORS OR MEMBERS OF BOARD OF TRUSTEES. IF THERE IS A QUESTION REGARDING THIS POLICY, IT IS ALWAYS BEST TO ERR ON THE SIDE OF CAUTION AND

Name of the organization

SUNCOAST CENTER, INC.

Employer identification number

59-2092717

DISCLOSE ALL INFORMATION THAT MAY CAUSE A POTENTIAL CONFLICT."

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

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

THE BOARD OF TRUSTEES DETERMINES THE SALARY OF THE CEO. COMPARABLES ARE

USED TO STAY COMPETITIVE WITH THE OTHER SIMILAR STATE AND LOCAL AGENCIES

PROVIDING COMMUNITY MENTAL HEALTH SERVICES. SUNCOAST CENTER, INC. DESIRES

TO ENSURE THAT ITS EXECUTIVE COMPENSATION PROGRAM IS COMPETITIVE, FAIR AND

EQUITABLE, COMPLIANT WITH REGULATORY GUIDELINES AND REPRESENTATIVE OF

MARKET BEST PRACTICES. THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES

PROVIDES THE SUBCOMMITTEE OVERSIGHT FOR EXECUTIVE COMPENSATION. THE

DECISION MAKING PROCESS SUPPORTS THE MISSION, VALUES, STRATEGIC DIRECTION

AND TAX-EXEMPT STATUS OF THE AGENCY. THE DECISION PROCESS INCLUDES THE

EVALUATION OF PAY PRACTICES FOR THE INDUSTRY AND RELIES UPON APPROPRIATE

INDEPENDENT COMPARABILITY DATA TO SUPPORT ITS DECISION MAKING PROCESS.

EXECUTIVE COMPENSATION PROGRAMS AND DECISIONS WILL BE APPROVED IN ADVANCE

OF THEIR IMPLEMENTATION.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS

DECISIONS ARE MADE BY THE BOARD OF TRUSTEES. WHEN AVAILABLE, COMPARATIVES

ARE USED.

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

DOCUMENTS ARE AVAILABLE AT WWW.SUNCOASTCENTER.ORG OR UPON REQUEST FOR THE

SAME PERIOD OF DISCLOSURE AS SET FORTH IN SECTION 6104(D).

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

K-1 BEHAVIORAL HEALTH PARTNERS OF FL - NOT IN BOOKS

4,376.

Name of the organization <b>SUNCOAST CENTER, INC.</b>	Employer identification number <b>59-2092717</b>
--	---

FORM 990, PART XII, LINE 2C

THERE HAS BEEN NO CHANGE IN THE PROCESS FROM PRIOR YEAR.

Public Inspection



**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

Open to Public Inspection

Name of the organization

SUNCOAST CENTER, INC.

Employer identification number

59-2092717

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
SUNCOAST CENTER PROPERTIES, INC - 59-3385984 4024 CENTRAL AVENUE ST. PETERSBURG, FL 33711	RENTAL	FLORIDA	501(C)(2)		SUNCOAST CENTER, INC.	X	

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

Schedule R (Form 990) 2020

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

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

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

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

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

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

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....		X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	X	
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....	X	
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....	X	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	X	
<b>o</b> Sharing of paid employees with related organization(s) .....	X	
<b>p</b> Reimbursement paid to related organization(s) for expenses .....		X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....		X
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> Other transfer of cash or property from related organization(s) .....		X

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) SUNCOAST CENTER PROPERTIES, INC.	C	400,000.	CASH GRANT
(2) SUNCOAST CENTER PROPERTIES, INC.	E	648,646.	INTERCOMPANY LOAN
(3) SUNCOAST CENTER PROPERTIES, INC.	K	537,745.	INTERCOMPANY RENT
(4) SUNCOAST CENTER PROPERTIES, INC.	N	0.	SEE PART VII
(5) SUNCOAST CENTER PROPERTIES, INC.	O	0.	SEE PART VII
(6)			

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

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

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

**Part VII** Supplemental Information

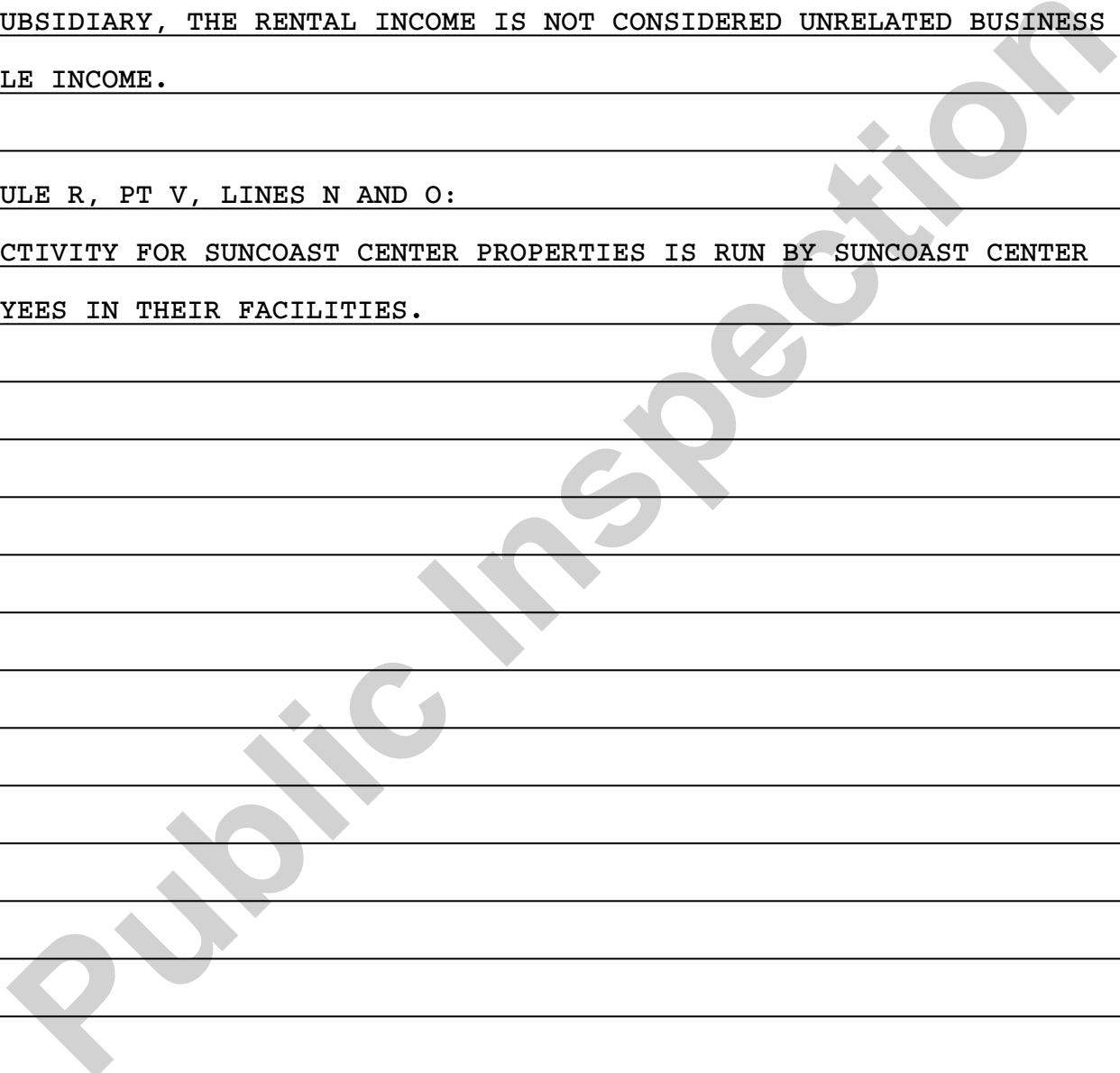
Provide additional information for responses to questions on Schedule R. See instructions.

SCHEDULE R, PT II

SUNCOAST CENTER, INC. "SUNCOAST" IS A CONTROLLING ENTITY OF SUNCOAST CENTER PROPERTIES, INC. "SCP" UNDER IRC 512(B)(13). SCP RECEIVES RENTAL INCOME FROM SUNCOAST ON REAL PROPERTY. AS THE PARENT IS PAYING THE SUBSIDIARY, THE RENTAL INCOME IS NOT CONSIDERED UNRELATED BUSINESS TAXABLE INCOME.

SCHEDULE R, PT V, LINES N AND O:

ALL ACTIVITY FOR SUNCOAST CENTER PROPERTIES IS RUN BY SUNCOAST CENTER EMPLOYEES IN THEIR FACILITIES.



# Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

For calendar year 2020 or other tax year beginning JUL 1, 2020, and ending JUN 30, 2021

## 2020

Department of the Treasury  
Internal Revenue Service

▶ **Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.**  
▶ **Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).**

Open to Public Inspection for  
501(c)(3) Organizations Only

<b>A</b> <input type="checkbox"/> Check box if address changed.	<b>B</b> Exempt under section <input checked="" type="checkbox"/> 501(c)(3) ) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529S	Print or Type	Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.) <b>SUNCOAST CENTER, INC.</b> Number, street, and room or suite no. If a P.O. box, see instructions. <b>P.O. BOX 10970</b> City or town, state or province, country, and ZIP or foreign postal code <b>ST. PETERSBURG, FL 33733</b>	<b>D</b> Employer identification number <b>59-2092717</b> <b>E</b> Group exemption number (see instructions) <b>F</b> <input type="checkbox"/> Check box if an amended return.
<b>C</b> Book value of all assets at end of year ..... ▶ <b>10,260,658.</b>				

**G** Check organization type ▶  501(c) corporation  501(c) trust  401(a) trust  Other trust  Applicable reinsurance entity

**H** Check if filing only to ▶  Claim credit from Form 8941  Claim a refund shown on Form 2439

**I** Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ..... ▶

**J** Enter the number of attached Schedules A (Form 990-T) ..... ▶ **1**

**K** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶  Yes  No  
If "Yes," enter the name and identifying number of the parent corporation. ▶

**L** The books are in care of ▶ **DUSTIN SODE** Telephone number ▶ **727-327-7656**

**Part I Total Unrelated Business Taxable Income**

1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) .....	1	-4,376.
2 Reserved .....	2	
3 Add lines 1 and 2 .....	3	-4,376.
4 Charitable contributions (see instructions for limitation rules) .....	4	0.
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 .....	5	-4,376.
6 Deduction for net operating loss. See instructions .....	6	
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5 .....	7	-4,376.
8 Specific deduction (generally \$1,000, but see instructions for exceptions) .....	8	1,000.
9 <b>Trusts.</b> Section 199A deduction. See instructions .....	9	
10 <b>Total deductions.</b> Add lines 8 and 9 .....	10	1,000.
11 <b>Unrelated business taxable income.</b> Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero .....	11	0.

**Part II Tax Computation**

1 <b>Organizations taxable as corporations.</b> Multiply Part I, line 11 by 21% (0.21) .....	1	0.
2 <b>Trusts taxable at trust rates.</b> See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) .....	2	
3 <b>Proxy tax.</b> See instructions .....	3	
4 Other tax amounts. See instructions .....	4	
5 Alternative minimum tax (trusts only) .....	5	
6 <b>Tax on noncompliant facility income.</b> See instructions .....	6	
7 <b>Total.</b> Add lines 3 through 6 to line 1 or 2, whichever applies .....	7	0.

LHA For Paperwork Reduction Act Notice, see instructions. Form **990-T** (2020)

Part III Tax and Payments

<b>1a</b>	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	<b>1a</b>		
<b>b</b>	Other credits (see instructions)	<b>1b</b>		
<b>c</b>	General business credit. Attach Form 3800 (see instructions)	<b>1c</b>		
<b>d</b>	Credit for prior year minimum tax (attach Form 8801 or 8827)	<b>1d</b>		
<b>e</b>	<b>Total credits.</b> Add lines 1a through 1d	<b>1e</b>		
<b>2</b>	Subtract line 1e from Part II, line 7	<b>2</b>		0.
<b>3</b>	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement)	<b>3</b>		
<b>4</b>	<b>Total tax.</b> Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here	<b>4</b>		0.
<b>5</b>	2020 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4	<b>5</b>		0.
<b>6a</b>	Payments: A 2019 overpayment credited to 2020	<b>6a</b>		
<b>b</b>	2020 estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	<b>6b</b>		
<b>c</b>	Tax deposited with Form 8868	<b>6c</b>		
<b>d</b>	Foreign organizations: Tax paid or withheld at source (see instructions)	<b>6d</b>		
<b>e</b>	Backup withholding (see instructions)	<b>6e</b>		
<b>f</b>	Credit for small employer health insurance premiums (attach Form 8941)	<b>6f</b>		
<b>g</b>	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other _____ Total	<b>6g</b>		
<b>7</b>	<b>Total payments.</b> Add lines 6a through 6g	<b>7</b>		
<b>8</b>	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	<b>8</b>		
<b>9</b>	<b>Tax due.</b> If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	<b>9</b>		
<b>10</b>	<b>Overpayment.</b> If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	<b>10</b>		
<b>11</b>	Enter the amount of line 10 you want: <b>Credited to 2021 estimated tax</b> <input type="checkbox"/> <b>Refunded</b> <input type="checkbox"/>	<b>11</b>		

Part IV Statements Regarding Certain Activities and Other Information (see instructions)

	Yes	No
<b>1</b> At any time during the 2020 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here		X
<b>2</b> During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
<b>3</b> Enter the amount of tax-exempt interest received or accrued during the tax year \$		
<b>4a</b> Did the organization change its method of accounting? (see instructions)		X
<b>b</b> If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V		

Part V Supplemental Information

Provide the explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions.

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

<b>Print/Type preparer's name</b> CATHERINE MARY SULLIVAN	<b>Preparer's signature</b>	<b>Date</b> 01/27/22	<b>Check <input type="checkbox"/> if self-employed</b>	<b>PTIN</b> P01265964
<b>Firm's name</b> RSM US LLP			<b>Firm's EIN</b> 42-0714325	
<b>Firm's address</b> 100 2ND AVENUE S #600 ST. PETERSBURG, FL 33701			<b>Phone no.</b> 727-821-6161	

**SCHEDULE A  
(Form 990-T)**

Department of the Treasury  
Internal Revenue Service

**Unrelated Business Taxable Income  
From an Unrelated Trade or Business**

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.  
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

ENTITY 1

OMB No. 1545-0047

**2020**

Open to Public Inspection for  
501(c)(3) Organizations Only

<b>A</b> Name of the organization <b>SUNCOAST CENTER, INC.</b>	<b>B</b> Employer identification number <b>59-2092717</b>
<b>C</b> Unrelated business activity code (see instructions) ▶ <b>1</b>	<b>D</b> Sequence: <b>1</b> of <b>1</b>

**E** Describe the unrelated trade or business ▶ **INVESTMENT IN BEHAVIORAL HEALTH PARTNERS OF F**

<b>Part I</b> Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
<b>1 a</b> Gross receipts or sales				
<b>b</b> Less returns and allowances	<b>c</b> Balance ▶	<b>1c</b>		
<b>2</b> Cost of goods sold (Part III, line 8)		<b>2</b>		
<b>3</b> Gross profit. Subtract line 2 from line 1c		<b>3</b>		
<b>4 a</b> Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions)		<b>4a</b>		
<b>b</b> Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)		<b>4b</b>		
<b>c</b> Capital loss deduction for trusts		<b>4c</b>		
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement) <b>STATEMENT 1</b>	<b>5</b>	<b>-4,376.</b>		<b>-4,376.</b>
<b>6</b> Rent income (Part IV)	<b>6</b>			
<b>7</b> Unrelated debt-financed income (Part V)	<b>7</b>			
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Part VI)	<b>8</b>			
<b>9</b> Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	<b>9</b>			
<b>10</b> Exploited exempt activity income (Part VIII)	<b>10</b>			
<b>11</b> Advertising income (Part IX)	<b>11</b>			
<b>12</b> Other income (see instructions; attach statement)	<b>12</b>			
<b>13 Total.</b> Combine lines 3 through 12	<b>13</b>	<b>-4,376.</b>		<b>-4,376.</b>

**Part II** Deductions Not Taken Elsewhere (See instructions for limitations on deductions) Deductions must be directly connected with the unrelated business income

<b>1</b> Compensation of officers, directors, and trustees (Part X)				<b>1</b>
<b>2</b> Salaries and wages				<b>2</b>
<b>3</b> Repairs and maintenance				<b>3</b>
<b>4</b> Bad debts				<b>4</b>
<b>5</b> Interest (attach statement) (see instructions)				<b>5</b>
<b>6</b> Taxes and licenses				<b>6</b>
<b>7</b> Depreciation (attach Form 4562) (see instructions)		<b>7</b>		
<b>8</b> Less depreciation claimed in Part III and elsewhere on return		<b>8a</b>		<b>8b</b>
<b>9</b> Depletion				<b>9</b>
<b>10</b> Contributions to deferred compensation plans				<b>10</b>
<b>11</b> Employee benefit programs				<b>11</b>
<b>12</b> Excess exempt expenses (Part VIII)				<b>12</b>
<b>13</b> Excess readership costs (Part IX)				<b>13</b>
<b>14</b> Other deductions (attach statement)				<b>14</b>
<b>15 Total deductions.</b> Add lines 1 through 14				<b>15</b> <b>0.</b>
<b>16</b> Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)				<b>16</b> <b>-4,376.</b>
<b>17</b> Deduction for net operating loss (see instructions)				<b>17</b> <b>0.</b>
<b>18 Unrelated business taxable income.</b> Subtract line 17 from line 16				<b>18</b> <b>-4,376.</b>

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2020



Part III Cost of Goods Sold Enter method of inventory valuation

Table with 8 rows for Cost of Goods Sold. Rows include: 1 Inventory at beginning of year, 2 Purchases, 3 Cost of labor, 4 Additional section 263A costs, 5 Other costs, 6 Total, 7 Inventory at end of year, 8 Cost of goods sold. Includes a Yes/No checkbox for section 263A rules.

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

Table for Rent Income. Row 1: Description of property with checkboxes A, B, C, D. Rows 2-4: Rent received or accrued from personal/real property and total rents. Row 3: Total rents received or accrued. Row 4: Deductions directly connected with the income. Row 5: Total deductions. Includes a large 'Public Inspection' watermark.

Part V Unrelated Debt-Financed Income (see instructions)

Table for Unrelated Debt-Financed Income. Row 1: Description of debt-financed property with checkboxes A, B, C, D. Rows 2-8: Gross income from debt-financed property, deductions, average acquisition debt, average adjusted basis, and total gross income. Rows 9-11: Allocable deductions, total allocable deductions, and total dividends-received deductions.

**Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations** (see instructions)

1. Name of controlled organization		2. Employer identification number	Exempt Controlled Organizations			6. Deductions directly connected with income in column 5
			3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	
(1)						
(2)						
(3)						
(4)						
Nonexempt Controlled Organizations						
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10		
(1)						
(2)						
(3)						
(4)						
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)		
<b>Totals</b>			0.	0.		

**Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)
<b>Totals</b>		0.		0.

**Part VIII Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1	Description of exploited activity: _____	
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) _____	2
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) _____	3
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 _____	4
5	Gross income from activity that is not unrelated business income _____	5
6	Expenses attributable to income entered on line 5 _____	6
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 _____	7

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

- A B C D checkboxes

Enter amounts for each periodical listed above in the corresponding column.

Table with 4 columns (A, B, C, D) and 2 rows for Gross advertising income.

Table with 4 columns (A, B, C, D) and 1 row for Direct advertising costs by periodical.

Table with 4 columns (A, B, C, D) and 1 row for Advertising gain (loss).

Table with 4 columns (A, B, C, D) and 1 row for Readership costs.

Table with 4 columns (A, B, C, D) and 1 row for Circulation income.

Table with 4 columns (A, B, C, D) and 1 row for Excess readership costs.

Table with 4 columns (A, B, C, D) and 1 row for Excess readership costs allowed as a deduction.

Table with 4 columns (A, B, C, D) and 1 row for Total of line 8a.

Part X Compensation of Officers, Directors, and Trustees (see instructions)

Table with 4 columns: 1. Name, 2. Title, 3. Percentage of time devoted to business, 4. Compensation attributable to unrelated business.

Total. Enter here and on Part II, line 1

Part XI Supplemental Information (see instructions)

Blank lines for supplemental information.

---

FORM 990-T (A)                      INCOME (LOSS) FROM PARTNERSHIPS                      STATEMENT 1

---

DESCRIPTION	NET INCOME OR (LOSS)
INVESTMENT - ORDINARY BUSINESS INCOME (LOSS)	-4,521.
INVESTMENT - INTEREST INCOME	145.
TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5	-4,376.

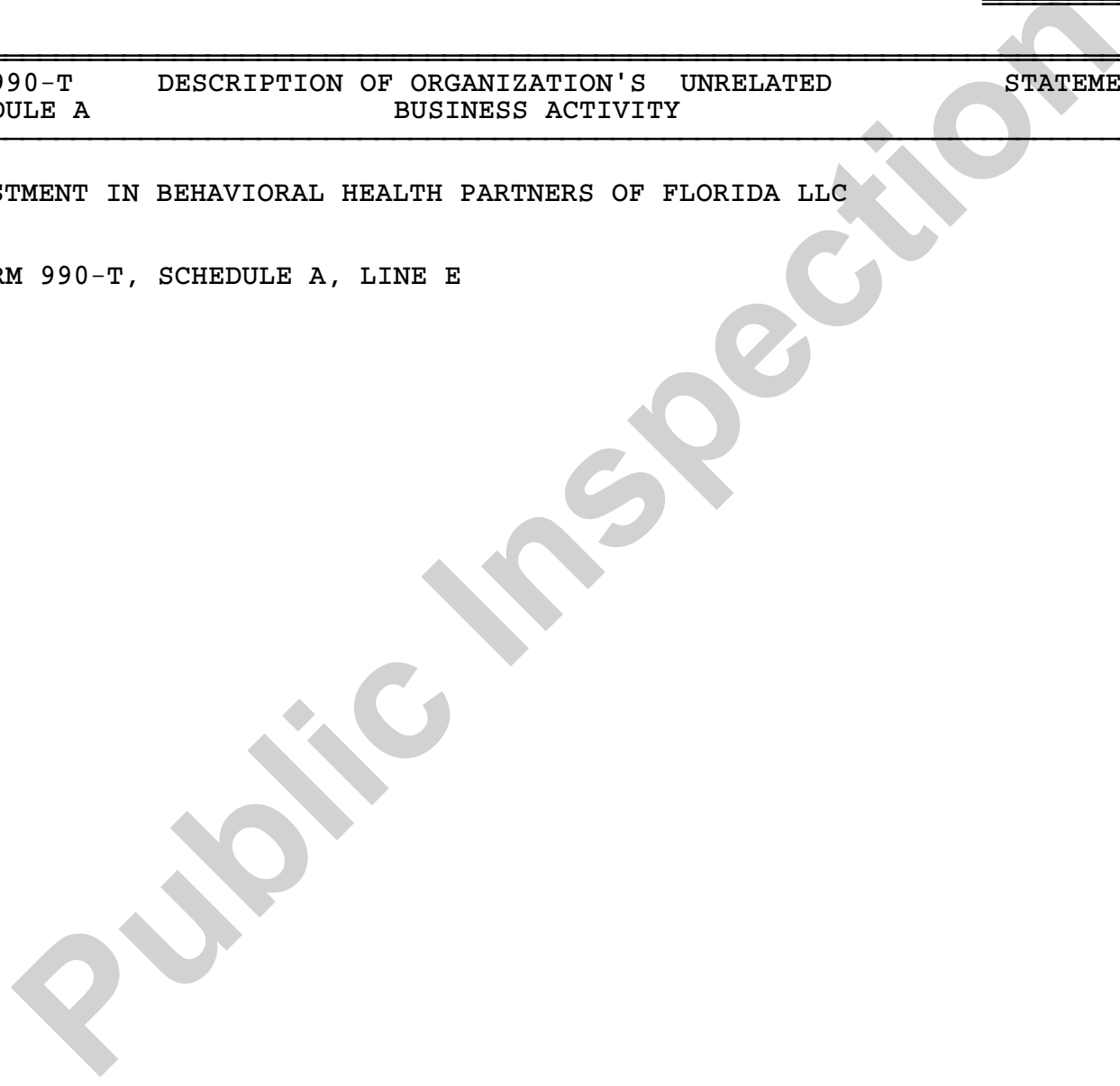
---

FORM 990-T                      DESCRIPTION OF ORGANIZATION'S UNRELATED                      STATEMENT 2  
SCHEDULE A                      BUSINESS ACTIVITY

---

INVESTMENT IN BEHAVIORAL HEALTH PARTNERS OF FLORIDA LLC

TO FORM 990-T, SCHEDULE A, LINE E



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

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

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

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

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

<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>SUNCOAST CENTER, INC.</b>	Taxpayer identification number (TIN) <b>59-2092717</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>P.O. BOX 10970</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>ST. PETERSBURG, FL 33733</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**DUSTIN SODE**

- The books are in the care of ▶ **4024 CENTRAL AVENUE - ST. PETERSBURG, FL 33711**  
Telephone No. ▶ **727-327-7656** Fax No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **MAY 16, 2022**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year \_\_\_\_\_ or  
 ▶  tax year beginning **JUL 1, 2020**, and ending **JUN 30, 2021**.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

# **Suncoast Center, Inc. and Subsidiary**

Consolidated Financial and Compliance Report  
June 30, 2021

## Contents

Independent auditor's report	1-2
<hr/>	
Financial statements	
Consolidated statements of financial position	3
Consolidated statements of activities	4-5
Consolidated statements of functional expenses	6-9
Consolidated statements of cash flows	10
Notes to consolidated financial statements	11-24
Additional information	25
Substance abuse and mental health services program/cost center actual revenues and expenses schedule required by the State of Florida Department of Children and Families	26-27
Schedule of state earnings for substance abuse and mental health services	28
Schedule of support and revenue	29
Schedule of bed – day availability payments	30
Schedule of related party transaction adjustment	31
<hr/>	
Independent auditor's report on internal control over financial reporting and on compliance and other matters based on an audit of financial statements performed in accordance with <i>Government Auditing Standards</i>	32-33
<hr/>	
Independent auditor's report on compliance for each major program and major state project and report on internal control over compliance required by the Uniform Guidance and State of Florida Chapter 10.650, Rules of the Auditor General	34-35
<hr/>	
Schedule of expenditures of federal awards and state financial assistance	36-37
Notes to schedule of expenditures of federal awards and state financial assistance	38
Schedule of findings and questioned costs	39-40
<hr/>	



RSM US LLP

## Independent Auditor's Report

Board of Trustees  
Suncoast Center, Inc. and Subsidiary

### Report on the Financial Statements

We have audited the accompanying consolidated financial statements of Suncoast Center, Inc. and Subsidiary, which comprise the consolidated statements of financial position as of June 30, 2021 and 2020, the related consolidated statements of activities, functional expenses and cash flows for the years then ended, and the related notes to the consolidated financial statements (collectively, the financial statements).

### Management's Responsibility for the Financial Statements

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

### Auditor's Responsibility

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

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

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

### Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Suncoast Center, Inc. and Subsidiary as of June 30, 2021 and 2020, and the changes in its net assets, functional expenses and cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.



**Other Matters – Additional Information**

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The accompanying additional information on pages 26 through 31 is presented for purposes of additional analysis and is not a required part of the financial statements. Such information has not been subjected to the auditing procedures applied in the audit of the financial statements, and accordingly, we do not express an opinion or provide any assurance on it.

**Other Matters – Other Information**

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

**Other Reporting Required by *Government Auditing Standards***

In accordance with *Government Auditing Standards*, we have also issued our report dated November 18, 2021, on our consideration of Suncoast Center, Inc. and Subsidiary’s internal control over financial reporting and our tests of its compliance with certain provisions of laws, regulations, contracts and grant agreements, and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of Suncoast Center, Inc. and Subsidiary’s internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering Suncoast Center, Inc. and Subsidiary’s internal control over financial reporting and compliance.

*RSM US LLP*

St. Petersburg, Florida  
November 18, 2021

Suncoast Center, Inc. and Subsidiary

Consolidated Statements of Financial Position  
June 30, 2021 and 2020

	2021	2020
<b>Assets</b>		
Current assets:		
Cash and cash equivalents	\$ 4,807,680	\$ 4,719,460
Accounts receivable, net	1,982,703	1,980,250
Medication inventory	72,763	95,928
Prepaid expenses and current other assets	590,776	411,792
<b>Total current assets</b>	<b>7,453,922</b>	<b>7,207,430</b>
Property and equipment, net	4,807,758	4,777,848
Investments	1,666,102	1,342,703
Investments designated for deferred compensation	974,594	725,994
Endowed investments	334,182	334,182
<b>Total investments</b>	<b>2,974,878</b>	<b>2,402,879</b>
Charitable remainder trusts	6,496	175,038
Other assets	80,688	80,688
<b>Total assets</b>	<b>\$ 15,323,742</b>	<b>\$ 14,643,883</b>
<b>Liabilities and net assets</b>		
Current liabilities:		
Accounts payable	\$ 53,871	\$ 78,462
Accrued expenses	805,254	749,271
Deferred revenue	139,070	16,521
<b>Total current liabilities</b>	<b>998,195</b>	<b>844,254</b>
Deferred compensation payable	974,594	725,994
Long-term debt	-	2,620,402
<b>Total liabilities</b>	<b>1,972,789</b>	<b>4,190,650</b>
Net assets:		
Without donor restrictions	12,993,541	9,937,767
With donor restriction	357,412	515,466
<b>Total net assets</b>	<b>13,350,953</b>	<b>10,453,233</b>
<b>Total liabilities and net assets</b>	<b>\$ 15,323,742</b>	<b>\$ 14,643,883</b>

See notes to consolidated financial statements.

**Suncoast Center, Inc. and Subsidiary**

**Consolidated Statements of Activities**

**Year Ended June 30, 2021**

**With Summarized Comparative Information for the Year Ended June 30, 2020**

	Year Ended June 30, 2021			Summarized Comparative Totals Year Ended June 30, 2020
	Without Donor Restrictions	With Donor Restrictions	Total	
Operating support and revenue:				
Public support:				
Special event revenue	\$ 39,825	\$ -	\$ 39,825	\$ 56,357
Less special event costs	(1,807)	-	(1,807)	(12,101)
<b>Net revenue from special events</b>	<b>38,018</b>	<b>-</b>	<b>38,018</b>	<b>44,256</b>
Contributions	91,417	93,575	184,992	213,314
In-kind contributions	699,402	-	699,402	1,357,093
	<b>790,819</b>	<b>93,575</b>	<b>884,394</b>	<b>1,570,407</b>
Revenue:				
Reimbursement of direct and indirect costs of providing services to clients (including Medicaid and Medicare of \$3,840,705 and \$3,702,547 in 2021 and 2020, respectively)	4,424,837	-	4,424,837	4,317,801
Governmental and other agencies	14,191,977	-	14,191,977	14,835,176
Gain on forgiveness of long-term debt	2,620,402	-	2,620,402	-
Other income	505,648	-	505,648	71,896
	<b>21,742,864</b>	<b>-</b>	<b>21,742,864</b>	<b>19,224,873</b>
Net assets released from restrictions:				
Satisfaction of donor restrictions	251,629	(251,629)	-	-
<b>Total support and revenue</b>	<b>22,823,330</b>	<b>(158,054)</b>	<b>22,665,276</b>	<b>20,839,536</b>
Operating expenses:				
Program services	17,681,199	-	17,681,199	18,871,856
Supporting services:				
Administrative and general	1,966,262	-	1,966,262	1,969,457
Fundraising and development	120,095	-	120,095	104,452
<b>Total supporting services</b>	<b>2,086,357</b>	<b>-</b>	<b>2,086,357</b>	<b>2,073,909</b>
<b>Total expenses</b>	<b>19,767,556</b>	<b>-</b>	<b>19,767,556</b>	<b>20,945,765</b>
<b>Change in net assets</b>	<b>3,055,774</b>	<b>(158,054)</b>	<b>2,897,720</b>	<b>(106,229)</b>
Net assets at beginning of year	9,937,767	515,466	10,453,233	10,559,462
Net assets at end of year	<b>\$ 12,993,541</b>	<b>\$ 357,412</b>	<b>\$ 13,350,953</b>	<b>\$ 10,453,233</b>

See notes to consolidated financial statements.

**Suncoast Center, Inc. and Subsidiary**

**Consolidated Statement of Activities  
Year Ended June 30, 2020**

	Without Donor Restrictions	With Donor Restrictions	Total
Operating support and revenue:			
Public support:			
Special event revenue	\$ 56,357	\$ -	\$ 56,357
Less special event costs	(12,101)	-	(12,101)
<b>Net revenue from special events</b>	<b>44,256</b>	<b>-</b>	<b>44,256</b>
Contributions	129,551	83,763	213,314
In-kind contributions	1,357,093	-	1,357,093
	<b>1,486,644</b>	<b>83,763</b>	<b>1,570,407</b>
Revenue:			
Reimbursement of direct and indirect costs of providing services to clients (including Medicaid and Medicare of \$3,702,547)	4,317,801	-	4,317,801
Governmental and other agencies	14,835,176	-	14,835,176
Other income	71,896	-	71,896
	<b>19,224,873</b>	<b>-</b>	<b>19,224,873</b>
Net assets released from restrictions			
Satisfaction of donor restrictions	304,744	(304,744)	-
<b>Total support and revenue</b>	<b>21,060,517</b>	<b>(220,981)</b>	<b>20,839,536</b>
Operating expenses:			
Program services	18,871,856	-	18,871,856
Supporting services:			
Administrative and general	1,969,457	-	1,969,457
Fundraising and development	104,452	-	104,452
<b>Total supporting services</b>	<b>2,073,909</b>	<b>-</b>	<b>2,073,909</b>
<b>Total expenses</b>	<b>20,945,765</b>	<b>-</b>	<b>20,945,765</b>
<b>Change in net assets</b>	<b>114,752</b>	<b>(220,981)</b>	<b>(106,229)</b>
Net assets at beginning of year	9,823,015	736,447	10,559,462
Net assets at end of year	<b>\$ 9,937,767</b>	<b>\$ 515,466</b>	<b>\$ 10,453,233</b>

See notes to consolidated financial statements.

Suncoast Center, Inc. and Subsidiary

Consolidated Statement of Functional Expenses  
Year Ended June 30, 2021

	Program Services								
	Case Management	Community Intensive Services	Adult Integrated Services	Self Sufficiency Services	Intensive Family Services	Forensic Services	Family Integrated Services	Early Childhood Services	Child Protection Team
Salaries	\$ 459,912	\$ 876,447	\$ 3,480,482	\$ 49,046	\$ 345,025	\$ 483,789	\$ 1,344,337	\$ 1,079,336	\$ 685,737
Fringes	115,591	245,715	801,137	16,592	76,774	131,646	329,231	296,118	163,692
Psychiatric consultants	-	-	-	-	-	-	-	-	19,205
<b>Total salaries and related expenses</b>	<b>575,503</b>	<b>1,122,162</b>	<b>4,281,619</b>	<b>65,638</b>	<b>421,799</b>	<b>615,435</b>	<b>1,673,568</b>	<b>1,375,454</b>	<b>868,634</b>
Building occupancy	18,546	46,297	170,295	2,664	19,114	23,610	64,367	61,770	37,689
Professional services	14,547	41,131	108,747	1,462	12,192	14,668	47,768	36,550	12,439
Travel and training	5,850	22,458	4,272	7	3,697	11,424	3,534	13,095	2,382
Equipment costs	10,519	23,766	88,295	830	6,167	8,453	24,165	20,464	13,606
Medical and pharmacy	3	166	98,162	-	2	3	7	6	7,325
Insurance	7,627	30,648	34,878	479	3,500	4,807	13,733	11,939	35,929
Interest and amortization	-	1,512	-	-	-	-	-	-	-
Operating supplies and expenses	147,435	375,736	127,371	23,379	13,635	29,348	42,212	46,219	26,120
Other	(341)	112	(5,735)	6	(231)	62	(2,143)	(380)	256
In-kind expense	-	33,095	637,861	-	-	-	-	-	-
<b>Total operating expenses</b>	<b>204,186</b>	<b>574,921</b>	<b>1,264,146</b>	<b>28,827</b>	<b>58,076</b>	<b>92,375</b>	<b>193,643</b>	<b>189,663</b>	<b>135,746</b>
<b>Total expenses</b>	<b>\$ 779,689</b>	<b>\$ 1,697,083</b>	<b>\$ 5,545,765</b>	<b>\$ 94,465</b>	<b>\$ 479,875</b>	<b>\$ 707,810</b>	<b>\$ 1,867,211</b>	<b>\$ 1,565,117</b>	<b>\$ 1,004,380</b>

(Continued)

**Suncoast Center, Inc. and Subsidiary**

**Consolidated Statement of Functional Expenses (Continued)  
Year Ended June 30, 2021**

	Program Services (Continued)				Supporting Services			
	Wellness Connection	Total Family Strategy	Trauma Services	Suncoast Center Properties, Inc.	Total Program Services	Fundraising and Development	Administrative and General	Total Year Ended June 30, 2021
Salaries	\$ 33,802	\$ 1,395,668	\$ 1,164,257	\$ -	\$ 11,397,838	\$ 69,039	\$ 1,285,989	\$ 12,752,866
Fringes	4,494	370,527	303,303	-	2,854,820	21,269	286,902	3,162,991
Psychiatric consultants	-	-	-	-	19,205	-	-	19,205
<b>Total salaries and related expenses</b>	<b>38,296</b>	<b>1,766,195</b>	<b>1,467,560</b>	<b>-</b>	<b>14,271,863</b>	<b>90,308</b>	<b>1,572,891</b>	<b>15,935,062</b>
Building occupancy	-	85,168	61,961	136,807	728,288	3,214	50,302	781,804
Professional services	-	48,386	59,862	-	397,752	16,717	127,500	541,969
Travel and training	-	6,071	1,456	-	74,246	2	8,334	82,582
Equipment costs	1,397	26,779	22,191	-	246,632	1,110	24,548	272,290
Medical and pharmacy	-	7	6,452	-	112,133	-	102	112,235
Insurance	-	15,353	11,445	57,309	227,647	646	23,884	252,177
Interest and amortization	-	-	-	-	1,512	-	-	1,512
Operating supplies and expenses	1,057	46,335	46,418	4,585	929,850	8,097	142,072	1,080,019
Other	-	158	110	-	(8,126)	1	16,629	8,504
In-kind expense	-	-	28,446	-	699,402	-	-	699,402
<b>Total operating expenses</b>	<b>2,454</b>	<b>228,257</b>	<b>238,341</b>	<b>198,701</b>	<b>3,409,336</b>	<b>29,787</b>	<b>393,371</b>	<b>3,832,494</b>
<b>Total expenses</b>	<b>\$ 40,750</b>	<b>\$ 1,994,452</b>	<b>\$ 1,705,901</b>	<b>\$ 198,701</b>	<b>\$ 17,681,199</b>	<b>\$ 120,095</b>	<b>\$ 1,966,262</b>	<b>\$ 19,767,556</b>

See notes to consolidated financial statements.

Suncoast Center, Inc. and Subsidiary

Consolidated Statement of Functional Expenses  
Year Ended June 30, 2020

	Program Services								
	Case Management	Community Intensive Services	Adult Integrated Services	Self Sufficiency Services	Intensive Family Services	Forensic Services	Family Integrated Services	Early Childhood Services	Child Protection Team
Salaries	\$ 557,050	\$ 995,508	\$ 3,254,199	\$ 53,151	\$ 380,613	\$ 555,881	\$ 1,678,138	\$ 1,224,331	\$ 714,530
Fringes	151,018	238,952	716,941	15,502	89,832	143,448	359,927	315,739	169,668
Psychiatric consultants	-	-	-	-	-	-	-	-	18,700
<b>Total salaries and related expenses</b>	<b>708,068</b>	<b>1,234,460</b>	<b>3,971,140</b>	<b>68,653</b>	<b>470,445</b>	<b>699,329</b>	<b>2,038,065</b>	<b>1,540,070</b>	<b>902,898</b>
Building occupancy	20,509	44,056	106,557	2,950	10,897	20,784	60,556	27,883	36,242
Professional services	16,828	51,735	98,059	1,567	12,842	16,299	51,553	34,186	13,402
Travel and training	22,886	23,715	7,207	81	12,688	28,358	7,526	28,040	4,979
Equipment costs	11,021	24,989	53,489	846	6,722	9,422	27,383	18,580	13,411
Medical and pharmacy	-	130	113,386	-	536	-	896	-	13,521
Insurance	6,439	27,707	21,777	349	2,833	3,934	11,368	7,632	4,535
Operating supplies and expenses	29,997	372,618	126,867	13,401	11,041	28,268	39,050	37,464	28,301
Other	160	48	2,624	3	73	103	404	188	(4,318)
In-kind expense	-	38,745	1,279,409	-	-	-	-	-	960
<b>Total operating expenses</b>	<b>107,840</b>	<b>583,743</b>	<b>1,809,375</b>	<b>19,197</b>	<b>57,632</b>	<b>107,168</b>	<b>198,736</b>	<b>153,973</b>	<b>111,033</b>
<b>Total expenses</b>	<b>\$ 815,908</b>	<b>\$ 1,818,203</b>	<b>\$ 5,780,515</b>	<b>\$ 87,850</b>	<b>\$ 528,077</b>	<b>\$ 806,497</b>	<b>\$ 2,236,801</b>	<b>\$ 1,694,043</b>	<b>\$ 1,013,931</b>

(Continued)

**Suncoast Center, Inc. and Subsidiary**

**Consolidated Statement of Functional Expenses (Continued)**  
**Year Ended June 30, 2020**

	Program Services (Continued)			Supporting Services			Total Year Ended June 30, 2020
	Total Family Strategy	Trauma Services	Suncoast Center Properties, Inc.	Total Program Services	Fundraising and Development	Administrative and General	
Salaries	\$ 1,609,331	\$ 1,182,803	\$ -	\$ 12,205,535	\$ 70,006	\$ 1,277,859	\$ 13,553,400
Fringes	384,888	271,790	-	2,857,705	18,507	299,799	3,176,011
Psychiatric consultants	-	-	-	18,700	-	-	18,700
<b>Total salaries and related expenses</b>	<b>1,994,219</b>	<b>1,454,593</b>	<b>-</b>	<b>15,081,940</b>	<b>88,513</b>	<b>1,577,658</b>	<b>16,748,111</b>
Building occupancy	56,382	54,942	133,936	575,694	2,563	40,837	619,094
Professional services	46,894	49,844	2,034	395,243	5,766	137,228	538,237
Travel and training	31,507	15,889	-	182,876	-	20,483	203,359
Equipment costs	25,347	19,201	-	210,411	974	22,613	233,998
Medical and pharmacy	552	7,551	-	136,572	-	-	136,572
Insurance	10,292	7,871	48,217	152,954	417	17,887	171,258
Operating supplies and expenses	48,371	42,683	1,586	779,647	6,219	146,435	932,301
Other	67	74	-	(574)	-	6,316	5,742
In-kind expense	-	37,979	-	1,357,093	-	-	1,357,093
<b>Total operating expenses</b>	<b>219,412</b>	<b>236,034</b>	<b>185,773</b>	<b>3,789,916</b>	<b>15,939</b>	<b>391,799</b>	<b>4,197,654</b>
<b>Total expenses</b>	<b>\$ 2,213,631</b>	<b>\$ 1,690,627</b>	<b>\$ 185,773</b>	<b>\$ 18,871,856</b>	<b>\$ 104,452</b>	<b>\$ 1,969,457</b>	<b>\$ 20,945,765</b>

See notes to consolidated financial statements.



**Suncoast Center, Inc. and Subsidiary**

**Consolidated Statements of Cash Flows  
Years Ended June 30, 2021 and 2020**

	2021	2020
Cash flows from operating activities:		
Change in net assets	\$ 2,897,720	\$ (106,229)
Adjustments to reconcile change in net assets to net cash provided by (used in) operating activities:		
Depreciation	355,515	327,658
(Gain) loss on sale of property and equipment	(804)	(73)
Change in value of charitable remainder trusts	(73,400)	(110,762)
Net realized and unrealized gains on investments	(567,069)	(4,360)
Change in value of investments designated for deferred compensation and related liability, net	262,305	75,863
Forgiveness of long-term debt	(2,620,402)	-
Changes in assets and liabilities:		
Accounts receivable	(2,453)	49,207
Medication inventory	23,165	7,898
Prepaid expenses and other current assets	(178,984)	(316,479)
Accounts payable	(24,591)	10,212
Accrued expenses	55,983	14,944
Deferred revenue	122,549	(22,810)
<b>Net cash provided by (used in) operating activities</b>	<b>249,534</b>	<b>(74,931)</b>
Cash flows from investing activities:		
Purchases of property and equipment	(389,200)	(595,939)
Proceeds from sale of property and equipment	4,579	-
Proceeds received from charitable remainder trust	241,942	330,550
Purchases of investments	(626,930)	(137,039)
Sales of investments	608,295	120,140
<b>Net cash used in investing activities</b>	<b>(161,314)</b>	<b>(282,288)</b>
Cash flows from financing activities:		
Borrowings of long-term debt	-	2,620,402
<b>Net cash provided by financing activities</b>	<b>-</b>	<b>2,620,402</b>
<b>Net change in cash and cash equivalents</b>	<b>88,220</b>	<b>2,263,183</b>
Cash and cash equivalents at beginning of year	4,719,460	2,456,277
Cash and cash equivalents at end of year	<b>\$ 4,807,680</b>	<b>\$ 4,719,460</b>
Supplemental schedule of noncash financing activities		
Forgiveness of long-term debt	<b>\$ 2,620,402</b>	<b>\$ -</b>

See notes to consolidated financial statements.

## Suncoast Center, Inc. and Subsidiary

### Notes to Consolidated Financial Statements

---

#### Note 1. Organization and Summary of Significant Accounting Policies

**Organization and purpose:** Suncoast Center, Inc. (Suncoast) was chartered as a not-for-profit Florida corporation on June 3, 1981. Suncoast administers and provides a full spectrum of programs designed to resolve clients' emotional and behavioral problems arising from mental health issues, substance abuse, child abuse and neglect, lack of parenting skills, financial challenges, and domestic violence. Clients receiving services include children, adults, seniors, and families. Suncoast continually evolves to meet the multifaceted and frequently interrelated behavioral, psychological, and financial needs of individuals and families. Suncoast has the ability to provide a full continuum of care through integrated services and programs, with results that include providing a greater level of access for individuals and families. In addition, Suncoast is one of the only certified Rape Crisis Treatment Centers and certified Children's Advocacy Centers in Pinellas County, Florida. Suncoast furthers its commitment to the mission of strengthening, protecting, and restoring lives for a healthy community through the participation in numerous outreach and educational activities. Services are primarily provided to individuals and families residing in Pinellas County and Tampa Bay region of Florida. Suncoast is accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF).

Suncoast Center Properties, Inc. (SCP or Subsidiary) was chartered as a title-holding Florida 501(c)(2) corporation on April 29, 1996. SCP holds title to certain real property in Pinellas County, Florida for Suncoast.

**Principles of consolidation:** The accompanying consolidated financial statements include the activities of Suncoast and SCP (collectively, the Organization). All significant inter-organization accounts and transactions have been eliminated in consolidation.

A summary of the Organization's significant accounting policies follows:

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

**Cash and cash equivalents:** For purposes of the consolidated statements of cash flows, the Organization considers all highly liquid investments with original maturities of three months or less, such as money market accounts, to be cash equivalents.

**Accounts receivable:** Client fees receivable are stated at the estimated transaction price.

Governmental and other agency receivables are due in less than one year. Management believes receivables under governmental and other agencies are fully collectible and thus has not factored in any implicit price concessions.

**Medication inventory:** Medication inventory is stated at the lower of cost or net realizable value. Cost, including the value of donated medication, is determined by the first-in, first-out (FIFO) method. Medication donated to the Organization by pharmaceutical companies that are intended for other beneficiaries are not recorded by the Organization.

**Property and equipment:** Property and equipment are carried at cost if purchased or at estimated fair market value at date of receipt if acquired by gift, less accumulated depreciation. Depreciation is calculated using the straight-line method over the estimated useful lives of the respective assets ranging from 3 to 43.5 years.

## Suncoast Center, Inc. and Subsidiary

### Notes to Consolidated Financial Statements

---

#### Note 1. Organization and Summary of Significant Accounting Policies (Continued)

Expenditures for renewals and improvements that significantly add to the productive capacity or extend the useful life of the asset are capitalized. Expenditures for normal repairs and maintenance are expensed as incurred.

Property acquired with governmental funds is considered to be owned by the Organization while used in the program for which it was purchased or in future authorized programs; however, its disposition and the ownership of any proceeds are subject to applicable regulations.

**Impairment of long-lived assets:** The Organization evaluates the recoverability of its long-lived assets whenever adverse events or changes in the business climate indicate that the expected undiscounted future cash flows from the related asset may be less than previously anticipated. If the total of the future cash flows is less than the carrying amount of those assets, the Organization recognizes an impairment loss based on the excess of the carrying amount over the fair value of the assets. Management has determined that there is no indication that any long-lived assets are impaired at June 30, 2021 or 2020.

**Investments and fair value:** Investments are comprised of fixed income annuities, stocks, mutual funds, corporate bonds, other investments, and beneficial interests in assets held by a foundation. Investments are reported at fair value (see Notes 5 and 6).

Realized gains and losses are recorded at the date of disposition based on the difference between the net proceeds and the cost of the investments sold, using the specific identification method. Unrealized gains and losses are reported for the changes in fair value between reporting periods, net of investment expenses. Investment earnings are recorded net of investment expenses. Investment income that is restricted by the donor is reported as an increase in net assets without donor restriction if the restrictions expire or are otherwise satisfied in the fiscal year in which the investment income is recognized.

The Organization defines fair value in accordance with accounting principles generally accepted in the United States of America, which specify a hierarchy of valuation techniques. The disclosure of fair value estimates in the hierarchy is based on whether the significant inputs into the valuation are observable. In determining the level of hierarchy in which the estimate is disclosed, the highest priority is given to unadjusted quoted prices in active markets and the lowest priority to unobservable inputs that reflect the Organization's significant market assumptions.

The Organization measures investments at fair value on a recurring basis. The following is a brief description of the type of valuation information (inputs) that qualifies a financial asset for each level:

- Level 1:** Unadjusted quoted market prices for identical assets in active markets which are accessible by the Organization.
- Level 2:** Observable prices in active markets for similar assets or liabilities. Prices for identical or similar assets or liabilities in markets that are not active. Market inputs that are not directly observable but are derived from or corroborated by observable market data.
- Level 3:** Unobservable inputs based on the Organization's own judgment as to assumptions a market participant would use, including inputs derived from extrapolation and interpolation that are not corroborated by observable market data.

## Suncoast Center, Inc. and Subsidiary

### Notes to Consolidated Financial Statements

---

#### Note 1. Organization and Summary of Significant Accounting Policies (Continued)

The Organization evaluates the various types of financial assets to determine the appropriate fair value hierarchy based upon trading activity and the observability of market inputs. The Organization employs control processes to validate the reasonableness of the fair value estimates of its assets and liabilities, including those estimates based on prices and quotes obtained from independent third-party sources.

**Financial statement presentation and contributions:** Net assets and revenues, expenses, gains, and losses are classified based on the existence or absence of donor-imposed restrictions. Accordingly, net assets of the Organization and changes therein are classified and reported as follows:

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

**Net assets with donor restrictions:** Net assets subject to restrictions imposed by donors or grants. Some donor imposed restrictions are temporary in nature, such as those that will be met by actions of the Organization or by the passage of time. Other donor-imposed restrictions are perpetual in nature, where the donor stipulates the resources be maintained in perpetuity.

All contributions are considered to be available without restriction of use unless specifically restricted by the donor. Contributions that are restricted by the donor are reported as increases in net assets without donor restriction if the restrictions expire or are otherwise satisfied in the fiscal year in which the contributions are recognized.

Contributions received that are designated for future periods or restricted by the donor for specific purposes are reported as net assets with donor restrictions.

When a restriction expires, net assets with donor restrictions are reclassified to net assets without donor restriction and reported in the consolidated statement of activities as net assets released from restrictions.

**Revenue recognition:** Effective July 1, 2019, the Organization adopted Financial Accounting Standards Board (FASB) Accounting Standard Update (ASU) 2014-09, *Revenue from Contracts with Customers (Topic 606)* and ASU 2018-08, *Not-for-Profit Entities (Topic 958): Clarifying the Scope and the Accounting Guidance for Contributions Received and Contributions Made* using the modified method of transition. These ASUs replaced existing revenue recognition guidance, including industry, specific guidance that require revenue to be recognized consistent with the consideration the Organization expects to be entitled for services provided. The Organization first determines if a transaction represents an exchange transaction and if so, accounts for the transaction under Topic 606, which provides a five-step model for recognizing revenue from contracts with customers as follows:

- Identify the contract with a customer
- Identify the performance obligations in the contract
- Determine the transaction price
- Allocate the transaction price to the performance obligations in the contract
- Recognize revenue when or as performance obligations are satisfied.

## Suncoast Center, Inc. and Subsidiary

### Notes to Consolidated Financial Statements

---

#### Note 1. Organization and Summary of Significant Accounting Policies (Continued)

Net revenue from special events, contributions, in-kind contributions, governmental and other agencies revenue and other income are accounted for under Topic 958. The Organization receives funding under both performance and expense reimbursement contracts and grants. Performance contract and grant revenue is recognized when the unit of service has been provided or the performance objective has been completed. Cost reimbursement contract revenue is recognized when the allowable costs, as defined by the funder, are incurred. Payments received in advance are deferred to the applicable period in which the related services are performed, or expenditures are incurred.

Reimbursement of direct and indirect costs of providing services to clients (client service fee revenue) is accounted for under Topic 606. The Organization performs an evaluation at contract inception focused on whether a performance obligation is satisfied over time or at a point in time. Client visits are considered a self-contained episode of care and each visit would be considered one contract with a single performance obligation satisfied at a point in time, as such each visit is generally billed separately. Accordingly, there are no performance obligations that are unsatisfied or partially unsatisfied as the end of the reporting period with respect to client service fee revenue. The Organization believes that this method provides a faithful depiction of the transfer of services for the performance obligation based on the inputs needed to satisfy the obligation. Revenues are recorded in the period in which performance obligations are satisfied at established billing rates less implicit and explicit price concessions.

The Organization applied the portfolio approach as the practical expedient to group client service fee contracts with similar characteristics, such that revenue for a given portfolio would not be materially different than if it were evaluated on an individual contract basis. This grouping is based upon the third-party payor.

The Organization determines transaction price based on original charge for the service provided less contractual adjustments and other stated discounts (explicit price concessions) and implicit price concessions. The implicit price concessions included in estimating the transaction price represent the difference between amounts billed to clients and the amounts expected to collect based on the Organization's collection history with similar class of clients. Subsequent changes to the estimate of the transaction price are generally recorded as adjustments to client service fee revenue in the period of the change. Subsequent changes that are determined to be the result of an adverse change in the client's ability to pay and are deemed uncollectible are recorded as a bad debt expense. Bad debt expense for the years ended June 30, 2021 and 2020 was not significant. Recoveries of receivables previously written off are recorded as a reduction of the provision for bad debt expense when received. Bad debt expense is recognized as an operating expense.

The Organization has elected a practical expedient and does not adjust the promised amount of consideration from clients and third-party payors for the effects of a significant financing component due to the Organization's expectation that the period between the time the service is provided to the client and the time that the client or a third-party pays for that service will be one year or less.

**Provider Relief Funds:** The Coronavirus Aid, Relief, and Economic Security Act (CARES Act) included Provider Relief Funds made available to health care providers to prevent, prepare for and respond to coronavirus primarily through grants. Eligible health care providers received distributions as reimbursement for health care related expenses or lost revenue that are attributable to coronavirus.

## Suncoast Center, Inc. and Subsidiary

### Notes to Consolidated Financial Statements

---

#### **Note 1. Organization and Summary of Significant Accounting Policies (Continued)**

Payments from the Provider Relief Fund are considered to be grant revenue. As a condition to receiving distributions, the Organization had to agree to certain terms and conditions, including, among other things, that the funds were to be used for lost patient service revenues and COVID-related costs. Through June 30, 2021, the Organization received approximately \$331,000 of CARES Act Provider Relief Funds. For the years ended June 30, 2021 and 2020, the Organization recognized revenue of approximately \$305,000 and \$26,000, respectively, related to these funds and the revenue is recorded in Governmental and other agencies revenue in the consolidated statements of activities. The Organization believes that the amount recorded as CARES Act Funds revenue for the years ended June 30, 2021 and 2020, is consistent with the guidance available from the U.S. Department of Health and Human services. Amounts recognized as revenue could change in the future based on the evolving grant compliance guidance provided by the government.

**Donated services, materials, and building space:** Donations of materials and building space are recorded as support at their estimated fair value at the date of donation. Donated professional services are recorded as support at the respective fair values of the services received (see Note 11).

A number of full-time and part-time volunteers have made contributions of their time to maintain the Organization's programs. The value of this contributed time is not reflected in these consolidated financial statements since these services do not meet recognition requirements.

**Income taxes:** Suncoast and SCP are nonprofit entities exempt from federal income tax under Sections 501(c)(3) and 501(c)(2), respectively, of the Internal Revenue Code (IRC), and from Florida income tax under Chapter 220 of the Florida Statutes. The Organization follows accounting standards relating to accounting for uncertainty in income taxes. Management assessed whether there were any uncertain tax positions which may give rise to income tax liabilities and determined that there were no such matters requiring recognition in the accompanying consolidated financial statements.

**Use of estimates:** The preparation of consolidated financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities at the date of the consolidated financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

## Suncoast Center, Inc. and Subsidiary

### Notes to Consolidated Financial Statements

---

#### Note 1. Organization and Summary of Significant Accounting Policies (Continued)

**Functional allocation of expenses:** The costs of providing the various programs and other activities have been reported on a functional basis in the consolidated statements of functional expenses. Expenses that can be identified with a specific program or support service are charged directly to the function. Certain other costs have been allocated among program and supporting services benefited. Such allocations are determined by management on an equitable basis that is consistently applied. The expenses that are allocated include the following:

Expense	Method of Allocation
Salaries	Time and effort
Fringes	Time and effort
Psychiatric consultants	Time and effort
Building occupancy	Square footage
Professional services	Direct costs
Travel and training	Direct costs
Equipment costs	Direct costs
Medical and pharmacy	Direct costs
Insurance	Direct costs
Operating supplies and expenses	Direct costs
Other	Direct costs
In-kind expense	Direct costs

**Recent accounting pronouncement:** In February 2016, the FASB issued ASU 2016-02, *Leases (Topic 842)*, which sets out the principles for the recognition, measurement, presentation and disclosure of leases for both parties to a contract (i.e. lessees and lessors). The new standard requires lessees to apply a dual approach, classifying leases as either finance or operating leases based on the principal of whether or not the lease is effectively a financed purchase by the lessee. This classification will determine whether lease expense is recognized based on an effective interest method or on a straight-line basis over the term of the lease, respectively. A lessee is also required to record a right-of-use asset and a lease liability for all leases with a term of greater than 12 months regardless of their classification. Leases with a term of 12 months or less will be accounted for similar to existing guidance for operating leases today. The new standard requires lessors to account for leases using an approach that is substantially equivalent to existing guidance for sales type leases, direct financing leases and operating leases. The standard is effective for annual periods beginning after December 15, 2021, with early adoption permitted. The Organization is in the process of evaluating the impact of this new guidance on its consolidated financial statements.

In September 2020, the FASB issued ASU 2020-07 *Non-for-Profit Entities (Topic 958): Presentation and Disclosures by Not-for-Profit Entities for Contributed Nonfinancial Assets*. This ASU requires not-for-profit organizations to present contributed nonfinancial assets as a separate line item in the statement of activities, apart from contribution of cash or other financial assets and other increased disclosures regarding the contributed nonfinancial assets. ASU 2020-07 is effective retrospectively for annual periods beginning after June 15, 2021, with early adoption permitted. The Organization is in the process of evaluating the impact of this new guidance on its consolidated financial statements.

**Reclassifications:** Certain amounts in the accompanying 2020 consolidated financial statements have been reclassified to conform to the 2021 presentation. These reclassifications had no effect on previously reported change in net assets.

## Suncoast Center, Inc. and Subsidiary

### Notes to Consolidated Financial Statements

---

#### Note 1. Organization and Summary of Significant Accounting Policies (Continued)

**Subsequent events:** The Organization has evaluated subsequent events through November 18, 2021, which is the date the consolidated financial statements were available to be issued. There were no subsequent events which would require disclosure in the accompanying consolidated financial statements.

#### Note 2. Liquidity and Availability of Resources

The Organization maintains a policy of structuring its financial assets to be available as its general expenditures, liabilities and other obligations come due. The following represents the Organization's financial assets available to meet general expenditures over the next 12 months at June 30:

	2021	2020
Financial assets at year end:		
Cash and cash equivalents	\$ 4,807,680	\$ 4,719,460
Accounts receivable, net	1,982,703	1,980,250
Investments	2,974,878	2,402,879
Total financial assets	9,765,261	9,102,589
Less donor-imposed restrictions:		
Funds subject to time and purpose restrictions	(23,230)	(181,284)
Endowment funds restricted in perpetuity	(334,182)	(334,182)
	(357,412)	(515,466)
Less designated investments	(974,594)	(725,994)
Financial assets available to meet general expenditures over the next 12 months	<u>\$ 8,433,255</u>	<u>\$ 7,861,129</u>

#### Note 3. Accounts Receivable

Accounts receivable consists of the following at June 30:

	2021	2020
Governmental and other agencies	\$ 1,667,118	\$ 1,556,171
Client fees	314,624	423,264
Other	961	815
	<u>\$ 1,982,703</u>	<u>\$ 1,980,250</u>



## Suncoast Center, Inc. and Subsidiary

### Notes to Consolidated Financial Statements

---

#### Note 4. Property and Equipment

Property and equipment consists of the following at June 30:

	2021	2020
Land	\$ 2,587,169	\$ 2,587,169
Land improvements	208,154	181,155
Building and improvements	4,154,973	4,052,928
Furniture and equipment	4,378,344	4,629,617
Vehicles	171,271	215,213
Construction in Progress	8,173	-
	<u>11,508,084</u>	<u>11,666,082</u>
Less accumulated depreciation	(6,700,326)	(6,888,234)
	<u>\$ 4,807,758</u>	<u>\$ 4,777,848</u>

Depreciation expense was approximately \$356,000 and \$328,000 for the years ended June 30, 2021 and 2020, respectively.

#### Note 5. Investments

Investments, including investments designated for deferred compensation, and endowed investments consists of the following at June 30:

	2021	2020
Fixed income annuities	\$ 204,199	\$ 200,650
Investments designated for deferred compensation- mutual funds	974,594	725,994
Stocks and mutual funds	1,163,918	923,063
Corporate bonds	621,676	544,117
Beneficial interests in assets held by foundation	10,491	9,055
	<u>\$ 2,974,878</u>	<u>\$ 2,402,879</u>

The amounts classified as “beneficial interests in assets held by foundation” include amounts held by Community Foundation of Tampa Bay, Inc. (CFT). Distributions from CFT are made as set forth in each agreement.

Investment earnings included in other income in the consolidated statement of activities consist of the following for the years ended June 30:

	2021	2020
Net realized and unrealized gains	\$ 567,069	\$ 4,360
Interest and dividend income	36,433	55,301
	<u>\$ 603,502</u>	<u>\$ 59,661</u>

## Suncoast Center, Inc. and Subsidiary

### Notes to Consolidated Financial Statements

#### Note 6. Fair Value

A review of fair value hierarchy classifications is conducted on an annual basis. The following table provides information about the Organization's financial instruments measured on a recurring basis as of June 30:

	Estimated Fair Value	Fair Value Measurements Using		
		Quoted Prices in Active Markets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
<b>2021</b>				
Investments:				
Fixed income annuities	\$ 204,199	\$ -	\$ -	\$ 204,199
Investments designated for deferred compensation- mutual funds	974,594	974,594	-	-
Stocks and mutual funds	1,163,918	1,275,479	-	-
Corporate bonds	621,676	-	621,676	-
Beneficial interests in assets held by foundation	10,491	-	10,491	-
Total investments	<u>\$ 2,974,878</u>	2,250,073	632,167	204,199
Charitable remainder trusts	\$ 6,496	-	-	6,496
		<u>\$ 2,250,073</u>	<u>\$ 632,167</u>	<u>\$ 210,695</u>
<b>2020</b>				
Investments:				
Fixed income annuities	\$ 200,650	\$ -	\$ -	\$ 200,650
Investments designated for deferred compensation- mutual funds	725,994	725,994	-	-
Stocks and mutual funds	923,063	923,063	-	-
Corporate bonds	544,117	-	544,117	-
Beneficial interests in assets held by foundation	9,055	-	9,055	-
Total investments	<u>\$ 2,402,879</u>	1,649,057	553,172	200,650
Charitable remainder trusts	\$ 175,038	-	-	175,038
		<u>\$ 1,649,057</u>	<u>\$ 553,172</u>	<u>\$ 375,688</u>

Financial assets classified as Level 1 in the fair value hierarchy include cash and cash equivalents and investments designated for deferred compensation and stocks and mutual funds which are measured at fair value based on quoted market prices in an active market. Fair values for corporate bonds are classified as Level 2 and are valued using a market value pricing model. Fair values for beneficial interest in assets held by foundation are classified as Level 2 and recorded based on the statements received from CFT. Fair values for fixed income annuities are classified as level 3 and are determined by the accumulation of benefits derived from the guaranteed contract interest rate. Fair values for charitable remainder trusts are recorded at fair value based on the underlying value of the assets in the trusts. The trusts are managed by third parties and are invested in stocks, mutual funds and fixed income securities that are traded in active markets with observable inputs, which would result in Level 1 and Level 2 hierarchal reporting and real estate which would result in Level 3 hierarchal reporting. Since the Organization does not own or control the trust assets, these trusts are reported as Level 3.

## Suncoast Center, Inc. and Subsidiary

### Notes to Consolidated Financial Statements

---

#### Note 6. Fair Value (Continued)

The following is an analysis of the fair value measurements for assets in Level 3 for the years ended June 30:

	2021	2020
Beginning balance	\$ 375,688	\$ 591,998
Distribution received from charitable remainder trust	(241,942)	(330,550)
Interest and change in value	76,949	114,240
Ending balance	<u>\$ 210,695</u>	<u>\$ 375,688</u>

#### Note 7. Endowment Funds

The Organization has interpreted the wishes of donors and state law as requiring the preservation of the fair value of the original gift as of the gift date of the donor-restricted endowment funds, absent explicit donor stipulations to the contrary. As a result of this interpretation, the Organization classifies as net assets with donor restrictions (a) the original value of gifts donated to the permanent endowment, (b) the original value of subsequent gifts to the permanent endowment, and (c) accumulations to the permanent endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund.

In the absence of donor restrictions, the net appreciation on a donor-restricted endowment fund is spendable and classified as net assets. However, certain of the Organization's donors have placed restrictions on the use of the investment income or net appreciation resulting from the donor-restricted endowment funds.

The Organization tracks the net investment income attributed to each component of the endowment fund. Income earned from the endowments is available for general or specific purposes.

As required by accounting principles generally accepted in the United States of America, net assets associated with endowment funds are classified and reported based on the existence or absence of donor-imposed restrictions.

The Organization considers the following factors in making a determination to appropriate or accumulate endowment funds:

- Donor desires and restrictions
- General economic conditions
- Historical and expected returns of investments
- Preservation and protection of assets

**Return objectives and risk parameters:** The Organization has invested endowment assets in a manner that attempts to provide a predictable stream of funding to programs supported by its endowments, while seeking to maintain the value of the endowment assets.

**Strategies employed for achieving objectives:** To satisfy its long-term rate of return objectives, the Organization relies on a total return strategy whereby investment returns are achieved through both capital appreciation (realized and unrealized) and current yield (interest and dividends). The Organization targets a diversified asset allocation.

## Suncoast Center, Inc. and Subsidiary

### Notes to Consolidated Financial Statements

---

#### Note 7. Endowment Funds (Continued)

**Spending policy and how the investment objectives relate to spending policy:** The Organization's objective is to maintain endowment assets, as well as to provide additional real growth through investment return.

Composition of endowment net assets and changes in endowment net assets are as follows as of and for the years ended June 30:

	Without Donor Restriction	With Donor Restriction	Total
2021			
Endowment net assets at beginning of year	\$ -	\$ 334,182	\$ 334,182
Investment income	409	3,140	3,549
Amounts released for expenditure	(409)	(3,140)	(3,549)
Endowment net assets at end of year	<u>\$ -</u>	<u>\$ 334,182</u>	<u>\$ 334,182</u>
2020			
Endowment net assets at beginning of year	\$ -	\$ 334,182	\$ 334,182
Investment income	401	3,077	3,478
Amounts released for expenditure	(401)	(3,077)	(3,478)
Endowment net assets at end of year	<u>\$ -</u>	<u>\$ 334,182</u>	<u>\$ 334,182</u>

#### Note 8. Charitable Remainder Trusts

The Organization's consolidated financial statements reflect receivables from charitable remainder trusts which are stated at the present value of the estimated future benefits to be received when the trust assets are distributed. Discount rates ranging from 3% to 4% are used in computing present values.

#### Note 9. Long-Term Debt

On April 18, 2020, the Organization received a U.S. Small Business Administration Paycheck Protection Program loan in the amount of \$2,620,402. Under the Coronavirus Aid, Relief, and Economic Security Act (CARES Act), up to the full principal amount of the loan and any accrued interest can be forgiven if the Organization uses all of the loan proceeds for forgivable purposes as required under the CARES Act. The Organization used the entire loan amounts for qualifying expenses. The Organization accounted for the loan as a financial liability under FASB Accounting Standards Codification (ASC) 470 Debt as of June 30, 2020. In April 2021, the SBA forgave in full the outstanding balance of the loan. During the year ended June 30, 2021, the Organization recognized a gain of \$2,620,402 on forgiveness of the loan which is recorded in other income in the accompanying consolidated statement of activities. Although fully forgiven, the SBA maintains the right to audit for six years after the SBA forgave the loan to determine if the Organization was eligible for the loan and met the conditions for forgiveness.

The Organization maintains a line of credit agreement through a large commercial bank which allows the Organization to borrow up to \$1,000,000 at prime rate of interest (3.25% at June 30, 2021 and 2020). The Organization renewed their line of credit on February 27, 2020 and the line of credit matures on February 27, 2022. Amounts drawn on the line of credit were due on demand. No amounts were drawn down during the years ended June 30, 2021 or 2020. There were no amounts outstanding under the line of credit at June 30, 2021 or 2020.

## Suncoast Center, Inc. and Subsidiary

### Notes to Consolidated Financial Statements

---

#### Note 10. Operating Leases

The Organization leases certain office equipment under leases which are classified as operating leases for financial reporting purposes. Rent expense under operating leases was approximately \$145,000 and \$64,000 for the years ended June 30, 2021 and 2020, respectively.

Future minimum lease payments under noncancelable operating leases (with initial or remaining lease terms in excess of one year) as of June 30, 2021 are approximately as follows:

Years ending June 30:		
2022	\$	185,500
2023		181,300
2024		159,600
2025		150,900
2026		63,600
Total	\$	<u>740,900</u>

#### Note 11. In-Kind Revenue and Expenses

Certain goods and services are provided to the Organization gratis or at a cost substantially less than fair market value. The difference between the actual charge and the estimated fair market value is reflected as in-kind revenue and expense in the accompanying consolidated financial statements. In-kind revenue and expenses consist of the following for the years ended June 30:

	2021	2020
Salary and benefits	\$ 61,541	\$ 77,684
Pharmaceuticals	637,861	1,279,409
	<u>\$ 699,402</u>	<u>\$ 1,357,093</u>

Pharmaceuticals include donated drug samples from pharmaceutical companies.

#### Note 12. Net Assets With Donor Restrictions

Net assets with donor restrictions are comprised of the following at June 30:

	2021	2020
Subject to expenditure for specified purpose:		
Medical equipment	\$ 6,244	\$ 6,246
Charitable remainder trust	6,496	175,038
Merck Stock	10,490	-
	<u>23,230</u>	<u>181,284</u>
Endowment – subject to endowment spending policy and appropriation	334,182	334,182
	<u>\$ 357,412</u>	<u>\$ 515,466</u>

## Suncoast Center, Inc. and Subsidiary

### Notes to Consolidated Financial Statements

---

#### Note 12. Net Assets With Donor Restrictions (Continued)

Net assets with donor restrictions released from restrictions are comprised of the following for the years ended June 30:

	2021	2020
Restricted for future periods:		
Distribution from charitable trust	\$ 241,942	\$ 303,550
Merck Stock	9,687	-
Medical equipment	-	1,194
	<u>\$ 251,629</u>	<u>\$ 304,744</u>

#### Note 13. Commitments and Contingencies

**Grantors:** The Organization routinely enters into grant agreements and contracts with governmental agencies that provide for reimbursement of the eligible direct and indirect costs of providing certain program services of the Organization.

Grants and contracts are subject to audit or review and retroactive adjustment based on a final determination by the grantor of eligible reimbursable expenditures. The effect of such adjustments, if any, on the Organization's consolidated financial statements cannot be determined at this time and no provision has been made for any such adjustment in the accompanying consolidated financial statements.

**Litigation:** In the normal course of business, the Organization is a named defendant in various litigation relating to professional liability matters. Management is of the opinion that the final disposition of these matters will not have a materially adverse effect on the Organization's consolidated financial statements.

#### Note 14. Retirement Plans

The Organization has a 403(b) Tax Deferred Annuity Plan (403(b) Plan) covering substantially all employees. The 403(b) Plan provides for employee salary deferrals that are limited to the maximum amount allowable under the IRC and a discretionary match that is available to all employees after one year of service.

For 2021 and 2020, the discretionary match was a dollar-for-dollar match of the amount a participant deferred into the 403(b) Plan, up to a maximum of 3% of the participant's salary. Retirement plan expense was approximately \$237,000 and \$236,000 for the years ended June 30, 2021 and 2020, respectively.

The Organization maintains a nonqualified retirement plan as inducement and motivation to managerial and highly compensated employees pursuant to Section 457(b) of the IRC of 1986. Key managerial employees, as are determined by sole discretion of the board of trustees, are eligible to participate. The Organization's contribution to the plan is discretionary and is limited to the maximum amount allowable under the IRC. Contributions of approximately \$44,000 and \$54,000 for the years ended June 30, 2021 and 2020, respectively, were allocated to participants as determined by the board of trustees.

## Suncoast Center, Inc. and Subsidiary

### Notes to Consolidated Financial Statements

---

#### Note 15. Concentrations and Risks

The Organization receives substantially all of its support directly from federal, state, and local government agencies or as pass-through government funding awards from other local agencies. Continuation of the Organization's program services is greatly dependent upon the fiscal ability of these agencies (federal, state, and local) to continue to provide support.

At June 30, 2021 and 2020, amounts due from governmental and other agencies, include in accounts receivable on the consolidated statements of financial position, of \$1,667,118 and \$1,556,171, respectively, consist almost entirely of amounts due from Central Florida Behavioral Health Network, Pinellas County Board of County Commissioners, State of Florida Department of Health, and Juvenile Welfare Board of Pinellas County.

Financial instruments that potentially subject the Organization to significant concentration of credit risk consist principally of cash, investments, and trade accounts receivable. Concentrations of credit risk with respect to trade accounts receivable are considered minimal, as the majority of the amounts related to grants from federal and state governmental agencies.

The Organization maintains its demand deposit accounts at several financial institutions. Accounts at each institution are insured by the Federal Deposit Insurance Corporation up to \$250,000 or the Securities Investor Protection Corporation up to \$500,000. Account balances periodically exceed the federally insured limits.

**COVID-19:** On January 30, 2020, the World Health Organization declared the coronavirus outbreak a "Public Health Emergency of International Concern" and on March 11, 2020, declared it to be a pandemic. The resulting measures to contain the spread and impact of COVID-19 have adversely affected the Organization's result of operations as there were declines in revenue and increases in supply and labor costs. Given the uncertain nature of the spread and duration of the pandemic, the continuing adverse impact on operations cannot be reasonably estimated.

## **Additional Information**



**Suncoast Center, Inc. and Subsidiary**

**Substance Abuse and Mental Health Services  
Program/Cost Center Actual Revenues and Expenses  
For the Budget Period: 07/01/2020 to 06/30/2021**

Part I: Actual Funding Sources and Revenues	State Designated SAMH Cost Centers											Total for State SAMH-Funded Cost Centers	Total for Nonstate SAMH-Funded Cost Centers	Total for All State- Designated SAMH Cost Centers	Non-SAMH Cost Centers	Total Funding
	State SAMH – Funded Cost Centers															
	Assessment	Case Management	Crisis Support	In Home and On Site	Intervention	Medical Services	Outpatient	Outreach	Incidental	FACT	SAMH					
<b>IA. State SAMH funding</b>																
(1) From Central Florida Behavioral Health Network	\$ 109,100	\$ 703,153	\$ 51,711	\$ 52,649	\$ 316,577	\$ 786,705	\$ 720,072	\$ 46,849	\$ 432,374	\$ 1,034,641	\$ 4,253,831	\$ -	\$ 4,253,831	\$ -	\$ 4,253,831	
(2) From state IDP line of credit	-	-	-	-	-	71,018	-	-	-	-	71,018	-	71,018	-	71,018	
<b>Total state SAMH funding</b>	109,100	703,153	51,711	52,649	316,577	857,723	720,072	46,849	432,374	1,034,641	4,324,849	-	4,324,849	-	4,324,849	
<b>IB. Other government funding</b>																
(1) Other state agency funding	-	-	-	-	-	-	-	-	-	-	-	-	-	1,347,856	1,347,856	
(2) Medicaid	-	326,432	-	108,509	4,812	720,113	591,110	-	-	-	1,750,976	804,339	2,555,315	385,146	2,940,461	
(3) Local government	-	85,297	-	1,150,888	86,851	21,264	2,771	-	-	-	1,347,071	4,036,401	5,383,472	2,477,938	7,861,410	
(4) Federal grants and contracts	-	189,959	-	172,327	14,125	378,901	414,096	66,192	-	34,783	1,270,383	202,211	1,472,594	1,765,023	3,237,617	
<b>Total other government funding</b>	-	601,688	-	1,431,724	105,788	1,120,278	1,007,977	66,192	-	34,783	4,368,430	5,042,951	9,411,381	5,975,963	15,387,344	
<b>IC. All other revenues</b>																
(1) 1st & 2nd party payments	-	(16)	-	(269)	123	56,554	48,705	-	-	-	105,097	10,134	115,231	1,881	117,112	
(2) 3rd party payments (except Medicare)	-	373	-	6,273	1,189	128,374	181,067	-	-	-	317,276	89,865	407,141	59,875	467,016	
(3) Medicare	-	123	-	1,712	-	448,247	420,626	-	-	-	870,708	61	870,769	29,478	900,247	
(4) Contributions and donations	-	-	-	-	-	-	-	-	-	-	-	1,775	1,775	181,405	183,180	
(5) Other	-	-	-	-	-	-	863	-	-	425	1,288	3,218	4,506	581,620	586,126	
(6) In-kind	-	-	-	-	-	637,861	-	-	-	-	637,861	33,095	670,956	28,446	699,402	
<b>Total all other revenues</b>	-	480	-	7,716	1,312	1,271,036	651,261	-	-	425	1,932,230	138,148	2,070,378	882,705	2,953,083	
<b>Total funding</b>	\$ 109,100	\$ 1,305,321	\$ 51,711	\$ 1,492,089	\$ 423,677	\$ 3,249,037	\$ 2,379,310	\$ 113,041	\$ 432,374	\$ 1,069,849	\$ 10,625,509	\$ 5,181,099	\$ 15,806,608	\$ 6,858,668	\$ 22,665,276	

See independent auditor's report.

**Suncoast Center, Inc. and Subsidiary**

**Substance Abuse and Mental Health Services  
Program/Cost Center Actual Revenues and Expenses (Continued)  
For the Budget Period: 07/01/2020 to 06/30/2021**

Expense Categories	State Designated SAMH Cost Centers										Total for State SAMH-Funded Cost Centers	Total for Nonstate SAMH-Funded Cost Centers	Total for All State Designated SAMH Cost Centers	Non-SAMH Cost Centers	Admin	Total Expenses
	State SAMH – Funded Cost Centers															
	Assessment	Case Management	Crisis Support	In Home and On Site	Intervention	Medical Services	Outpatient	Outreach	Incidental Expense	FACT						
Part II: Actual Expenses																
I.A. Personnel expenses																
(1) Salaries	\$ 61,215	\$ 658,702	\$ 48,679	\$ 936,206	\$ 122,436	\$ 1,648,495	\$ 1,514,755	\$ 228,583	\$ -	\$ 642,324	\$ 5,861,395	\$ 2,898,409	\$ 8,759,804	\$ 2,706,969	\$ 1,286,093	\$ 12,752,866
(2) Fringe benefits	16,243	155,913	10,136	262,776	34,491	349,152	406,779	61,567	-	172,897	1,469,954	754,565	2,224,519	651,674	286,798	3,162,991
<b>Total personnel expenses</b>	<b>77,458</b>	<b>814,615</b>	<b>58,815</b>	<b>1,198,982</b>	<b>156,927</b>	<b>1,997,647</b>	<b>1,921,534</b>	<b>290,150</b>	<b>-</b>	<b>815,221</b>	<b>7,331,349</b>	<b>3,652,974</b>	<b>10,984,323</b>	<b>3,358,643</b>	<b>1,572,891</b>	<b>15,915,857</b>
I.IB. Other expenses																
(1) Building occupancy	4,147	25,148	2,588	56,830	8,034	56,950	103,856	11,241	-	30,973	299,767	167,083	466,850	264,652	50,302	781,804
(2) Professional services	1,967	20,590	1,227	32,089	5,196	54,515	49,248	6,873	-	28,652	200,357	107,457	307,814	125,860	127,500	561,174
(3) Travel	74	7,743	46	13,010	969	2,252	1,861	7,212	-	18,760	51,927	13,977	65,904	8,344	8,334	82,582
(4) Equipment	2,120	13,000	1,323	17,920	2,180	30,712	53,102	4,082	-	17,441	141,880	57,590	199,470	48,272	24,548	272,290
(5) Food services	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
(6) Medical and pharmacy	1	3	1	5	1	98,152	8	1	-	164	98,336	16	98,352	13,781	102	112,235
(7) Subcontracted services	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
(8) Insurance	621	9,037	388	10,521	1,265	17,732	15,551	2,244	-	26,273	83,632	33,590	117,222	111,071	23,884	252,177
(9) Interest paid	-	-	-	-	-	-	-	-	-	1,512	1,512	-	1,512	-	-	1,512
(10) Operating supplies and expenses	1,943	22,128	1,212	41,116	3,996	73,106	32,934	7,041	432,374	16,676	632,526	177,422	809,948	127,999	142,072	1,080,019
(11) Other	(106)	(634)	(66)	(135)	10	(2,823)	(2,649)	30	-	56	(6,317)	(1,830)	(8,147)	22	16,629	8,504
(12) Donated items	-	-	-	-	-	637,861	-	-	-	-	637,861	33,095	670,956	28,446	-	699,402
<b>Total other expenses</b>	<b>10,767</b>	<b>97,015</b>	<b>6,719</b>	<b>171,356</b>	<b>21,651</b>	<b>968,457</b>	<b>253,911</b>	<b>38,724</b>	<b>432,374</b>	<b>140,507</b>	<b>2,141,481</b>	<b>588,400</b>	<b>2,729,881</b>	<b>728,447</b>	<b>393,371</b>	<b>3,851,699</b>
<b>Total personnel and other expenses</b>	<b>88,225</b>	<b>911,630</b>	<b>65,534</b>	<b>1,370,338</b>	<b>178,578</b>	<b>2,966,104</b>	<b>2,175,445</b>	<b>328,874</b>	<b>432,374</b>	<b>955,728</b>	<b>9,472,830</b>	<b>4,241,374</b>	<b>13,714,204</b>	<b>4,087,090</b>	<b>1,966,262</b>	<b>19,767,556</b>
I.IC. Distributed indirect costs																
(a) Other support costs (optional)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
(b) Administration	10,677	99,933	6,663	153,365	20,644	312,705	267,393	38,421	-	120,496	1,030,297	497,145	1,527,442	438,820	(1,966,262)	-
<b>Total distributed indirect costs</b>	<b>10,677</b>	<b>99,933</b>	<b>6,663</b>	<b>153,365</b>	<b>20,644</b>	<b>312,705</b>	<b>267,393</b>	<b>38,421</b>	<b>-</b>	<b>120,496</b>	<b>1,030,297</b>	<b>497,145</b>	<b>1,527,442</b>	<b>438,820</b>	<b>(1,966,262)</b>	<b>-</b>
<b>Total actual operating expenses</b>	<b>98,902</b>	<b>1,011,563</b>	<b>72,197</b>	<b>1,523,703</b>	<b>199,222</b>	<b>3,278,809</b>	<b>2,442,838</b>	<b>367,295</b>	<b>432,374</b>	<b>1,076,224</b>	<b>10,503,127</b>	<b>4,738,519</b>	<b>15,241,646</b>	<b>4,525,910</b>	<b>-</b>	<b>19,767,556</b>
I.ID. Unallowable costs																
<b>Total allowable operating expense</b>	<b>98,902</b>	<b>1,011,563</b>	<b>72,197</b>	<b>1,523,703</b>	<b>199,222</b>	<b>3,278,809</b>	<b>2,442,838</b>	<b>367,295</b>	<b>432,374</b>	<b>1,076,224</b>	<b>10,503,127</b>	<b>4,738,519</b>	<b>15,241,646</b>	<b>4,525,910</b>	<b>-</b>	<b>19,767,556</b>
<b>IIF. Capital expenditures</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

See independent auditor's report.

**Suncoast Center, Inc. and Subsidiary**

**Schedule of State Earnings for Substance Abuse and Mental Health Services  
Year Ended June 30, 2021**

---

Total expenditures:	\$ 19,767,556
Less other state and federal funds	(4,629,094)
Less nonmatch SAMH funds	(1,838,271) *
Less unallowable costs	-
<b>Total allowable expenditures</b>	<u>13,300,191</u>
Maximum available earnings (75%)	<u>9,975,143</u>
Amount of state funds requiring match (total of invoices paid and submitted to be paid, less line 3)	<u>2,214,966</u> *
<b>Amount due to the department (subtract line 6 from line 5. If negative, the amount of the difference is due to the department up to the amount of line 5)</b>	<u>\$ -</u>
Other state and federal funds:	
Department of Health (federal portion)	\$ 363,988
Department of Health (state portion)	531,780
Office of the Attorney General	239,641
Pinellas County Justice Coordination	26,030
Pinellas Community Foundation	175,863
Healthy Start Coalition of Pinellas (federal portion)	17,539
Florida Council Against Sexual Violence (state portion)	127,902
Florida Network for Children's Advocacy (state portion)	179,585
Department of Health and Human Services	26,305
Medicaid	<u>2,940,461</u>
<b>Total other state and federal funds</b>	<u>\$ 4,629,094</u>

\*CFBHN contract #QB046

See independent auditor's report.

**Suncoast Center, Inc. and Subsidiary**

**Schedule of Support and Revenue  
Year Ended June 30, 2021**

State SAMH funding:	
Central Florida Behavioral Network, Inc. CF652-1010	
Community Mental Health Services (including federal funds of \$686,068)	\$ 4,253,831
IDP line of credit	71,018
<b>Total state SAMH funding</b>	<b>4,324,849</b>
Other government funding:	
Local government grants	
Juvenile Welfare Board of Pinellas County	5,051,044
Department of Health (including federal funds of \$363,988)	895,768
Victims of Crime Act (including federal funds of \$238,089)	238,089
Pinellas County, Florida (including federal funds of \$26,030)	1,350,890
Pinellas County School Board	287,613
Pinellas County Sheriff's Office	360
PEMHS	380,853
Boley Centers	5,048
Lutheran Services	4,346
Department of Health and Human Services	295,751
Payroll Protection Program	2,620,402
Medicaid	2,940,461
Governmental funding passed through local agencies	
Florida Council Against Sexual Violence	127,902
Florida Network for Children's Advocacy	179,588
Department of Justice – Comp Victim Exams	213,999
Community Health Center of Pinellas	501,204
Healthy Start Coalition (including federal funds of \$17,539)	17,539
United Way of Tampa Bay	82,925
Pinellas Community Foundation (including federal funds of \$175,863)	193,562
<b>Total other government funding</b>	<b>15,387,344</b>
All other funding and revenues:	
Medicare	900,247
First- and third-party fees	584,128
Contributions, donations and bequests	183,180
In-kind revenues	699,402
Other revenues	586,126
<b>Total nongovernment funding</b>	<b>2,953,083</b>
<b>Total support and revenue</b>	<b>\$ 22,665,276</b>

See independent auditor's report.

**Suncoast Center, Inc. and Subsidiary**

**Substance Abuse and Mental Health Services  
 Schedule of Bed – Day Availability Payments  
 Budget Period From: 07/01/2020 to 06/30/2021**

Program	Cost Center	State Contracted Rate	Total Units of Service Provided	Total Units of Total Services Paid		Maximum # of Units Eligible for Payment by Department	Amount Paid for Services by the Department	Maximum \$ Value of Units in Column F	Amount Owed to Department
				Contracts, Local Govt. or Other State Agencies	Paid for by Third-Party				
Children's MH	Crisis Stabilization Unit	\$ -	-	-	-	-	\$ -	\$ -	\$ -
Adult MH	Crisis Stabilization Unit	-	-	-	-	-	-	-	-
Children's SA	Substance Abuse Detox	-	-	-	-	-	-	-	-
Adult SA	Substance Abuse Detox	-	-	-	-	-	-	-	-
Adult MH	Short-Term Residential Treatment	-	-	-	-	-	-	-	-
<b>Total amount owed to department</b>									<b>\$ -</b>

See independent auditor's report.

**Suncoast Center, Inc. and Subsidiary**

**Substance Abuse and Mental Health Services  
 Schedule of Related Party Transaction Adjustment  
 Budget Period From: 07/01/2020 to 06/30/2021**

	Related Party	Allocation of Related Party Transaction State-Designated Cost Centers				Total
		1	2	3	4	
<b>Revenues from grantee:</b>						
Rent	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Services	-	-	-	-	-	-
Interest	-	-	-	-	-	-
Other	-	-	-	-	-	-
<b>Total revenue from grantee</b>	-	-	-	-	-	-
<b>Expenses associated with grantee transactions:</b>						
Personnel services	-	-	-	-	-	-
Depreciation	-	-	-	-	-	-
Interest	-	-	-	-	-	-
Other	-	-	-	-	-	-
<b>Total associated expenses</b>	-	-	-	-	-	-
<b>Related party transaction adjustment</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

See independent auditor's report.

**Report on Internal Control Over Financial Reporting and on  
Compliance and Other Matters Based on an Audit of Financial Statements  
Performed in Accordance With *Government Auditing Standards***

**Independent Auditor's Report**

Board of Trustees  
Suncoast Center, Inc. and Subsidiary

We have audited, in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the consolidated financial statements of Suncoast Center, Inc. and Subsidiary (the Organization), which comprise the consolidated statement of financial position as of June 30, 2021, the related consolidated statements of activities, functional expenses and cash flows for the year then ended, and the related notes to the consolidated financial statements (collectively, the financial statements), and have issued our report thereon dated November 18, 2021.

**Internal Control over Financial Reporting**

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

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

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

**Compliance and Other Matters**

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

**Purpose of This Report**

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

*RSM US LLP*

St. Petersburg, Florida  
November 18, 2021



**Report on Compliance for Each Major Program and Major State Project  
and Report on Internal Control Over Compliance Required by the Uniform Guidance;  
and State of Florida Chapter 10.650, Rules of the Auditor General**

**Independent Auditor's Report**

Board of Trustees  
Suncoast Center, Inc. and Subsidiary

**Report on Compliance for Each Major Federal Program and Major State Project**

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

**Management's Responsibility**

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

**Auditor's Responsibility**

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

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

### **Opinion on Each Major Federal Program and Major State Project**

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

### **Report on Internal Control Over Compliance**

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

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

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

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

*RSM US LLP*

St. Petersburg, Florida  
November 18, 2021

**Suncoast Center, Inc. and Subsidiary**

**Schedule of Expenditures of Federal Awards and State Financial Assistance  
Year Ended June 30, 2021**

Federal Grantor <i>Pass-Through Grantor</i> Program or Cluster Title	Federal Assistance Listing Number	Pass-Through Entity Identifying Number	Total Federal Expenditures	Provided to Subrecipients
U.S. Department of Justice				
<i>Passed through State of Florida Office of the Attorney General</i>				
Crime Victim Assistance	16.575	2018-V2-GX-0018	\$ 239,641	\$ -
<b>Total CFDA 16.575</b>			<u>239,641</u>	<u>-</u>
<i>Passed through Pinellas County Justice Coordination</i>				
Edward Byrne Memorial Justice Assistance Grant Program	16.738	2019-MU-BX-0036	26,030	-
<b>Subtotal – U.S. Department of Justice</b>			<u>265,671</u>	<u>-</u>
U.S. Department of Health and Human Services				
<i>Department of Health and Human Services</i>				
COVID-19 - Provider Relief Fund	93.498	Not Applicable	26,305	-
<i>Passed through State of Florida Department of Health</i>				
Social Services Block Grant	93.667	CP15A, G-1901FLSOSR	363,988	-
<i>Passed through Central Florida Behavioral Health Network, Inc.</i>				
Medical Assistance Program	93.778	QG046	276,155	-
<i>Passed through Healthy Start Coalition of Pinellas, Inc.</i>				
Medical Assistance Program	93.778	Not Applicable	17,539	-
<b>Total CFDA 93.778 (Medicaid Cluster)</b>			<u>293,694</u>	<u>-</u>
<i>Passed through Central Florida Behavioral Health Network, Inc.</i>				
Block Grants for Community Mental Health Services	93.958	QG046	561,199	-
<i>Passed through Central Florida Behavioral Health Network, Inc.</i>				
Block Grants for Prevention and Treatment of Substance Abuse	93.959	QG046	690	-
<b>Subtotal – U.S. Department of Health and Human Services</b>			<u>1,245,876</u>	<u>-</u>
U.S. Department of the Treasury				
COVID-19 - Coronavirus Relief Fund	21.019	Not Applicable	175,863	-
<b>Total federal awards</b>			<u>\$ 1,687,410</u>	<u>\$ -</u>

See accompanying notes to schedule of expenditures of federal awards and state financial assistance and independent auditor's report.

(Continued)

**Suncoast Center, Inc. and Subsidiary**

**Schedule of Expenditures of Federal Awards and State Financial Assistance (Continued)  
Year Ended June 30, 2021**

State Grantor <i>Pass-Through Grantor</i> Program or Cluster Title	State CSFA Number	Pass-Through Entity Identifying Number	Total State Expenditures	Provided to Subrecipients
<b>State of Florida Justice Administration</b>				
<i>Passed through The Florida Network for Children's Advocacy Centers</i>				
Florida Network of Children's Advocacy Centers	41.031	20/21-GR-CAC16	\$ 176,005	\$ -
<b>State of Florida Department of Legal Affairs and Attorney General</b>				
<i>Passed through Florida Council Against Sexual Violence</i>				
Florida Council Against Sexual Violence	41.010	20OAG13	14,439	-
<b>State of Florida Department of Health</b>				
<i>Direct Funding</i>				
Medical Services for Abused and Neglected Children	64.006	CP15A	531,780	-
<i>Passed through Florida Council Against Sexual Violence</i>				
<i>Rape Crisis Program Trust Fund –</i>				
Sexual Battery Victims' Access to Services Act	64.061	16TFGR13	41,270	-
<i>Passed through Florida Council Against Sexual Violence</i>				
<i>Rape Crisis Program Trust Fund – Rape Crisis Center</i>				
	64.069	16TFGR13	72,193	-
<b>Subtotal – State of Florida Department of Health</b>			645,243	-
<b>State of Florida Department of Highway Safety and Motor Vehicles</b>				
<i>Passed through The Florida Network for Children's Advocacy Centers</i>				
Child Abuse Prevention and Intervention License Plate Project	76.067	20-21-LPVC-CAC-16	2,691	-
<i>Passed through The Florida Network for Children's Advocacy Centers</i>				
<i>Florida Network of Children's Advocacy Center Voluntary Contribution</i>				
	76.123	20-21-LPVC-CAC-16	889	-
<b>Subtotal – State of Florida Department of Highway Safety and Motor Vehicles</b>			3,580	-
<b>Total state financial assistance</b>			\$ 839,267	\$ -

See accompanying notes to schedule of expenditures of federal awards and state financial assistance and independent auditor's report.

## Suncoast Center, Inc. and Subsidiary

### Notes to Schedule of Expenditures of Federal Awards and State Financial Assistance June 30, 2021

---

#### **Note 1. Basis of Presentation**

The accompanying schedule of expenditures of federal awards and state financial assistance (the Schedule) includes the federal and state award activity of Suncoast Center, Inc. and Subsidiary under programs of the federal government and the State of Florida for the year ended June 30, 2021. The information in this schedule is presented in accordance with the requirements of Title 2 *U.S. Code of Federal Regulations*, Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance), and the State of Florida Chapter 10.650, *Rules of the Auditor General*. Because the schedule presents only a selected portion of the operations of Suncoast Center, Inc. and Subsidiary, it is not intended to and does not present the financial position, changes in net assets or cash flows of Suncoast Center, Inc. and Subsidiary.

Some amounts presented in the schedule may differ from amounts presented or used in the preparation of the consolidated financial statements.

#### **Note 2. Summary of Significant Accounting Policies**

Expenditures reported on the Schedule are reported on the accrual basis of accounting. Such expenditures are recognized following the cost principles contained in the Uniform Guidance and cost principles established by the State of Florida Department of Financial Services, wherein certain types of expenditures are not allowable or are limited as to reimbursement.

#### **Note 3. Support Requiring Matching Funds**

From time to time, Suncoast Center, Inc. and Subsidiary receive funding from various sources that require the Organization to obtain matching funds. During the year ended June 30, 2021, Suncoast Center, Inc. and Subsidiary obtained matching funds of the required amount.

#### **Note 4. Indirect Costs**

The Organization elected to use the 10% de minimus indirect cost rate allowed by the Uniform Guidance for federal awards.

#### **Note 5. Contingencies**

Grant expenditures are subject to audit and possible disallowance by the grantor agencies. If any expenditure were to be disallowed by the grantor agency as a result of such an audit, any claim for reimbursement to the grantor agency would become a liability of Suncoast Center, Inc. and Subsidiary. In the opinion of management, all grant expenditures included on the accompanying schedule of expenditures of federal awards and state financial assistance, are in compliance with the terms of the grant agreements and applicable federal and state laws and regulations.

**Suncoast Center, Inc. and Subsidiary**

**Schedule of Findings and Questioned Costs  
Federal Programs and State Financial Assistance Projects  
Year Ended June 30, 2021**

---

**Section I – Summary of Auditor’s Results**

*Financial Statements*

Type of auditor’s report issued on whether the financial statements audited were prepared in accordance with GAAP: Unmodified

Internal control over financial reporting:

Material weakness(es) identified?	___	Yes	___	X	No
Significant deficiency(ies) identified?	___	Yes	___	X	None reported
Noncompliance material to financial statements noted?	___	Yes	___	X	No

*Federal Awards*

Internal control over major federal programs:

Material weakness(es) identified?	___	Yes	___	X	No
Significant deficiency(ies) identified?	___	Yes	___	X	None reported

Type of auditor’s report issued on compliance for major federal awards: Unmodified

Any audit findings disclosed that are required to be reported in accordance with Section 2 CFR 200.516(a)? \_\_\_ Yes    \_\_\_ X No

Identification of major federal programs:

Assistance Listing Number	Name of Federal Program or Cluster
93.667	Social Services Block Grant

Dollar threshold used to distinguish between type A and type B programs: \$750,000

Auditee qualified as low-risk auditee? \_\_\_ X Yes    \_\_\_ No

*State Financial Assistance Projects*

Internal control over major projects:

Material weakness(es) identified?	___	Yes	___	X	No
Significant deficiency(ies) identified?	___	Yes	___	X	None reported

Type of auditor’s report issued on compliance for state financial assistance projects: Unmodified

Any audit findings disclosed that are required to be reported in accordance with Chapter 10.650, Rules of the Auditor General? \_\_\_ Yes    \_\_\_ X No

Identification of major state projects:

CFSA Number	Name of Project
64.006	Medical Services for Abused and Neglected Children

Dollar threshold used to distinguish between type A and type B programs: \$300,000

**Suncoast Center, Inc. and Subsidiary**

**Schedule of Findings and Questioned Costs  
Federal Programs and State Financial Assistance Projects (Continued)  
Year Ended June 30, 2021**

---

**Section II – Financial Statement Findings**

None reported.

**Section III – Federal Award Findings and Questioned Costs**

None reported.

**Section IV – State Financial Assistance Findings and Questioned Costs**

None reported.

**Section V – Other Matters**

No Summary Schedule of Prior Audit Findings is required because there were no prior audit findings related to federal programs or state projects.

No Corrective Action Plan is required because there were no findings required to be reported related to federal programs or state projects.

There were no items related to state financial assistance that were required to be reported in the management letter as mandated by the Auditor General of the State of Florida.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/31/2022

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

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

<b>PRODUCER</b> Wallace Welch & Willingham, Inc. 300 1st Ave. So., 5th Floor Saint Petersburg FL 33701	<b>CONTACT NAME:</b> Certificates/Commercial Lines <b>PHONE (A/C. No. Ext):</b> 727-522-7777 <b>E-MAIL ADDRESS:</b> certificates@w3ins.com		<b>FAX (A/C. No.):</b> 727-521-2902													
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : RSUI Indemnity Company</td> <td>22314</td> </tr> <tr> <td>INSURER B : Lloyds London</td> <td>31194</td> </tr> <tr> <td>INSURER C : AmeriTrust Insurance Company</td> <td>10829</td> </tr> <tr> <td>INSURER D : Hiscox Insurance Co., Inc.</td> <td>10200</td> </tr> <tr> <td>INSURER E : Star Insurance Company</td> <td>18023</td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>			INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : RSUI Indemnity Company	22314	INSURER B : Lloyds London	31194	INSURER C : AmeriTrust Insurance Company	10829	INSURER D : Hiscox Insurance Co., Inc.	10200	INSURER E : Star Insurance Company	18023	INSURER F :
INSURER(S) AFFORDING COVERAGE	NAIC #															
INSURER A : RSUI Indemnity Company	22314															
INSURER B : Lloyds London	31194															
INSURER C : AmeriTrust Insurance Company	10829															
INSURER D : Hiscox Insurance Co., Inc.	10200															
INSURER E : Star Insurance Company	18023															
INSURER F :																
<b>INSURED</b> Suncoast Center, Inc. 4024 Central Ave Saint Petersburg FL 33711	SUNCCEN-01															

**COVERAGES**

CERTIFICATE NUMBER: 930592099

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
C	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> *Abuse & Molesta GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			FITGL337772022	6/1/2022	6/1/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$
C	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			FITAU337772022	6/1/2022	6/1/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
C	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			FITXS337772022	6/1/2022	6/1/2023	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 \$
E	<input checked="" type="checkbox"/> <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	FITWC337772022	6/1/2022	6/1/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 2,000,000 E.L. DISEASE - EA EMPLOYEE \$ 2,000,000 E.L. DISEASE - POLICY LIMIT \$ 2,000,000
A D B	Directors & Officers Crime Cyber			NPP693478 FITCR337772022 ESK0035305069	6/1/2022 6/1/2022 12/2/2021	6/1/2023 6/1/2023 12/2/2022	Limit/\$0 Ded 3,000,000 Limit/\$5000 Ded 500,000 Limit/\$15,000 Ded 1,000,000

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

FLORIDA INSURANCE TRUST REINSURER: AmeriTrust Insurance Company; NAIC#10665; AM BEST RATED A X

Policy #FITGL337772022 Additional Coverage:

Professional Liability (Occurrence): \$1,000,000 Each Claim/ \$3,000,000 General Aggregate/\$0 Deductible

Abuse &amp; Molestation Liability (Claims-Made/ Retro Date 7/1/2011): \$1,000,000 Each Claim/ \$3,000,000 General Aggregate/\$0 Deductible

Employee Benefits Liability (Claims-Made/Retro Date 7/1/2011): \$1,000,000 Each Claim/ \$1,000,000 General Aggregate

**CERTIFICATE HOLDER****CANCELLATION**

Suncoast Center, Inc.  
 PO Box 10970  
 St Petersburg FL 33733-0970

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

© 1988-2015 ACORD CORPORATION. All rights reserved.