

# Application Form

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## *Organization Information*

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An informational webinar about this application is available to watch.

The rubric that will be used to score this proposal can be downloaded [here](#).

If you would like to complete this application first in Microsoft Word, you may download a Word version [here](#). Please pay attention to character limits.

### **Brief Project Descriptor**

Please briefly describe this organization's request.

### **Organization Name\***

Suncoast Center, Inc.

### **Project Name\***

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

A Secure Campus

### **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.

1981

### **Mission Statement\***

What is your organization's mission statement?

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\*

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

\$21,984,727.00

## Amount Requested\*

The maximum grant amount is \$500,000.

\$99,211.85

## Does the total project cost exceed the amount your organization is requesting?\*

Please note: Answering "Yes" will cause additional questions to load later in this application.

### Examples

ABC Childcare is seeking funding for a new playground. ABC Childcare is asking PCF to fund \$150,000 for certain equipment, and will seek other funding and donations for the remaining \$20,000 of the playground. ABC Childcare would select "Yes" for this question.

Better Tomorrow, a mental health provider, is looking to expand their counseling center by two rooms to meet increased service demand arising from the pandemic. Better Tomorrow has secured \$25,000 in private contributions, and wants to request the remaining \$125,000 in this grant. Better Tomorrow would select "Yes" for this question.

DBE Food Pantry is seeking funding a new HVAC unit for their pantry, and is requesting \$40,000 from PCF to cover the entire cost. DBE Food Pantry would select "No" for this question.

No

## Rent vs. Own\*

Does your organization rent or own the property for which you are proposing modifications?

Own

### 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

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### Pinellas County Priority Areas\*

For Round 2 of this funding process, the ARPA Nonprofit Capital Project Fund is prioritizing organizations that offer programming, and whose capital purchase is related to, the following areas:

- Individuals with Disabilities
- Food Security
- Specialized Healthcare
  - Mental Health
  - Dental Care
  - Substance Use Disorders
- Housing

Not offering programming in these areas does not disqualify you from applying. However, this prioritization will result in 10 bonus points being awarded to eligible requests when scored.

Does your organization and its proposed capital purchase fit into one of these areas?

Yes

### Programming 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?

**If you have indicated above that your programming and proposed purchase fit into the priority areas for this funding round, please be sure to describe the relevant programming.**

Since 1944, Suncoast Center has been providing behavioral health services designed to enhance the health and safety of the Pinellas County Citizens. Examples of these outpatient services include psychiatric services, substance abuse services, child and family services and on-site support groups. 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. We facilitate in home services - including therapy and case management - for families and individuals who have been diagnosed with a severe and persistent mental illness.

From July 1, 2022 - June 30, 2023, Suncoast Center has served 19,503 individuals including adults, children, and their families. We have provided 266,105 services. 72% of our services are provided at three vibrant outpatient sites, St Petersburg, Largo/Clearwater, and Safety Harbor. 28% of our services are provided at community locations throughout Pinellas County and include schools, client homes, childcare sites, health departments, Hispanic Outreach Center/Intercultural Advocacy Center, courts, assisted living facilities, nursing homes, jails, hospitals, partnership sites, and other community sites.

The demographic makeup of our clients is 61% White, 34% Black, Indigenous, and People of Color (BIPOC), and 5% identify as other race. 12% of our clients are of Hispanic ethnicity. 31% of our clients are youth and 69% are adults. 92% of our clients are living on an income below 150% of the Federal Poverty Level.

Suncoast Center provided 2,250 interpreted services for our clients that speak a language other than English. Of those, 80% were Spanish speaking, 3% spoke Bosnian, 3% spoke Vietnamese, 3% spoke Sign Language, 1% spoke Chinese, 1 % spoke Russian, 1% spoke Serbian, and 1% spoke Portuguese. The remaining 7% spoke other languages.

## 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.

Pinellas County has approximately 982,000 residents. 79.5% of the population identify as White. 10.9% of the population identify as Black/African American. Asians make up 3.6% of the population and 2.9% identify with two or more races. 11.0% identify as Hispanic/ Latino while 89.0% identify as Non-Hispanic/Latino. When documenting poverty levels in Pinellas County, findings identified 7.0% of families in Pinellas County live below the poverty level. Individuals living in poverty experience poorer health outcomes as they experience a decrease in access to health care, inaccessible housing, financial and food insecurities. According to the Pinellas CHNA survey, 28.7% of low-income residents do not have insurance compared to 10.8% of all residents, and 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. The Florida Health Dashboard shows that, while 15.1% of residents of Pinellas County could not see a doctor in 2019 due to cost (per 100,000), for Blacks/African Americans it was 21.5%. For Hispanics/Latinos, the rate is even higher – 25.6%. Hispanics/Latinos living in Pinellas County have a rate of suicide double that for FL.

According to the 2023 Pinellas Community Health Assessment (CHA), community member input regarding their community's health needs, 41% listed mental health problems, including suicide, as the top health issues in the community. In the aftermath of the pandemic, 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 Florida or the U.S. at 16.9 per 100,000. Now, more than ever, behavioral health services are in demand.

## Negative Economic Impact\*

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.

The more quantifiable your negative economic impact is, whether it be fiscal losses/pressures or increased service demand, the stronger your answer will be. Use numbers whenever possible. The more specific your evidence, the better.

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

Suncoast Center has suffered economic losses that are strongly driven by the inflationary impact for personnel and operating expenses. During the pandemic, when our community needed behavioral health services and emotional supports more than ever, there were 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.

One method of attempting to combat the effects of the pandemic was for Suncoast Center to increase the pay rate to stabilize and maintain staffing. The staffing turnover was strongly influenced by the inflationary cost of living in the area, and the unpredictable transportation costs for living outside the area. Suncoast Center has increased salaries significantly in order to attract and retain employees. The overall cost to the agency for salary increases to maintain staff was \$1,110,321.

The inflationary increase for renewals of services and support such as insurance; software; equipment; janitorial; and auditing, was \$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, the pandemic created an increased demand for behavioral health services. The pressures on the existing staff and providers were and continue to be significant. The reduction in our service rates, the use of cash reserves to support salary increases, and inflationary increases - all consequences of the pandemic - have negatively and economically impacted our agency.

Four months after the U.S. Department of Health and Human Services officially declared the pandemic over, and we still feel the economic impact of that time. Staffing shortage is still a concern within our industry. The educational pipelines for our industry were disrupted by the pandemic as less students enrolled in degree seeking programs. In addition, we continue to have staff callouts due to a resurgence of COVID related illnesses and client cancellations due to the lingering COVID illnesses. Due to the nature of our client base and

the socio-economic challenges that our client's face, as 92% of our clients are living on an income below 150% of the Federal Poverty Level, this population experiences widening health disparities.

## Negative Economic Impact - Uploads

You have the option to upload supporting documentation regarding negative economic impact. However, please limit your upload to no more than five pages. Word, Excel, JPG and PDF files are accepted.

## Pandemic Relief Funding\*

Please describe all government pandemic relief funding your organization has received since the onset of the pandemic (March 2020). This includes but is not limited to the Pinellas CARES Nonprofit Partnership Fund, other ARPA funding, PPP (Paycheck Protection Program), and Community Block Development Grants specifically targeting COVID-19 relief.

**Explain why or how this pandemic-relief funding has not alleviated the negative economic impact you have described above.** Potential reasons include expiration dates on certain funding, inflationary pressures, restrictions prohibiting capital expenditures, or the funding simply not being enough to remedy the harm you've indicated above. **The more concrete your numbers, the better.**

**If you have not received government relief funding for your organization since the onset of the pandemic, write "No pandemic relief funding received" below.**

We have received provider relief payments. Those funds were used to make up for lost revenue and operating expenses, not as funding to pay for capital improvements to buildings and our property.

## Proposal Description\*

The American Rescue Plan Act requires a request that is reasonable and proportional to the level of negative 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 project proposal and address the following:

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

Suncoast Center requests \$99,211.85 in funds to improve two buildings, the fencing for the campus, and the parking lot at our property located at 928 and 940 22nd Avenue South St. Petersburg. The property improvements will consist of the following: the installation of a perimeter fence around the entire campus, resurfacing the parking and driveway, and installing hurricane rated, energy efficient windows at both buildings on campus.

The estimated lifespan of each component of the property improvement is as follows: a fence should last an average of 15 years; resurfacing of a parking and driveway should last an average of 15 years; and installing hurricane rated, energy efficient windows can last 20 years or longer.

Staff retention continues to be a challenge in our industry. The pandemic changed the perception of staff within the service industry who began to challenge their own level of employee satisfaction. As previously noted, some decided to leave the industry, thus affecting the productivity levels within the agency, and resulting in a reduction of client service availability. This came during a time when the need for services increased. The pandemic also changed the work environment for the staff who remained within the field. Improving the work environment improves both staff and client morale, communicating a sense of value and appreciation. Clients are more satisfied and feel more welcomed when they are coming to a well maintained and secure building for services.

Providing a secure workplace that is aesthetically pleasing for staff to deliver client services and for clients to receive services is very important. The improvements we propose will increase the security of the campus which is an important feature of ensuring the sustainability of an agency. In addition, it will also increase the aesthetics of the campus which is an important feature that influences the morale and productivity in a workplace and also supports staff retention efforts.

### Number Served\*

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

865

### 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 project.

The numbers are unduplicated.

## Organizational Sustainability\*

How does this project contribute to the long-term sustainability of your organization and the work it does? That is, what impact will this project have on your organization and/or its clients over the long-term?

Examples include increased service capacity, reduced cost of delivering services over time, higher-quality or more equitable service delivery, and increased lifespan/quality of property.

Quantifiable numbers will strengthen your answer.

Several factors contribute to the long-term sustainability of an organization, one being a focus on community needs. The pandemic left communities with a staggering increase in need for behavioral health services. Not only did the need for services increase, but we saw an increase in the need for services that are accessible, safe, and dependable.

According to an article written on April 9, 2021, for the online publication of the National Institute of Mental Health (NIMH), post the pandemic, people reported the development of chronic symptoms that were severe enough to fit the criteria for mental illness. Include additional stressors such as financial challenges, inadequate housing or insufficient food supply, and the need for behavioral health services becomes greater. The property improvements at our buildings at our 22nd Ave. South location would further lend to the sustainability of our organization by making the property safe, improving the work environment for the staff, and communicating to both the staff and our clients that we value them. Those features support the sustainability of an agency.

<https://www.nimh.nih.gov/about/director/messages/2021/one-year-in-covid-19-and-mental-health>

## Project Specifics

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### Permits\*

Please describe any permits necessary for the successful completion of this proposed project. Be sure to include any permits already obtained or in progress, and/or what the timeline is to acquire permits.

All permits will be handled by the vendors.

### Plan Set\*

Do you have a plan set for this project?

A plan set refers to the "batch" of plans, drawings, prints, files, etc., that you receive from an architect that explains what needs to be built, how, and where. **Not all qualifying projects in this process require a plan set.**

**If you answer Yes, you should upload the Plan Set in the question below.**

No



## Plan Set Upload

If you answered "Yes" above, please upload the Plan Set here. If you have trouble with file size limitations, please reach out to Rose Cervantes at rcervantes@pinellascf.org. If you have any narrative to accompany the plan set, you may write it below.

**PDF files are permitted.**

*[Unanswered]*

## Construction Schedule/Timeline\*

Given a spending deadline of December 31, 2026, give a detailed and **realistic construction schedule**/timeline as to how this large capital project will be executed and completed. If there are phases to this project, indicate so in the narrative below. If you specified that permits were needed for this project above, ensure you include the acquisition time in the schedule.

Please include the following:

1. **How the timeline/schedule was developed, and by whom.**
2. **Timeline of planning and execution. Please include start and end dates by month and year. For example, April 2023 - June 2023.**

Example:

Better Tomorrow is proposing the expansion of their counseling center. This requires a 2-month planning phase, one month to obtain all necessary permits, and four months to build. Better Tomorrow would list each phase, a brief description of what takes place in each phase, and an estimated start and completion date for each phase, and an explanation of how the schedule was developed.

Upon receipt of the grant award, we will meet with each of the vendors and create a timeline for the execution of replacing the windows, fence, and paving. The timeline will include a beginning and an end date for the project. It is expected that each vendor will be scheduled to start within 90 days of the contract. The timing of each project will be timed to minimize disruption to service delivery, all to be completed within 12 months of award.

## Team Leadership\*

Please describe the following:

1. The team and leaders that will be overseeing this proposed project.
2. Their relationship to your organization
3. Their role in this project
4. Whether or not they have overseen similar projects

1. The individuals who will be overseeing these projects are as follows: Dustin Sode, Kelly Bollon, Maintenance Staff, and Vendors.
2. The relationship to the organization of each above-mentioned individual is as follows: Dustin Sode (Chief Financial Officer of Suncoast Center), Kelly Bollon (Maintenance Manager of Suncoast Center), Maintenance Staff (Suncoast Center)
3. The role of each above-mentioned individual to this project is as follows: Dustin Sode will be managing the financial aspects of the project. Kelly Bollon will be working closely with the contractors to ensure that the project is being executed within the proposed timeline. Maintenance Staff will conduct activities at the directive of Kelly Bollon.

4. Yes, both Dustin Sode and Kelly Bollon have participated in many projects that have required that they secure bids from contractors and execute a project timeline.

## *Geographic Impact and Priority Populations*

The ARPA Nonprofit Capital Project Fund seeks to offset the negative economic impact Pinellas nonprofits faced due to the COVID-19 pandemic. Organizations who serve disproportionately impacted communities will be considered as serving a priority population. There are several ways to determine if your clients were disproportionately impacted.

Examples of disproportionately impacted communities include those who meet at least one of the following descriptions:

- Low- and moderate-income household and communities
- Households that qualify for federal assistance programs, such as SNAP and TANF
- Historically marginalized communities (BIPOC communities, persons with disabilities, LGBTQ+, religious minorities, and other communities that fit in the Equity definition provided on the ARPA website and application)
- Organization located or serve households within a Qualified Census Tract (QCTs)
  - Defined by U.S. Department of Housing and Urban Development (HUD)
  - To assess if your organization serves or is headquartered in a QCT, use this link. 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.

## **Benefits and Geography of Project\***

Please describe how the communities/clients that will benefit from this capital purchase, and how they were disproportionately impacted by the pandemic according to the examples above.

The following programs operate out of 928 and 940 22nd Avenue South: FACT Forensic Services & Forensic Multidisciplinary Teams and Adult Case Management. That location sees approximately 150 clients weekly. The elements of a campus, such as building windows; fencing designed to provide security for the campus; and client and staff parking, are crucial components to promoting the sustainability of that agency. Factors that lend themselves to the sustainability of the agency are whether or not the services are delivered in a safe environment. When elements of a behavioral health facility, such as the windows of the building; the fencing around the property; and the parking, are not secure, our clients’ access to and quality of services is comprised. In addition, a safe campus promotes a positive working environment for the staff who deliver client services. Our proposed property improvements would support the importance of clients accessing services at a safe location and staff delivering client services at a safe location.

One of the greatest impacts that our clients experienced during the pandemic was accessible behavioral health services, available in a safe environment, and a staff capacity able to accommodate the number of clients seeking services. As previously noted, 92% of our clients are below 150% of the poverty level. Suncoast also services clients with Severe and Persistent Mental Illness (SPMI). Clients living in poverty or with a mental illness were disproportionately impacted by the pandemic through reduced access to healthcare, housing, and food. Pandemic related inflation for the marginalized increased the risk of

homelessness due to housing costs and decreased housing opportunities. In addition, as we underwent staff shortages, health services became less available for our clients. Furthermore, our clients were navigating the possibility of contracting the virus - or caring for a loved one who had contracted the virus - with the potential of lost wages which would affect their financial stability and possibly cause food insecurity. Having access to safe and dependable healthcare, shelter, and food are basic human rights. We have to ensure that behavioral health services are accessible to our community members at all times, or we are compromising peoples' lives.

### Headquarters Location\*

Please provide your organization's headquarters address as it appears on your Sunbiz account. To check your registration with Sunbiz, you may search their database.

4024 Central Ave. St Petersburg, FL., 33711

### Project Location\*

Please provide the address or intersection where the property being modified is.

928 and 940 22nd Ave. South St Petersburg, FL., 33711

## *Community Connection*

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PCF understands the value of authentic and diverse representation in philanthropy and in Pinellas County. To this end, we ask demographic and representation questions to gauge the human impact your organization has on the communities 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.

If your staff, board, executive leadership, or long-term volunteers have personal identities or experiences that allow for a meaningful connection with your clients, please feel free to describe this connection below. When possible, please use internal data or specific details to describe how your organization is representative and connected to the communities you serve.

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, has ensured excellent communication between providers and has 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's 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 was 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 cases, the site is envisioned as integrating a crisis unit to provide both Baker Act (mental health) and Marchman 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 are due to the partnerships and the collective impact of all of the community partners and the citizen membership.

## Board Membership\*

Do your board members consider themselves a member of one or more of the following populations?

- 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+

## Executive Level Leadership Team\*

Does your executive leadership team consider themselves a member of one or more of the following populations?

- 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+

## CEO/Executive Director\*

Does your CEO/Executive Director consider themselves a member of one or more of the following populations?

- 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 disable

None of the above

## Financial Overview

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**BIDS MUST BE DATED JULY 5, 2023 OR LATER.**

- The file attached below should contain current, verifiable bids, estimates, or price lists [from your potential vendor(s)]. *Please ensure there is a date noted on the bid or some annotation as to when when you obtained these estimates/bids.*
- If your project costs LESS than \$75,000, you must upload TWO verifiable bids or estimates for the proposed project.
- If your project is EQUAL TO or MORE THAN \$75,000, you must upload THREE verifiable bids or estimates for your proposed project.
- If you have already selected a contractor for this process and do not have multiple bids to upload, please ensure you answer the narrative questions below thoroughly.

### Bid/Estimate #1\*

PDF files are accepted.

Corrected\_ARPA Grant\_Fencing Quotes Suncoast Center.pdf

### Bid/Estimate #2

PDF files are accepted.

ARPA Grant\_Paving Quotes 1 and 2\_Suncoast Center.pdf

### Bid/Estimate #3

PDF files are accepted.

ARPA Grant-Windows Quotes 1 and 2\_Suncoast Center.pdf

### Selected Contractor\*

**If you have not yet selected a contractor and have uploaded multiple bids above, please write N/A below or you will not be able to submit your application.**

If your organization has already selected a contractor for this proposed capital project, please describe the process through which this contractor was chosen, and be sure to answer:

1. Was there a competitive bid process? That is, were multiple bids collected in order to evaluate multiple contractors? Describe this process (names of contractors, number of bids collected, prices, and why the contractor was chosen).
2. What personnel members at your organization selected the contractor?
3. Has a contract been executed with this contractor? **If yes, upload the contract here. If no, please describe the status of contract.**

***If a contractor has already been selected AND a competitive bidding process was not used, the project will lose points.***

N/A

## Minority/Woman-Owned Business

Is your selected contractor, or the bid you are going to choose if funded, one of the following:

- Small-business enterprise (SBE)
- Disadvantaged business enterprise (DBE)
- Minority and/or woman-owned business (MWBE)

Unknown

## 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 Detail\*

Please upload a clear, easily readable budget that breaks out costs for this proposed project. Ensure that it is clear what portion would be paid for through this grant funding and what would be paid for from other sources. **Be sure that the budget includes 10-20% for contingencies and any costs related to performance and payment bonds for construction projects.**

If you are going to request the permitted indirect cost of up to 5%, please be sure this is represented in your

budget.

An example budget is available here.

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

**PDF and Excel files are allowed.**

Capital-Budget\_Suncoast Center\_09-27-23.pdf

## Other Funding Sources\*

Please describe any other funding that your organization has applied for or obtained for this project. This includes but is not limited to Community Development Block Grants (CDBG), local government grants (including Tourist Development Council funding), foundation grants, and donors (you do not need to disclose donor identities, simply amount raised that is allocated to this project). This includes any matching grants or in-kind contributions you may have obtained.

**If none, please explain why no additional funding sources have been pursued.**

**Please be sure all funding sources below are represented in the "Applicant Match" column in the Budget Summary you have uploaded above.**

None. We have not located other funding opportunities for this project.

## 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 project **decreases** ongoing operating costs, how will it do so?
- If this project **does not affect** operating costs, please note so below.

The installation of windows at both buildings at our location at 928 and 940 22nd Street will decrease ongoing operating costs. For instance, the windows will be energy efficient and are expected to reduce our air conditioning costs.

## Fund Management Capacity\*

Please describe your organization's capacity to manage these potential ARPA funds in terms of fiscal management and financial infrastructure.

**This includes, but is not limited to, the use of accounting software that can track a general ledger and multiple accounts and the ability to work on a reimbursement-basis.**

The inability to handle a reimbursement-based grant does not disqualify your organization from applying.

Suncoast Center has a long history of managing cost reimbursement funding as well as fee for service and grant management. We have Great Plains Software and undergo annual independent CPA Firm Financial Audits.

### **Corrective and Investigative Action/Grant Recall\***

In the past three (3) years, has your organization had any of the following occur:

1. Been under legal investigation by a local, state, or federal institution?
2. Been placed on a corrective action plan by a funder?
3. Had grant funding recalled by a funder?

If yes, please describe the investigation, corrective action plan and/or grant recall, and the current status of such incidents. If no, write "N/A"

1. The agency has not been under legal investigation by a local, state, or federal institution.
2. The agency has various programs that have had corrective action plans within the last 3 years related to service documentation or delivery. Program corrective actions were related to clarification of clinical documentation and corrections needed in coding of some services. All were resolved.
3. The agency has not had grant funding recalled by a funder.

## ***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.

Great Plains Summary Budget FY24\_Suncoast Center.pdf

### **Board of Directors List\***

Please upload a current list of members of your organization's Board of Directors. Excel, Word, and PDF formats are acceptable.

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.

2021 Suncoast Center Inc Form 990 990-T - Public Disclosure Copy Exe.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\_22 FS\_Final.pdf

## Insurance

---

### 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 project. 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.**

Cert\_Liability\_Insurance\_Pinellas-Community\_Suncoast-Center\_22-23-Master-CO\_11-30-2022.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 monthly expenditure reports until their project is completed and their contract is closed out.

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*

---

### **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?

## File Attachment Summary

---

### *Applicant File Uploads*

- Corrected\_ARPA Grant\_Fencing Quotes Suncoast Center.pdf
- ARPA Grant\_Paving Quotes 1 and 2\_Suncoast Center.pdf
- ARPA Grant-Windows Quotes 1 and 2\_Suncoast Center.pdf
- Capital-Budget\_Suncoast Center\_09-27-23.pdf
- Great Plains Summary Budget FY24\_Suncoast Center.pdf
- Board-of-Directors-List-PCF-Grant-Application.xlsx
- 2021 Suncoast Center Inc Form 990 990-T - Public Disclosure Copy Exe.pdf
- Suncoast Center Inc and Subsidiary\_22 FS\_Final.pdf
- Cert\_Liability\_Insurance\_Pinellas-Community\_Suncoast-Center\_22-23-Master-CO\_11-30-2022.pdf

From: Darren Pryor [<mailto:darren@fencingpinellas.com>]

Sent: Wednesday, September 27, 2023 8:55 AM

To: Kelly Bollon <[kellybollon@suncoastcenter.org](mailto:kellybollon@suncoastcenter.org)>

Subject: [BULK] Your Superior Fence & Rail Estimate

Tagged as possible spam. Use caution.



Hello Kelly Bollon,

Thank you for the opportunity to earn your business. Please click the link below to review the fencing options that I have prepared for you.

Click [My Fence Estimate >](#) to view your fence options.

If you have any questions, don't hesitate to call or email.

Best regards,

Darren Pryor

[darren@fencingpinellas.com](mailto:darren@fencingpinellas.com)

(727) 526-1005

## A name you can trust

**Congratulations!** With over 10,000 five-star reviews and a stellar 94% satisfaction rating, we are the most highly rated and reviewed fence company in the country.

We are excited to help you build your new fence! Please find your fence package options below, and simply click on the package to select it.


# Kelly Bollon

2960 Roosevelt Blvd  
Clearwater, FL 00000

## PAY FOR YOUR PROJECT WITH:



CLICK HERE TO GET A CREDIT DECISION IN SECONDS



\$315 per month

**6' PVC (White Hamilton)**

6'H White Hamilton

White

**Features & Benefits**

- SolarShield
- 43% Stronger Picket
- Fabricated In-House
- Made in America

**Specifications**

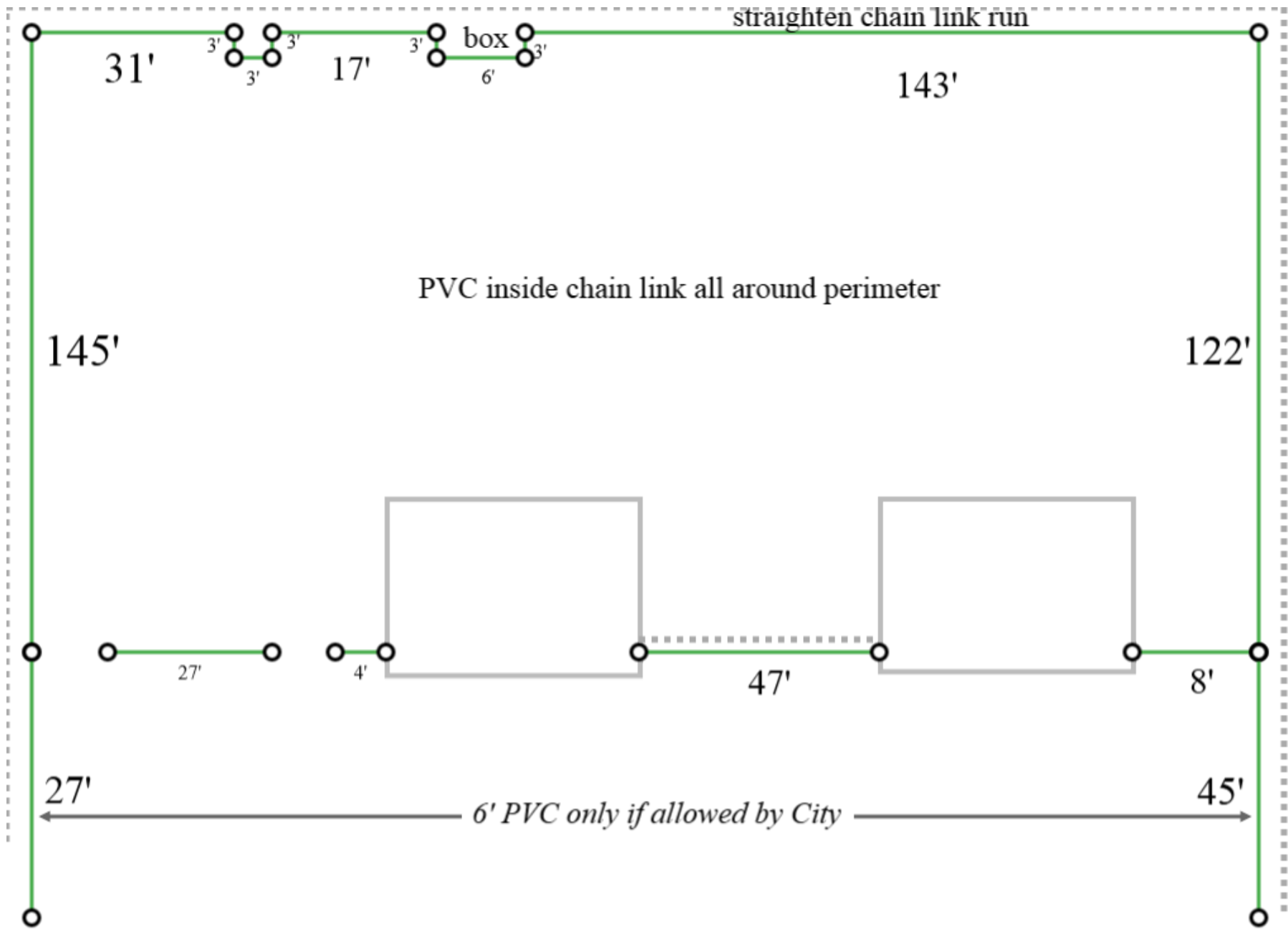
- **Post:** 5" Sq.
- **Rail:** 1-3/4 x 5-1/2
- **Picket:** 6" T&G

**Warranty**

- Lifetime Transferable Warranty
- 3 Year Workmanship Warranty

Choose this package ↓

The image shown is a representation of the style of the fence, and not meant to be a specification of the height, color, or grade.



FENCE FOOTAGE CONTAINED IN THIS PROPOSAL IS APPROXIMATE BASED ON THE FIELD MEASUREMENTS, FINAL PRICE WILL BE ADJUSTED BASED ON ACTUAL FOOTAGE USED, AS SET FORTH IN THE TERMS AND CONDITIONS.

### "ABOVE AND BEYOND"

This company was a pleasure to deal with from the time we started our project you could tell that customer service was very important to them. This showed in the way they explained the project to making sure that every deadline was met. I would deal with the company again because they showed great integrity in business.



Judith Volger

10,115  
Certified  
Reviews  
★★★★★ 4.7

Today's Price: **6' PVC (White Hamilton)**

**\$18,840.46**

#### Choose your payment method

Pay with Financing

**\$18,840.46**

Pay with ACH/E-Check

Save **\$282.61**

**\$18,557.85**

Pay with Credit Card

**\$18,840.46**

Contact Sales



# West Coast FENCE, CORP.

No. F00-61976



Member of Local Chambers of Commerce

Lic. # C7050  
6500 - 49th Street North  
Pinellas Park, Florida 33781  
(727) 522-4111 • (727) 527-0669  
Fax (727) 525-6939  
Email: westcoastfence1@verizon.net  
Website: westcoastfence.com  
Toll Free: 866-212-8341

DATE 9/12/23  
DATE PROMISED ALLOW 4 WEEKS  
WORKING DAYS WEATHER PERMITTING  
PHONE (H) 40 Kelly Bullen  
PHONE MAINT MGR 7276146142  
EMAIL 2 PAGES TO:  
KELLYBULLEN@SUNCOASTCENTER.COM  
SALESMAN BRIAN G

CONTACT PERSON \_\_\_\_\_  
EMAIL \_\_\_\_\_  
NAME SUNCOAST CENTER INC  
ADDRESS 928 22 Ave S, State 33705  
JOB SITE Perimeter Fence

### Sample of ELEVATION

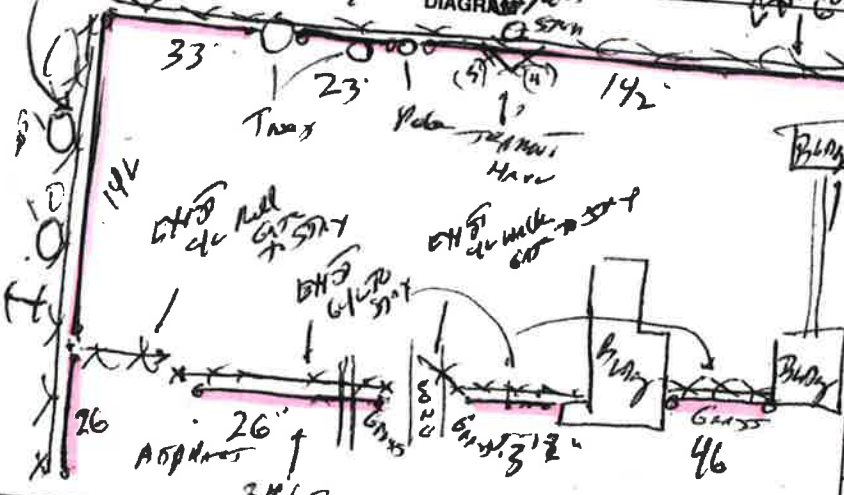


+ SIGNATURE  
+ 1/3 RAY POST

**WEST COAST INSTALLERS ARE NOT RESPONSIBLE FOR UNDERGROUND TELEPHONE, WATER, SEWER, ELECTRIC, OR SPRINKLER LINES**

Customers are responsible for clearing vegetation from fence line shoulder width path

WIRE GAUGE		ALL GALVANIZED		VINYL WIRE GALVANIZED FRAME		ALL VINYL		TOP RAILS		BOTTOM WIRE		CENTERS		CYPRESS	
DIAMETER LINE POST	DIAMETER END POST	DIAMETER CORNER POST	DIAMETER GATE POST	DIAMETER CORNER POST	DIAMETER GATE POST	DIAMETER CORNER POST	DIAMETER GATE POST	DIAMETER CORNER POST	DIAMETER GATE POST	DIAMETER CORNER POST	DIAMETER GATE POST	DIAMETER CORNER POST	DIAMETER GATE POST	DIAMETER CORNER POST	DIAMETER GATE POST
SPECIAL EQUIPMENT		ROLL GATES		FRAME SIZES		DRIVE GATES		FRAME SIZES		WALK GATES		FRAME SIZES		FRAM SIZES	



### OBSTRUCTION'S - WHO REMOVES

	CUSTOMER	US
Bu	<input checked="" type="checkbox"/>	No
Sh	<input checked="" type="checkbox"/>	No
Tree	<input checked="" type="checkbox"/>	No
Roc	<input checked="" type="checkbox"/>	No
Vin	<input checked="" type="checkbox"/>	No
Old	<input checked="" type="checkbox"/>	No

SECT'S 96 #10176.00  
TRUCK #1404.00  
LINE #13328.00  
SUMM #15405.00  
PAF #15405.00

Description of Work  
1 1/2" APPROX  
572' of 6" TALL WHITE TNG PVC PRIVACY FENCE w/ FLAT TOP CAPS + CUSTOMER TO HAVE ALL FENCE LINES CLEANED + VINES AND VEG.  
**NO WARRANTY ON ALL GATES**  
**SEE REVERSE SIDE FOR CONSUMER INFORMATION AND WARRANTY INFO.**

MATERIAL DELIV  
REMOVAL LABOR 9' #27.00  
STL LABOR #4,004.00  
PERMIT  
NOC COST  
**TOTAL #19,439.00**  
DEPOSIT  
C.O.D.

**TOTAL #19,439.00**

WEST COAST FENCE CORP. OFFERS SUBJECT TO THE APPROVAL OF ITS CREDIT DEPARTMENT AND ITS ENGINEERING REPRESENTATIVE TO FURNISH ALL MATERIALS AND LABOR TO THE UNDERSIGNED CUSTOMER FOR THE PROPERTY DESCRIBED HEREIN IN ACCORDANCE WITH THE PLAN AND ALL THE TERMS (INCLUDING SPECIFICATIONS AND PRICE) SET FORTH HEREIN. NOTE: The Buyer agrees that above merchandise shall remain the property of seller until fully paid. Also agrees to pay attorney fees for collection if necessary.

CUSTOMER HEREBY AUTHORIZES WEST COAST FENCE CORP. A QUALIFIED CONTRACTOR (LICENSED IF REQUIRED BY LAW), TO INSTALL SAID MATERIALS ON SAID PROPERTY AS PROVIDED HEREIN.

CUSTOMER HEREBY ASSUMES FULL RESPONSIBILITY FOR THE LOCATION OF THE LINE UPON WHICH SAID FENCE MATERIALS ARE TO BE INSTALLED AND CUSTOMER AGREES TO DEFEND, HOLD HARMLESS AND INDEMNIFY WEST COAST FENCE CORP. FROM AND AGAINST ALL CLAIMS, LIABILITIES AND EXPENSES FOR INJURY, DEATH OR DAMAGE TO PERSONS, PROPERTY DAMAGE, TRESPASS AND ALL OTHER DAMAGE OR LOSS ARISING OUT OF THE INSTALLATION OR LOCATION OF SAID FENCE MATERIALS. ALL EXCESS MATERIALS SHALL REMAIN THE PROPERTY OF AND BE RETURNED TO WEST COAST FENCE CORP. NEITHER WEST COAST FENCE CORP. NOR ITS CONTRACTOR SHALL BE RESPONSIBLE OR LIABLE FOR DELAY, DAMAGE OR DEFAULT HEREUNDER WHERE OCCASIONED BY WAR, STRIKES, SHORTAGES OF LABOR, MATERIAL OR TRANSPORTATION, ACTS OF CIVIL OR MILITARY AUTHORITIES OR OTHER CAUSES BEYOND THE CONTROL OF SAID PARTIES THE UNDERSIGNED CUSTOMER HEREBY EXPRESSLY WAIVING ALL SUCH CLAIMS.

CUSTOMER AGREES TO PAY THE CREDIT SALE PRICE SET FORTH HEREIN IN INSTALLMENTS AS PROVIDED IN THE AGREEMENT (OR OTHER CREDIT SALE AGREEMENT) IN EFFECT BETWEEN CUSTOMER AND WEST COAST FENCE CORP. OR IN LIEU THEREOF CUSTOMER AGREES TO PAY THE CASH PRICE FORTH HEREIN AT THE TIME OF THE ACCEPTANCE OF THIS PROPOSAL BY CUSTOMER.

HIS PROPOSAL AND SAID PAYMENT AGREEMENT (OR OTHER CREDIT SALE AGREEMENT) IF ANY SHALL CONSTITUTE THE ENTIRE AGREEMENT BETWEEN CUSTOMER AND WEST COAST FENCE CORP. WITH RESPECT TO THE SALE AND INSTALLATION OF SAID MATERIALS AND THE SAME MAY HEREAFTER BE AMENDED OR MODIFIED ONLY BY A WRITTEN AGREEMENT SIGNED BY CUSTOMER AND BY THE DULY AUTHORIZED REPRESENTATIVE OF WEST COAST FENCE CORP.

WEST COAST FENCE CORP. RESERVES THE RIGHT TO MAKE ADDITIONAL CHARGES TO THE CUSTOMER IN THE EVENT UNUSUAL GROUND CONDITIONS SUCH AS ROCK FORMATION IMPEDE THE INSTALLATION HEREIN DESCRIBED SUCH ADDITIONAL CHARGES SHALL BE BASED ON ACTUAL ADDITIONAL LABOR REQUIRED TO COMPLETE INSTALLATION UNDER THE CIRCUMSTANCES.

# Available Colors:

## Standard Colors



White

Tan

Clay

Slate Gray

National Vinyl Products produces high-quality fencing materials in the colors and styles you want. From classic colors, to the unique wood styles found in the Timberland Series, you will find the right color to beautify your outdoor living space. Ask your authorized dealer for color samples.

## Timberland Series



Weathered Aspen

Driftwood

Dark Walnut

Coastal Cedar

Dark Sequoia



Textured Tan

Textured Clay

Textured Driftwood

Textured Dark Sequoia

Printed photographs may vary from actual fence samples. Your authorized NVP retailer can provide physical samples to help make color decisions.

## Textured Timberland Series

TNG PVC PRIVACY STYLE  
↓



Solid Privacy in Textured Driftwood



Horizontal Semi-Privacy in Textured Dark Sequoia

**West Coast**  
FENCE, CORP.

INSTALLED OR DO IT YOURSELF SUPPLIES  
6500 - 49TH STREET NORTH  
PINELLAS PARK, FL 33781  
(727) 522-4111 FAX (727) 525-6939  
CALL FOR FREE ESTIMATES  
LIC # C7050



# Henry Johnson Hauling & Landscaping, LLC

## DBA Henry Johnson Paving and Sealing

"Committed to Superb Quality and Results"

---

Henry Johnson | Owner & Contractor | Licensed & Insured | LIC # C-11217

September 11, 2023

Proposal #: 23-0911-03

Suncoast Center, Inc.  
Kelly Bollon  
928 22<sup>nd</sup> Avenue South  
St. Petersburg, FL 33705

Dear Kelly:

Thank you for giving us the opportunity to present this proposal to you. Our company has been established since 2008. Today our company proves to be one of the leading paving companies in the Pinellas County area. We take pride in our work and ensure that our customers are happy. All work is guaranteed for one year and shall be performed in a workmanlike manner in accordance with State and Local Building Codes. The scope of work and associated pricing is described below:

**Scope of Work:** New Pavement Installation- (Westside gravel lot)

- Mill next to level concrete and asphalt for a smooth transition.
- Mill next to fence along eastside of property to bring grade down to match level ground.
- Remove deco block, install base materials in (3) areas totaling 235 Sq. Ft. grade to proper slope and compact.
- Power broom loose debris.
- Spray and apply Emulsion Tack coat for proper bonding of new asphalt to existing surface.
- Machine pave with 1.5" of Type S-3 Hotmix asphalt.
- Compact with Steel Wheel Vibratory roller and Rubber tire rollers.
- Restripe existing parking layout, making handicap stall code compliant.

**Project Total:** \$24,850.00

Terms: Payment due at the completion of work

---

P.O. Box 15736 | St. Petersburg, FL 33733  
Office: (727) 288-6249 | Cell: (727) 423-5098  
[www.concreteservicessaintpetersburg.com](http://www.concreteservicessaintpetersburg.com)

**Cancellation of the contract after the permit has been submitted will result in a fee of \$500.00.**  
**Henry Johnson Paving does not guarantee 100% removal of ponding water.**  
**A 4% discount off any reputable competitor bid for the same services.**  
**There will be a 3.5% fee applied for all credit card sales.**  
**The proposal is good for 30 days.**

# Henry Johnson Hauling & Landscaping, LLC

## DBA Henry Johnson Paving and Sealing

"Committed to Superb Quality and Results"

---

Henry Johnson | Owner & Contractor | Licensed & Insured | LIC # C-11217

Again, thank you for this opportunity. Please do not hesitate to call if you have any questions.

Yours truly,

*Henry Johnson*

Vice President

Mobile: 727-423-5098

Office: 727-288-6249

[hjohnson408@hotmail.com](mailto:hjohnson408@hotmail.com)

**Acceptance of Proposal** – The above prices, specifications, and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payment will be made as outlined above.

**Date of Acceptance:**

**Signature:**

---

P.O. Box 15736 | St. Petersburg, FL 33733  
Office: (727) 288-6249 | Cell: (727) 423-5098  
[www.concreteservicessaintpetersburg.com](http://www.concreteservicessaintpetersburg.com)

**Cancellation of the contract after the permit has been submitted will result in a fee of \$500.00.**

**Henry Johnson Paving does not guarantee 100% removal of ponding water.**

**A 4% discount off any reputable competitor bid for the same services.**

**There will be a 3.5% fee applied for all credit card sales.**

**The proposal is good for 30 days.**



**Prepared For**

Suncoast Center  
928 S 22nd Ave  
Saint Petersburg, FL  
(727) 614-6144

**Fast Asphalt**

Estimate # 2023  
Date 09/08/2023

78 Farmlane Rd  
Brooksville FL  
Phone: (813) 638-1937  
Email: Fastasphaltfl@gmail.com  
Web: Fastasphalt.com

**Description**

**Total**

220x35 Repaving existing parking lot and restriping

\$21,100.00

Scrape existing surface and remove loose debris  
Fill low areas and compact  
Lay and compact 1.5 inches of s3 hot asphalt pitched for drainage  
Restripe lines and repin rubber customer provided parking stops

~~Paving new area 3300sq ft of hot asphalt~~

~~\$9,500.00~~

~~Scrape out existing limerock and lay crushed concrete base as needed  
Lay and compact 2 inches of s3 hot asphalt pitched for drainage  
Restripe lines and repin parking stops~~

**Subtotal**

~~\$30,600.00~~

**Total**

~~\$30,600.00~~



29140 US HWY 19 N  
Clearwater, FL 33761  
T:(727) 210-3506  
F:(727) 210-3507  
License # I-CBC1264335

**WORK ESTIMATE**

Date	9/27/2023		
Customer name		Quoted by	Tomer Milol
Jobsite Address			

Windows/DOORS	QTY	
HB 73x49 1/2	11	} 21 windows \$41,950.00 Building Permit \$350
3Lite 96x49 1/2	2	
SH 36x49 1/2	1	
<del>SH</del> 24x24 OBS	2	
PW 31x78	1	
PW 47x78	1	
PW 39x79	2	
PW 36x15	1	
<hr/>		
SH 36x49	18	} 20 windows \$22,750 Building Permit \$350
SH 36x37	1	
SN 25x37 OBS	1	

**JOB DESCRIPTION:** All windows High impact low-E with argon gas  
Price includes Demo installation and Building Permit

<b>SPECIAL NOTES AND INSTRUCTIONS:</b> 40% DEPOSIT 40% FIRST DAY OF INSTALLATION 20% FINISH INSTALLATION	<b>TOTAL ESTIMATE</b>
---	-----------------------

SUNCOAST CENTER PROPERTIES INC  
PO BOX 10970  
ST PETERSBURG FL 33733-0970

928 22ND AVE S  
ST PETERSBURG

928 OPTION A

727.343.7922 Phone  
727.343.7818 Fax  
worldofwindows@tampabay.rr.com

813.250.1400 - Phone  
727.656.1222 - Cell  
rdavenport99@gmail.com  
www.worldofwindowsonline.com

**WORLD OF WINDOWS, INC.**

2201 72nd Street North  
St. Petersburg, FL 33710



Rick Davenport  
Sales Consultant

20 Openings  
20 Windows  
(13) 3 Lite Sliders  
(3) 2 Lite Sliders  
(4) Single Hungs

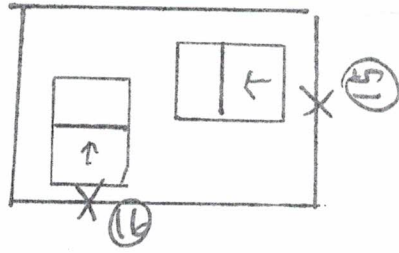


22nd Ave S

VIEWED OUTSIDE LOOKING IN

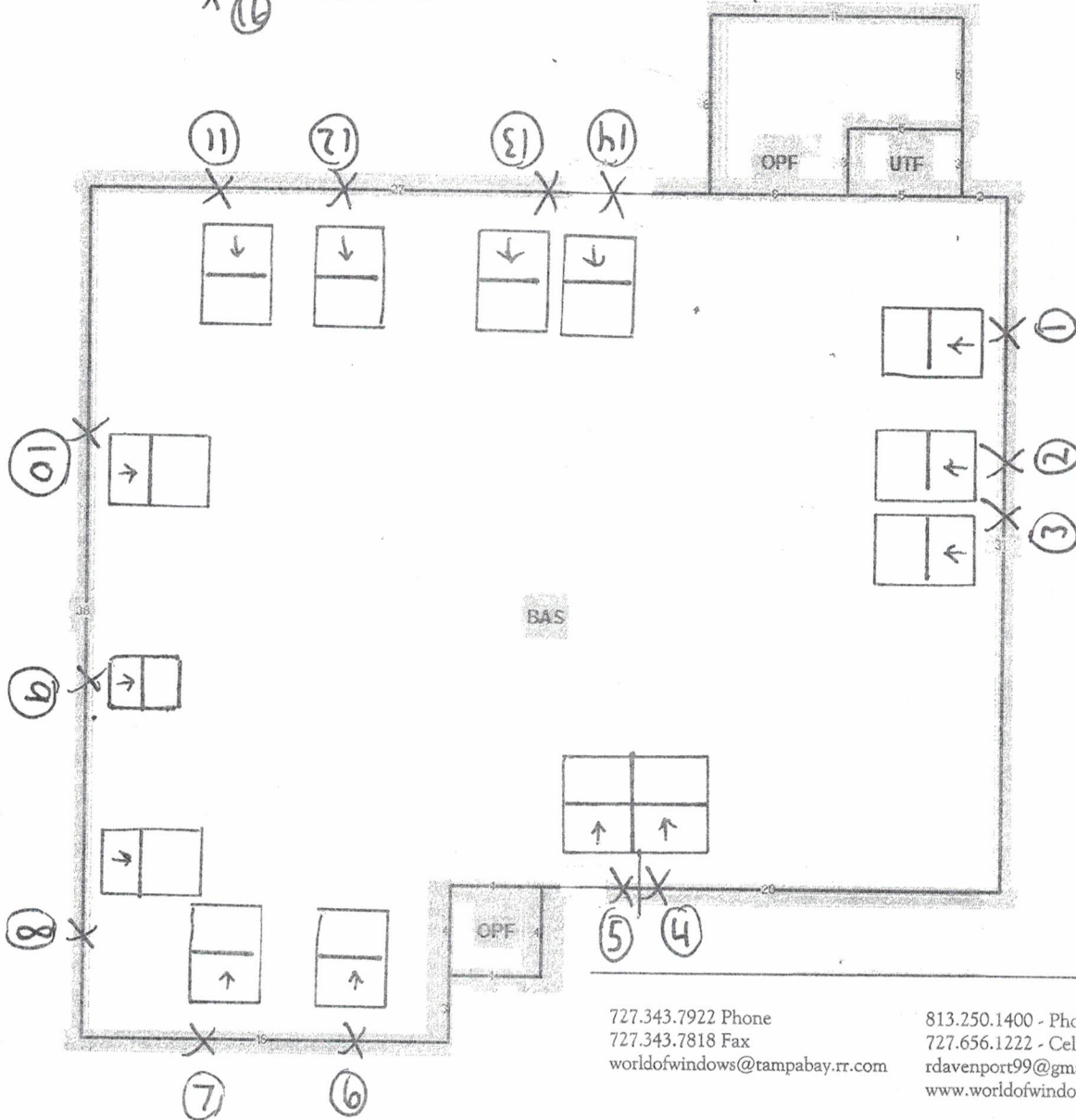
SUNCOAST CENTER PROPERTIES INC  
PO BOX 10970  
ST PETERSBURG FL 33733-0970

940 22ND AVE S  
ST PETERSBURG



940  
OPTION A

15 OPENINGS  
16 WINDOWS  
(16) Single Hungs



727.343.7922 Phone  
727.343.7818 Fax  
worldofwindows@tampabay.rr.com

813.250.1400 - Phone  
727.656.1222 - Cell  
rdavenport99@gmail.com  
www.worldofwindowsonline.com

**WORLD OF WINDOWS, INC.**

2201 72nd Street North  
St. Petersburg, FL 33710



Rick Davenport  
Sales Consultant

World of Windows, Inc.  
 2201 72nd Street N.  
 St. Petersburg, Florida, 33710  
 727-343-7922 Fax 727-343-7818

Invoice No. **FC**

**INVOICE**

**Customer**

Name SUNCOAST CENTER 928,940  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State FL ZIP \_\_\_\_\_  
 Phone \_\_\_\_\_

**Misc**

Date 9/25/2023  
 Order No. Quote Only\*\*\*\*\*  
 Rep Rick  
 FOB \_\_\_\_\_

Qty	Description	Unit Price	TOTAL
	Install Hurricane Rated, Impact Resistant, Florida Building and Energy Code Compliant Windows with White Vinyl Frame, Impact Insulated Low-E Glass and Screens as follows...		
	SUNCOAST CENTER 928 1. Install (13) 3 Lite Sliders, (3) 2 Lite Sliders, (4) Single Hungs	\$37,660	\$ -
	SUNCOAST CENTER 940 1. Install (16) Single Hungs	\$21,894	\$ -
	All product quoted is Sales Tax Exempt		

**Payment**

Price reflects discount for check\cash  
 Comments transaction  
 Name \_\_\_\_\_  
 CC # Add 5% for Visa or Master Card  
 Expires \_\_\_\_\_

SubTotal	
Shipping	
Tax Rate(s)	
<b>TOTAL</b>	

Permit Fee is additional

QUOTE SUBJECT TO FINAL MEASURE

"Experience makes a world of difference"

**ATTACHMENT B-3 – CAPITAL BASED BUDGET  
SUMMARY**

PROJECT NAME: \_\_\_\_\_

CONTRACTOR SFS PAYEE NAME: \_\_\_\_\_

CONTRACT PERIOD: From: \_\_\_\_\_

To: \_\_\_\_\_

CATEGORY OF EXPENSE	GRANT FUNDS	MATCH FUNDS	MATCH %	OTHER FUNDS	TOTAL
1. Scoping and Pre-Development					
2. Design					
3. Acquisition					
4. Construction					
5. Administration					
6. Working Capital/Reserves					
7. Other					
<b>TOTAL</b>					

Contract Number: # \_\_\_\_\_



**ATTACHMENT B-3 – CAPITAL BASED BUDGET  
DETAIL**

SCOPING AND PRE DEVELOPMENT - TYPE/DESCRIPTION	ITEM # (IF APPLICABLE)	QUANTITY (IF APPLICABLE)	UNIT PRICE (IF APPLICABLE)	TOTAL
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
TOTAL				

DESIGN - TYPE/DESCRIPTION	ITEM # (IF APPLICABLE)	QUANTITY (IF APPLICABLE)	UNIT PRICE (IF APPLICABLE)	TOTAL
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
TOTAL				

Contract Number: # \_\_\_\_\_

ACQUISITION - TYPE/DESCRIPTION	ITEM # (IF APPLICABLE)	QUANTITY (IF APPLICABLE)	UNIT PRICE (IF APPLICABLE)	TOTAL
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
TOTAL				

CONSTRUCTION - TYPE/DESCRIPTION	ITEM # (IF APPLICABLE)	QUANTITY (IF APPLICABLE)	UNIT PRICE (IF APPLICABLE)	TOTAL
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
TOTAL				

Contract Number: # \_\_\_\_\_

ADMINISTRATION - TYPE/DESCRIPTION	ITEM # (IF APPLICABLE)	QUANTITY (IF APPLICABLE)	UNIT PRICE (IF APPLICABLE)	TOTAL
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
TOTAL				

WORKING CAPITAL/RESERVES - TYPE/DESCRIPTION	ITEM # (IF APPLICABLE)	QUANTITY (IF APPLICABLE)	UNIT PRICE (IF APPLICABLE)	TOTAL
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
TOTAL				

Contract Number: # \_\_\_\_\_

OTHER - TYPE/DESCRIPTION	ITEM # (IF APPLICABLE)	QUANTITY (IF APPLICABLE)	UNIT PRICE (IF APPLICABLE)	TOTAL
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
TOTAL				

Contract Number: # \_\_\_\_\_

	July	August	September
Revenues			
DC&F/CFBHN	\$348,602	\$400,355	\$365,853
JWB Funding & Subcontract	482,176	528,097	482,176
Medicaid	268,181	302,032	277,729
Pinellas County	92,920	92,916	92,916
Pinellas County School Board	34,227	34,227	34,227
Pinellas County Job Corps	1,500	1,500	1,500
Department of Health	72,816	72,816	72,816
Medicare	52,395	60,390	54,900
CCBHC	73,261	78,545	74,536
VOCA	16,863	16,863	16,863
SAVE	30,000	30,000	30,000
FCASV	11,320	11,320	11,320
FNCAC	14,054	14,054	14,054
PEMHS	34,250	36,277	34,250
Lutheran Services	0	750	3,000
Grants	9,068	9,068	9,068
Healthy Start Coalition	1,500	2,000	2,500
Other Revenue	16,995	17,745	16,995
Private Insurance	34,938	40,455	36,777
Client Fees	9,167	9,167	9,167
Donations & Fundraising	105,615	105,615	105,615
In-Kind Revenue	31,500	31,500	31,500
Total Revenues	1,741,348	1,895,692	1,777,762
Expenses			
Salary Expenses	1,056,262	1,287,115	1,109,075
Fringe Expenses	237,365	261,362	242,441
CFBHN Drug LOC Exp	7,872	7,872	7,872
Client Support & Operating Exp	40,007	41,007	41,007
Other Professional Fees	84,060	84,060	104,060
Building Occupancy	93,082	94,260	91,702
Travel, Maint., Equip	22,014	22,014	22,014
Insurance	47,832	47,832	47,832
Office Expense	39,854	32,715	32,715
Telephone Expense	14,505	14,505	14,505
Other Expenses	550	550	550
Fund Raising	0	0	0
Depreciation Expense	16,832	16,832	16,832
In-Kind Expenses	31,500	31,500	31,500
Total Expenses	1,691,735	1,941,624	1,762,105
Surplus/ (Deficit)	\$49,613	(\$45,932)	\$15,657

SUNCOAST CENTER INC.  
SUMMARY COST CENTERS  
For the Twelve Months Ending Sunday, June 30, 2024

October	November	December	January	February	March	April
\$400,355	\$348,602	\$314,100	\$365,853	\$383,104	\$365,854	\$400,356
508,645	508,645	485,525	531,765	485,525	485,525	508,645
335,172	295,067	271,222	309,593	318,912	309,593	333,437
92,916	92,916	92,916	92,918	92,918	92,917	92,917
34,227	34,227	34,227	34,227	34,227	34,227	34,227
1,500	1,500	1,500	1,500	1,500	1,500	1,500
72,816	72,816	72,816	72,816	72,816	72,816	72,816
60,390	52,155	46,665	58,676	61,610	58,676	64,544
85,742	85,742	84,235	89,978	84,920	84,907	86,555
16,863	16,863	17,363	16,863	16,863	16,863	16,863
30,000	29,000	21,000	22,000	25,000	30,000	30,000
11,320	11,320	11,320	11,320	11,320	11,320	11,320
14,054	14,053	14,054	14,054	14,054	14,053	14,054
35,263	35,263	34,250	36,277	34,250	34,250	35,263
3,000	3,500	3,500	3,500	3,500	3,000	3,000
9,068	9,068	9,068	4,568	4,568	4,568	4,568
3,000	4,000	4,000	4,000	3,000	3,000	2,500
16,995	17,770	17,020	17,020	17,958	17,063	17,063
40,455	34,938	31,260	36,777	38,616	36,777	40,455
9,167	9,167	9,167	9,167	9,167	9,167	9,167
105,615	105,615	105,615	105,615	105,615	105,615	105,615
31,500	31,500	31,500	31,500	31,500	31,500	31,500
1,918,063	1,813,727	1,712,323	1,869,987	1,850,943	1,823,191	1,916,365
1,180,302	1,180,302	1,126,652	1,287,602	1,126,652	1,126,652	1,180,302
253,593	253,569	247,637	340,809	265,780	263,383	268,848
7,872	7,872	7,872	7,872	7,872	7,872	7,872
41,007	41,007	40,007	53,338	41,007	41,007	41,007
104,060	104,060	90,978	85,310	87,578	91,060	84,060
90,120	88,942	94,260	91,966	90,384	89,206	90,384
22,014	22,014	22,014	22,014	22,014	22,014	22,014
47,832	47,832	47,832	47,832	47,832	47,832	47,832
41,301	32,715	32,715	36,040	40,473	31,740	34,915
14,505	14,505	14,505	14,505	14,505	14,505	14,505
550	550	550	550	550	550	550
0	0	0	1,000	10,000	1,000	0
20,531	20,531	20,531	20,897	20,897	20,897	21,214
31,500	31,500	31,500	31,500	31,500	31,500	31,500
1,855,187	1,845,399	1,777,053	2,041,235	1,807,044	1,789,218	1,845,003
\$62,876	(\$31,672)	(\$64,730)	(\$171,248)	\$43,899	\$33,973	\$71,362

		<u>Year to Date</u>
May	June	
\$400,356	\$331,352	\$4,424,740
531,765	462,398	6,000,887
335,173	283,514	3,639,625
92,917	92,919	1,115,006
34,227	34,227	410,725
1,500	1,500	18,000
72,816	72,825	873,801
64,544	52,808	687,750
88,200	83,379	1,000,000
16,863	16,863	202,859
30,000	29,000	336,000
11,320	11,320	135,834
14,054	14,053	168,645
36,277	33,236	419,106
2,500	750	30,000
4,568	4,568	81,816
1,500	1,050	32,050
17,813	17,063	207,500
40,455	33,099	445,000
9,167	9,163	110,000
105,615	105,615	1,267,383
31,500	31,500	378,000
<u>1,943,130</u>	<u>1,722,202</u>	<u>21,984,727</u>
1,233,952	1,073,002	13,967,868
274,983	256,394	3,166,164
7,872	7,872	94,460
41,007	41,007	502,420
84,060	85,978	1,089,321
89,206	94,524	1,098,034
22,014	22,014	264,167
47,832	48,403	574,553
31,740	31,740	418,660
14,505	14,505	174,060
550	550	6,600
0	0	12,000
21,214	21,215	238,420
31,500	31,500	378,000
<u>1,900,435</u>	<u>1,728,704</u>	<u>21,984,727</u>
<u>\$42,695</u>	<u>(\$6,502)</u>	<u>\$0</u>





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)

**2021**

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 **2021** calendar year, or tax year beginning **JUL 1, 2021** and ending **JUN 30, 2022**

<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 SUNCOAST CENTER, INC.		<b>D</b> Employer identification number 59-2092717
	Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite P.O. BOX 10970		<b>E</b> Telephone number (727) 327-7656
	City or town, state or province, country, and ZIP or foreign postal code ST. PETERSBURG, FL 33733		<b>G</b> Gross receipts \$ 18,627,932.
	<b>F</b> Name and address of principal officer: BARBARA DAIRE 4024 CENTRAL AVE, ST. PETERSBURG, FL 33711		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number
<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>J</b> Website: WWW.SUNCOASTCENTER.COM			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			<b>L</b> Year of formation: 1981
<b>M</b> State of legal domicile: FL			

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: STRENGTHENING, PROTECTING AND RESTORING LIVES FOR A HEALTHY COMMUNITY		
	<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>	11
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	11
	<b>5</b> Total number of individuals employed in calendar year 2021 (Part V, line 2a)	<b>5</b>	385
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	15
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	-4,805.
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	0.	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	3,883,078.	1,111,896.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	18,626,402.	17,373,055.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	46,142.	117,570.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	41,531.	14,385.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	22,597,153.	18,616,906.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	1,243,221.	916,674.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	<b>16 a</b> Professional fundraising fees (Part IX, column (A), line 11e)	15,927,385.	15,595,553.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) 118,358.	0.	0.
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,884,039.	3,236,916.
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	20,054,645.	19,749,143.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	2,542,508.	-1,132,237.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	10,260,658.	8,500,247.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	2,621,435.	2,375,116.
		7,639,223.	6,125,131.

**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 1/30/2023
	DUSTIN SODE, CFO Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name KRISTEN BARNETT	Preparer's signature <i>Kristen Barnett</i>	Date 01/26/23	Check if self-employed <input type="checkbox"/>	PTIN P01234578
	Firm's name RSM US LLP	Firm's EIN 42-0714325	Firm's address 1001 WATER ST. STE. 500 TAMPA, FL 33602	Phone no. 813-316-2300	

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

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

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

4a (Code: ) (Expenses \$ 5,376,865. including grants of \$ 48,179. ) (Revenue \$ 5,023,085. ) 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. DURING 2021-2022, OF ADULTS RECEIVING SERVICES 89% DEMONSTRATE IMPROVEMENT IN THE DOMAINS OF REDUCED DEPRESSION, REDUCED ANXIETY, AND DECREASED SYMPTOMS OF SUICIDAL THOUGHTS OR BEHAVIORS.

4b (Code: ) (Expenses \$ 2,106,966. including grants of \$ 2,044. ) (Revenue \$ 2,101,360. ) TOTAL FAMILY STRATEGY PROVIDES IN-HOME, PREVENTION AND EARLY INTERVENTION PROGRAMING AND SERVICES FOR FAMILIES AT RISK OF BECOMING INVOLVED SOCIAL SERVICES, DEPENDENCY, AND BEHAVIORAL HEALTH PROGRAMMING. THE PROGRAMMING BUILDS UPON FAMILIES HELPING FAMILIES, AND INCREASES SOCIAL SUPPORTS AND CONFIDENCE WITHIN THE FAMILIES. THROUGH THE USE OF SOCIAL SUPPORTS, FAMILIES INCREASE THEIR SELF-SUFFICIENCY. OUR EARLY CHILDHOOD SERVICES (FOR CHILDREN 0-5 DEMONSTRATING SEVERE BEHAVIORAL OR DEVELOPMENTAL NEEDS), AND INTENSIVE FAMILY SERVICES PROVIDE SERVICES WITHIN THE CHILDREN'S NATURAL SETTINGS OF HOME AND SCHOOL, INVOLVING ALL APPROPRIATE SUPPORTS FOR THE YOUTH. IN ADDITION, WE HAVE THERAPISTS WHO ARE STATIONED WITHIN THE SCHOOL SETTINGS, PROVIDING THERAPY TO YOUTH AND THEIR FAMILIES. DURING 2021-2022, OUR

4c (Code: ) (Expenses \$ 2,685,207. including grants of \$ 8,708. ) (Revenue \$ 2,903,676. ) FAMILY INTEGRATED SERVICES PROVIDES CHILDREN UNDER 18 AND THEIR FAMILY MEMBERS WITH CRUCIAL SERVICES THAT 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 THAT ARE FAMILY-CENTERED AND SOLUTION FOCUS, AND BUILT UPON THE CHILD'S STRENGTHS AND NEEDED RESOURCES. DURING 2021-2022, OF THE CHILDREN RECEIVING SERVICES, 75% DEMONSTRATED IMPROVEMENT IN THE DOMAINS OF REDUCED DEPRESSION, REDUCED ANXIETY, AND DECREASED SYMPTOMS OF SUICIDAL THOUGHTS OR BEHAVIORS.

4d Other program services (Describe on Schedule O.) (Expenses \$ 7,292,775. including grants of \$ 857,743. ) (Revenue \$ 7,375,150. )

4e Total program service expenses 17,461,813.

**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> .....	X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions .....	X	
<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> .....		X
<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> .....		X
<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 Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....		X
<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> .....		X
<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> .....		X
<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> .....		X
<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> .....		X
<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> .....	X	
<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> .....	X	
<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> .....	X	
<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> .....		X
<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> .....		X
<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> .....	X	
<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> .....	X	
<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> .....		X
<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> .....	X	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....		X
<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> .....		X
<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> .....		X
<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> .....		X
<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> See instructions .....		X
<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> .....	X	
<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> .....		X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<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> .....		X

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefits, and controlled entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 2a through 17 regarding employee counts, tax returns, business income, foreign accounts, 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... 11; 1b Enter the number of voting members included... 11; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... 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: 8a The governing body? X; 8b 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 on 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 on 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? 15a The organization's CEO, Executive Director, or top management official... X; 15b Other officers or key employees of the organization... X; 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 [ ] 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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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				260,887.	0.	29,842.
(2) FELIX NWOKOLO PSYCHIATRIST	40.00					X		248,555.	0.	25,426.
(3) LINDA LEFLER MEDICAL DIRECTOR	40.00				X			230,629.	0.	19,219.
(4) TWANA SNOW ARNP	40.00					X		124,704.	0.	25,188.
(5) AARON BROOKS ARNP	40.00					X		143,870.	0.	4,982.
(6) KRISTIN MATHRE COO	40.00					X		134,983.	0.	9,867.
(7) CHIARA WILLIAMS ARPN	40.00					X		121,766.	0.	14,995.
(8) DUSTIN SODE CFO	39.00 1.00			X				105,685.	0.	18,642.
(9) KRISTIN SMITH CHAIR	2.50 1.00	X		X				0.	0.	0.
(10) CINDY STOKES VICE CHAIR	2.50	X		X				0.	0.	0.
(11) ROBERT MELBY TREASURER/SECRETARY	2.50 1.00	X		X				0.	0.	0.
(12) STEPHAN FREEMAN DIRECTOR	2.50	X						0.	0.	0.
(13) CHUCK PRATHER DIRECTOR	2.50 1.00	X						0.	0.	0.
(14) LINDA LERNER DIRECTOR	2.50	X						0.	0.	0.
(15) RICHARD TOURTELOT DIRECTOR	2.50 1.00	X						0.	0.	0.
(16) HILLARY HUTCHINS DIRECTOR	2.50	X						0.	0.	0.
(17) JANICE WEBER DIRECTOR	2.50	X						0.	0.	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>	38,035.				
	<b>d</b> Related organizations	<b>1d</b>	400,000.				
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	673,861.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 571,687.				
	<b>h Total.</b> Add lines 1a-1f			1,111,896.			
Program Service Revenue	<b>2 a</b> GOVERNMENT GRANTS	Business Code					
		623990	13,108,161.	13,108,161.			
	<b>b</b> MEDICARE/MEDICAID	623990	3,684,806.	3,684,806.			
	<b>c</b> CLIENT FEES	623990	580,088.	580,088.			
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
<b>g Total.</b> Add lines 2a-2f			17,373,055.				
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		115,270.			115,270.	
	<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	2,300.			
	<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>	0.				
	<b>c</b> Gain or (loss)	<b>7c</b>	2,300.				
<b>d</b> Net gain or (loss)			2,300.		2,300.		
<b>8 a</b> Gross income from fundraising events (not including \$ 38,035. of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>		0.				
<b>b</b> Less: direct expenses	<b>8b</b>	11,026.					
<b>c</b> Net income or (loss) from fundraising events			-11,026.		-11,026.		
<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	30,216.	30,216.			
	<b>b</b> K-1 BEHAVIORAL HEALTH	642100	-4,805.		-4,805.		
	<b>c</b>						
	<b>d</b> All other revenue						
<b>e Total.</b> Add lines 11a-11d			25,411.				
<b>12 Total revenue.</b> See instructions			18,616,906.	17,403,271.	-4,805.	106,544.	

**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 .....	916,674.	916,674.		
<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 .....	597,201.	230,629.	366,572.	
<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 .....	12,087,877.	11,013,339.	1,005,664.	68,874.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	272,173.	220,983.	49,138.	2,052.
<b>9</b> Other employee benefits .....	1,721,372.	1,579,575.	127,259.	14,538.
<b>10</b> Payroll taxes .....	916,930.	822,247.	89,656.	5,027.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	21,033.	20,845.	188.	
<b>c</b> Accounting .....	77,847.		77,847.	
<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.)	356,266.	321,215.	23,070.	11,981.
<b>12</b> Advertising and promotion .....				
<b>13</b> Office expenses .....	494,163.	340,689.	148,429.	5,045.
<b>14</b> Information technology .....	336,152.	268,048.	66,555.	1,549.
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	1,103,943.	969,693.	127,815.	6,435.
<b>17</b> Travel .....	114,070.	103,648.	10,422.	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	33,398.	30,618.	2,531.	249.
<b>20</b> Interest .....	1,159.	1,159.		
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	203,290.	170,011.	32,266.	1,013.
<b>23</b> Insurance .....	301,021.	266,531.	33,538.	952.
<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> MEDICAL & PHARMACY	102,175.	102,126.	49.	
<b>b</b> EQUIPMENT	92,399.	83,783.	7,973.	643.
<b>c</b> _____				
<b>d</b> _____				
<b>e</b> All other expenses _____				
<b>25</b> Total functional expenses. Add lines 1 through 24e	19,749,143.	17,461,813.	2,168,972.	118,358.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

**Part X Balance Sheet**

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

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	2,538,985.	<b>1</b>	356,254.
	<b>2</b> Savings and temporary cash investments .....	910,078.	<b>2</b>	810,521.
	<b>3</b> Pledges and grants receivable, net .....	1,667,118.	<b>3</b>	1,511,842.
	<b>4</b> Accounts receivable, net .....	315,585.	<b>4</b>	1,115,529.
	<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 .....	72,763.	<b>8</b>	98,053.
	<b>9</b> Prepaid expenses and deferred charges .....	587,731.	<b>9</b>	273,025.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 6,361,739.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 5,236,531.	1,106,336.	<b>10c</b> 1,125,208.
	<b>11</b> Investments - publicly traded securities .....	2,000,284.	<b>11</b>	2,264,795.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	974,594.	<b>12</b>	864,332.
	<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 .....	87,184.	<b>15</b>	80,688.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	10,260,658.	<b>16</b>	8,500,247.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	859,125.	<b>17</b>	887,198.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	139,070.	<b>19</b>	17,761.
	<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 .....		<b>24</b>	
	<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 .....	1,623,240.	<b>25</b>	1,470,157.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	2,621,435.	<b>26</b>	2,375,116.
<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 .....	7,281,811.	<b>27</b>	5,770,521.
	<b>28</b> Net assets with donor restrictions .....	357,412.	<b>28</b>	354,610.
	<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 .....	7,639,223.	<b>32</b>	6,125,131.
<b>33</b> Total liabilities and net assets/fund balances .....	10,260,658.	<b>33</b>	8,500,247.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	18,616,906.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	19,749,143.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-1,132,237.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	7,639,223.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-386,660.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	4,805.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	6,125,131.

**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 on 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
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>	X	
<b>3b</b>	X	



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

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f); 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities, whether or not the business is regularly carried on; 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 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

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)); 15 Public support percentage from 2020 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization; b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization; 17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization; b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization; 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

**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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	1,637,139.	2,305,063.	1,949,080.	3,883,078.	1,111,896.	10,886,256.
<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 .....	17,513,463.	18,640,332.	19,176,603.	18,674,261.	17,767,271.	91,771,930.
<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 .....	19,150,602.	20,945,395.	21,125,683.	22,557,339.	18,879,167.	102,658,186.
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....			26,280.	6,280.	49,277.	81,837.
<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.	49,277.	81,837.
<b>8 Public support.</b> (Subtract line 7c from line 6.)						102,576,349.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>9</b> Amounts from line 6 .....	19,150,602.	20,945,395.	21,125,683.	22,557,339.	18,879,167.	102,658,186.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	50,305.	69,699.	55,301.	45,338.	115,270.	335,913.
<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 .....	50,305.	69,699.	55,301.	45,338.	115,270.	335,913.
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....					-4,805.	-4,805.
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	19,200,907.	21,015,094.	21,180,984.	22,602,677.	18,989,632.	102,989,294.

**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 2021 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	99.60 %
<b>16</b> Public support percentage from 2020 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 2021 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	.33 %
<b>18</b> Investment income percentage from 2020 Schedule A, Part III, line 17 .....	<b>18</b>	.25 %

**19a 33 1/3% support tests - 2021.** 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 - 2020.** 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).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</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 on 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 on 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 on lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b> A family member of a person described on line 11a above?		
<b>c</b> A 35% controlled entity of a person described on 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 on 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 on 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 2021 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-2021</b>	<b>(iii) Distributable Amount for 2021</b>
<b>1</b> Distributable amount for 2021 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2021			
<b>a</b> From 2016			
<b>b</b> From 2017			
<b>c</b> From 2018			
<b>d</b> From 2019			
<b>e</b> From 2020			
<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 2021 distributable amount			
<b>i</b> Carryover from 2016 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2021 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2021 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2021, 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 2021. 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 2022.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2017			
<b>b</b> Excess from 2018			
<b>c</b> Excess from 2019			
<b>d</b> Excess from 2020			
<b>e</b> Excess from 2021			

**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.)

SCHEDULE A, PART III, LINE 12, EXPLANATION FOR OTHER INCOME:

OTHER REVENUE

2021 AMOUNT: \$ -4,805.

**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990 or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

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), 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), 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).

Name of organization  SUNCOAST CENTER, INC.	Employer identification number  59-2092717
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**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/>	\$ 39,177.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 32,516.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 10,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  SUNCOAST CENTER, INC.	Employer identification number  59-2092717
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**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/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	<hr/> <hr/> <hr/>	\$ 279,646.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
11	<hr/> <hr/> <hr/>	\$ 125,658.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
12	<hr/> <hr/> <hr/>	\$ 46,334.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  SUNCOAST CENTER, INC.	Employer identification number  59-2092717
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**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/>	\$ 31,512.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
14	<hr/> <hr/> <hr/>	\$ 26,834.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
15	<hr/> <hr/> <hr/>	\$ 9,157.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" 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.)
<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  SUNCOAST CENTER, INC.	Employer identification number  59-2092717
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	MERCK STOCK _____ _____ _____	\$ 39,177.	10/20/21
10	MEDICATION _____ _____ _____	\$ 279,646.	06/30/22
11	MEDICATION _____ _____ _____	\$ 125,658.	06/30/22
12	MEDICATION _____ _____ _____	\$ 46,334.	06/30/22
13	MEDICATION _____ _____ _____	\$ 31,512.	06/30/22
14	MEDICATION _____ _____ _____	\$ 26,834.	06/30/22

Name of organization  SUNCOAST CENTER, INC.	Employer identification number  59-2092717
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**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
15	MEDICATION <hr/> <hr/> <hr/> <hr/>	\$ 9,157.	06/30/22
	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____

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

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

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

OMB No. 1545-0047

**2021**

**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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (for example, recreation or education)  Preservation of a historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

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

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

(i) Revenue included on Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

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

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that 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    |
|--|-----------|
| <b>c</b> Beginning balance .....             | <b>1c</b> |
| <b>d</b> Additions during the year .....     | <b>1d</b> |
| <b>e</b> Distributions during the year ..... | <b>1e</b> |
| <b>f</b> Ending balance .....                | <b>1f</b> |
- 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
<b>1a</b> Beginning of year balance .....	334,182.	334,182.	334,182.	334,182.	334,182.
<b>b</b> Contributions .....					
<b>c</b> Net investment earnings, gains, and losses	3,234.	3,549.	3,478.	3,230.	3,230.
<b>d</b> Grants or scholarships .....					
<b>e</b> Other expenditures for facilities and programs .....	3,234.	3,549.	3,478.	3,230.	3,230.
<b>f</b> Administrative expenses .....					
<b>g</b> 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  \_\_\_\_\_ %
  - 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                                  |
|--|--------------------------|-------------------------------------|
| <b>(i)</b> Unrelated organizations ..... | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>(ii)</b> Related organizations .....  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- 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
<b>1a</b> Land .....		305,536.		305,536.
<b>b</b> Buildings .....		335,000.		335,000.
<b>c</b> Leasehold improvements .....		1,190,903.		1,190,903.
<b>d</b> Equipment .....		4,430,899.	5,236,531.	-805,632.
<b>e</b> Other .....		99,401.		99,401.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) .....				1,125,208.

**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	864,332.	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.) ▶	864,332.	

**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	605,825.
(3) DEFERRED COMPENSATION PAYABLE	864,332.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	1,470,157.

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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	18,816,576.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	-386,660.	
<b>b</b>	Donated services and use of facilities	<b>2b</b>	28,026.	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	553,499.	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	194,865.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	18,621,711.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	-4,805.	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	-4,805.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>	18,616,906.

**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.

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	19,491,869.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities	<b>2a</b>	28,026.	
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	252,446.	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	280,472.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	19,211,397.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	537,746.	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	537,746.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>	19,749,143.

**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:

SUNCOAST CENTER PROPERTIES REVENUE INCLUDED IN CONSOLIDATED

FS	1,091,245.
RENT PAYMENTS INCLUDED IN REVENUE ON FS	-537,746.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	553,499.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

K-1 BEHAVIORAL HEALTH PARTNERS OF FLORIDA	-4,805.
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PART XII, LINE 2D - OTHER ADJUSTMENTS:

SUNCOAST CENTER PROPERTIES EXPENSES INCLUDED IN

CONSOLIDATED FS	252,446.
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PART XII, LINE 4B - OTHER ADJUSTMENTS:

RENT PAYMENTS INCLUDED IN REVENUE ON FS	537,746.
---	----------





**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 NONE	(d) Total events (add col. (a) through col. (c))
		SUCCESS BREAKFAST (event type)	(event type)	(total number)	
Revenue	<b>1</b> Gross receipts .....	38,035.			38,035.
	<b>2</b> Less: Contributions .....	38,035.			38,035.
	<b>3</b> Gross income (line 1 minus line 2) .....				
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....				
	<b>6</b> Rent/facility costs .....				
	<b>7</b> Food and beverages .....				
	<b>8</b> Entertainment .....				
	<b>9</b> Other direct expenses .....	11,026.			11,026.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				11,026.
	<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) .....				-11,026.

**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))
		<b>1</b> Gross revenue .....			
Direct Expenses	<b>2</b> Cash prizes .....				
	<b>3</b> Noncash prizes .....				
	<b>4</b> Rent/facility costs .....				
	<b>5</b> Other direct expenses .....				
	<b>6</b> 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	
<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....					
<b>8</b> 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: \_\_\_\_\_





**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

**2021**

**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 noncash 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) 2021

**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	384	325,233.	0.		
EMERGENCY FUNDS - AIS	384	48,179.	0.		
EMERGENCY FUNDS - FIS	83	8,708.	0.		
EMERGENCY FUNDS - TFS	46	2,044.	0.		
MEDICAL SAMPLES - AIS	2059	0.	532,510.	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

**2021**

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 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? .....
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....
- c** Participate in or receive payment from an equity-based compensation arrangement? .....
- 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? .....
- b** Any related organization? .....
- 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? .....
- b** Any related organization? .....
- 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 .....
- 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 .....
- 9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2021



**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 and/or 1099-NEC 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)	229,923.	20,000.	10,964.	19,160.	10,682.	290,729.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) FELIX NWOKOLO PSYCHIATRIST	(i)	243,983.	0.	4,572.	7,412.	18,014.	273,981.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) LINDA LEFLER MEDICAL DIRECTOR	(i)	229,251.	0.	1,378.	7,023.	12,196.	249,848.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2021**

**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**

<b>Part I</b>	<b>Types of Property</b>			
	(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	488	39,177.	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	2,059	532,510.	FAIR VALUE-DONATED DRUG
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.		

LHA **For Paperwork Reduction Act Notice, see the Instructions for Form 990.** **Schedule M (Form 990) 2021**

**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

Multiple horizontal lines for data entry.

**SCHEDULE O  
(Form 990)**

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 Form 990-EZ.

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

OMB No. 1545-0047

**2021**

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

SERVICES THAT ADDRESS EMOTIONAL WELLNESS, TRAUMA, AND CHILD ADVOCACY TO

INDIVIDUALS AND FAMILIES THROUGHOUT PINELLAS COUNTY.

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

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

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 2021-2022, SUNCOAST

CENTER PROVIDED 269,119 SERVICES TO OVER 21,000 INDIVIDUALS THROUGHOUT

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

Schedule O (Form 990) 2021

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

PINELLAS COUNTY.

EXPENSES \$ 7,292,775. INCL GRANTS OF \$ 857,743. REVENUE \$ 7,375,150.

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 2021-2022, OUR CHILDREN'S ADVOCACY TEAM PROVIDED SERVICES TO 887; CONDUCTED 835 CHILD ABUSE/NEGLECT EXAMS AND PROVIDED 1,335 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 2021-2022, SEXUAL ASSAULT SERVICES RESPONDED TO 869 RAPE CRISIS CALLS, CONDUCTED 175 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 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

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

(33%) OF OUR SERVICES ARE IN COMMUNITY LOCATIONS SUCH AS JAILS, CLIENT

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. SUNCOAST CENTER

COORDINATES THE PINELLAS BEHAVIORAL HEALTH SYSTEM OF CARE WORKGROUP, A

COALITION OF MORE THAN 50 DIFFERENT LOCAL AGENCIES AND ENTITIES. THE

Name of the organization SUNCOAST CENTER, INC.	Employer identification number 59-2092717
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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 CONVENED LOCAL AGENCIES TO EMBARK ON A COLLABORATIVE PROCESS IMPROVEMENT EFFORT TO PREVENT SUICIDES IN PINELLAS. THE ZERO SUICIDE INITIATIVE HAS HARNESSED COLLABORATION ACROSS SECTORS OF MENTAL HEALTH, HEALTH, SCHOOLS, LAW ENFORCEMENT, AND HOUSING. AS PART OF THIS COLLABORATION, 31 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 AREA OF METRICS REPORTING, COMMON MESSAGING, AWARENESS AND EDUCATION, AND ADVOCACY.

SUNCOAST CENTER IS A LEADERSHIP MEMBER OF "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.

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



Name of the organization SUNCOAST CENTER, INC.	Employer identification number 59-2092717
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REGARDING THIS POLICY, IT IS ALWAYS BEST TO ERR ON THE SIDE OF CAUTION AND

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](http://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:

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

K-1 BEHAVIORAL HEALTH PARTNERS OF FL - NOT IN BOOKS 4,805.

FORM 990, PART XII, LINE 2C:

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

**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

**2021**

**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	

**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	605,825.	INTERCOMPANY LOAN
(3) SUNCOAST CENTER PROPERTIES, INC.	K	537,745.	INTERCOMPANY RENT
(4)			
(5)			
(6)			



**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.

# 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.  SUNCOAST CENTER, INC.	Taxpayer identification number (TIN)  59-2092717
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. P.O. BOX 10970	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ST. PETERSBURG, FL 33733	

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 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
Form 990-T (corporation)	07		

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 15, 2023    , 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, 2021    , and ending     JUN 30, 2022    .

**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-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-TE and Form 8879-TE for payment instructions.



# 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.  SUNCOAST CENTER, INC.	Taxpayer identification number (TIN)  59-2092717
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. P.O. BOX 10970	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ST. PETERSBURG, FL 33733	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 7

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	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
Form 990-T (corporation)	07		

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 15, 2023    , 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, 2021    , and ending     JUN 30, 2022    .

**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-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-TE and Form 8879-TE for payment instructions.

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

# 2021

For calendar year 2021 or other tax year beginning JUL 1, 2021, and ending JUN 30, 2022

▶ **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).**

Department of the Treasury  
Internal Revenue Service

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

<p><b>A</b> <input type="checkbox"/> Check box if address changed.</p> <p><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"/> 529A</p>	<p><b>Print or Type</b></p>	<p>Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.)  <b>SUNCOAST CENTER, INC.</b></p> <p>Number, street, and room or suite no. If a P.O. box, see instructions.  <b>P.O. BOX 10970</b></p> <p>City or town, state or province, country, and ZIP or foreign postal code  <b>ST. PETERSBURG, FL 33733</b></p>	<p><b>D</b> Employer identification number   <b>59-2092717</b></p> <p><b>E</b> Group exemption number (see instructions)</p> <p><b>F</b> <input type="checkbox"/> Check box if an amended return.</p>
<p><b>C</b> Book value of all assets at end of year ..... <b>8,500,247.</b></p>			
<p><b>G</b> Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust</p>			
<p><b>H</b> Check if filing only to ▶ <input type="checkbox"/> Claim credit from Form 8941 <input type="checkbox"/> Claim a refund shown on Form 2439</p>			
<p><b>I</b> Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ..... ▶ <input type="checkbox"/></p>			
<p><b>J</b> Enter the number of attached Schedules A (Form 990-T) ..... <b>1</b></p>			
<p><b>K</b> During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                  If "Yes," enter the name and identifying number of the parent corporation. ▶</p>			
<p><b>L</b> The books are in care of ▶ <b>DUSTIN SODE</b> Telephone number ▶ <b>727-327-7656</b></p>			

**Part I Total Unrelated Business Taxable Income**

1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) .....	1	0.
2 Reserved .....	2	
3 Add lines 1 and 2 .....	3	
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	
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	
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.

<b>Part III Tax and Payments</b>			
1a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) .....	<b>1a</b>		
b Other credits (see instructions) .....	<b>1b</b>		
c General business credit. Attach Form 3800 (see instructions) .....	<b>1c</b>		
d Credit for prior year minimum tax (attach Form 8801 or 8827) .....	<b>1d</b>		
e <b>Total credits.</b> Add lines 1a through 1d .....		<b>1e</b>	
2 Subtract line 1e from Part II, line 7 .....		<b>2</b>	0.
3 Other amounts due. 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>	
4 <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.
5 Current net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4 .....		<b>5</b>	0.
6a Payments: A 2020 overpayment credited to 2021 .....	<b>6a</b>		
b 2021 estimated tax payments. Check if section 643(g) election applies .....	<b>6b</b>		
c Tax deposited with Form 8868 .....	<b>6c</b>		
d Foreign organizations: Tax paid or withheld at source (see instructions) .....	<b>6d</b>		
e Backup withholding (see instructions) .....	<b>6e</b>		
f Credit for small employer health insurance premiums (attach Form 8941) .....	<b>6f</b>		
g Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other .....	<b>6g</b>		
7 <b>Total payments.</b> Add lines 6a through 6g .....		<b>7</b>	
8 Estimated tax penalty (see instructions). Check if Form 2220 is attached .....		<b>8</b>	
9 <b>Tax due.</b> If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed .....		<b>9</b>	
10 <b>Overpayment.</b> If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid .....		<b>10</b>	
11 Enter the amount of line 10 you want: <b>Credited to 2022 estimated tax</b> <input type="checkbox"/> <b>Refunded</b> <input type="checkbox"/> .....		<b>11</b>	

<b>Part IV Statements Regarding Certain Activities and Other Information</b> (see instructions)			
1 At any time during the 2021 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 .....		<b>Yes</b>	<b>No</b>
			X
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? .....			X
3 Enter the amount of tax-exempt interest received or accrued during the tax year .....			
4 Enter available pre-2018 NOL carryovers here .....			
5 Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.			
Business Activity Code	Available post-2017 NOL carryover		
1	\$ 4,376.		
	\$		
6a Did the organization change its method of accounting? (see instructions) .....			X
b If 6a 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 6b. Also, provide any other additional information. See instructions.

<b>Sign Here</b>	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>Signature of officer</b> .....	<b>Date</b> .....	<b>CFO Title</b> .....		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	KRISTEN BARNETT		01/26/23		P01234578
	Firm's name <b>RSM US LLP</b>	Firm's EIN <b>42-0714325</b>			
	Firm's address <b>1001 WATER ST. STE. 500 TAMPA, FL 33602</b>	Phone no. <b>813-316-2300</b>			

May the IRS discuss this return with the preparer shown below (see instructions)?	<input checked="" type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>
---	--	------------------------------------

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

2021

Department of the Treasury Internal Revenue Service

Go to 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

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

E Describe the unrelated trade or business INVESTMENT IN BEHAVIORAL HEALTH PARTNERS OF FLORIDA LLC

Table with 4 columns: Part I Unrelated Trade or Business Income, (A) Income, (B) Expenses, (C) Net. Rows include Gross receipts or sales, Cost of goods sold, Capital gain net income, etc.

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

Table with 3 columns: Line number, Description, Amount. Rows include Compensation of officers, directors, and trustees, Salaries and wages, Repairs and maintenance, etc.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2021

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. Row 9 is a checkbox question about 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 breakdown by property type (personal vs real) and total rents. Row 5: Total deductions. Row 6: Total rents received or accrued. Row 7: Deductions directly connected with the income. Row 8: Total gross income.

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 2-4: Gross income from or allocable to debt-financed property and deductions. Row 5: Amount of average acquisition debt. Row 6: Average adjusted basis. Row 7: Division of line 4 by line 5. Row 8: Total gross income. Row 9: Allocable deductions. Row 10: Total allocable deductions. Row 11: 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



FORM 990-T (A)	INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 1
DESCRIPTION		NET INCOME OR (LOSS)
INVESTMENT - ORDINARY BUSINESS INCOME (LOSS)		-4,870.
TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5		-4,870.

FORM 990-T (A)	OTHER DEDUCTIONS	STATEMENT 2
DESCRIPTION		AMOUNT
ACCOUNTING FEES ALLOCATED TO 990-T		600.
TOTAL TO SCHEDULE A, PART II, LINE 14		600.

FORM 990-T SCHEDULE A	DESCRIPTION OF ORGANIZATION'S UNRELATED BUSINESS ACTIVITY	STATEMENT 3
	INVESTMENT IN BEHAVIORAL HEALTH PARTNERS OF FLORIDA LLC	
	TO FORM 990-T, SCHEDULE A, LINE E	

990-T SCH A	POST-2017 NET OPERATING LOSS DEDUCTION			STATEMENT 4
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/21	4,376.	0.	4,376.	4,376.
NOL CARRYOVER AVAILABLE THIS YEAR			4,376.	4,376.



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

Consolidated Financial and Compliance Report  
June 30, 2022

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RSM US LLP

## Independent Auditor's Report

Board of Trustees  
Suncoast Center, Inc. and Subsidiary

### Opinion

We have audited the consolidated financial statements of Suncoast Center, Inc. and Subsidiary (the Organization), which comprise the consolidated statements of financial position as of June 30, 2022 and 2021, 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).

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the Organization as of June 30, 2022 and 2021, and the changes in their net assets and their cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

### Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS) and the standards applicable to financial audits contained in the *Government Auditing Standards*, issued by *the Comptroller of the United States of America (Government Auditing Standards)*. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Organization and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for 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.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Organization's ability to continue as a going concern within one year after the date that the financial statements are issued or available to be issued.

### **Auditor's Responsibilities for the Audit of the Financial Statements**

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS and *Government Auditing Standards* will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS and *Government Auditing Standards*, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit 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 Organization's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Organization's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings and certain internal control–related matters that we identified during the audit.

### **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 27 through 32 is presented for purposes of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described above, it is inappropriate and we do not express an opinion on the supplementary information referred to above.

### **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 December 14, 2022, on our consideration of the Organization'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 the Organization's internal control over financial reporting and compliance.

*RSM US LLP*

St. Petersburg, Florida  
December 14, 2022

Suncoast Center, Inc. and Subsidiary

Consolidated Statements of Financial Position  
June 30, 2022 and 2021

	2022	2021
<b>Assets</b>		
Current assets:		
Cash and cash equivalents	\$ 3,711,625	\$ 4,807,680
Accounts receivable	2,627,371	1,982,703
Medication inventory	98,053	72,763
Prepaid expenses and current other assets	276,203	590,776
<b>Total current assets</b>	<b>6,713,252</b>	<b>7,453,922</b>
Property and equipment, net	4,521,885	4,807,758
Investments	1,930,613	1,666,102
Investments designated for deferred compensation	864,332	974,594
Endowed investments	334,182	334,182
<b>Total investments</b>	<b>3,129,127</b>	<b>2,974,878</b>
Charitable remainder trusts	-	6,496
Other assets	80,688	80,688
<b>Total assets</b>	<b>\$ 14,444,952</b>	<b>\$ 15,323,742</b>
<b>Liabilities and Net Assets</b>		
Current liabilities:		
Accounts payable	\$ 57,971	\$ 53,871
Accrued expenses	829,228	805,254
Deferred revenue	17,761	139,070
<b>Total current liabilities</b>	<b>904,960</b>	<b>998,195</b>
Deferred compensation payable	864,332	974,594
<b>Total liabilities</b>	<b>1,769,292</b>	<b>1,972,789</b>
Net assets:		
Without donor restrictions	12,321,050	12,993,541
With donor restrictions	354,610	357,412
<b>Total net assets</b>	<b>12,675,660</b>	<b>13,350,953</b>
<b>Total liabilities and net assets</b>	<b>\$ 14,444,952</b>	<b>\$ 15,323,742</b>

See notes to consolidated financial statements.

**Suncoast Center, Inc. and Subsidiary**

**Consolidated Statement of Activities  
Year Ended June 30, 2022**

**With Summarized Comparative Information for the Year Ended June 30, 2021**

	Year Ended June 30, 2022			Summarized Comparative Totals Year Ended June 30, 2021
	Without Donor Restrictions	With Donor Restrictions	Total	
Operating support and revenue:				
Public support:				
Special event revenue	\$ 38,035	\$ -	\$ 38,035	\$ 39,825
Less special event costs	(11,026)	-	(11,026)	(1,807)
<b>Net revenue from special events</b>	<b>27,009</b>	<b>-</b>	<b>27,009</b>	<b>38,018</b>
Contributions	101,274	40,177	141,451	184,992
In-kind contributions	560,536	-	560,536	699,402
	<b>661,810</b>	<b>40,177</b>	<b>701,987</b>	<b>884,394</b>
Revenue:				
Reimbursement of direct and indirect costs of providing services to clients (including Medicaid and Medicare of \$3,684,806 and \$3,840,705 in 2022 and 2021, respectively)	4,264,894	-	4,264,894	4,424,837
Governmental and other agencies	13,108,160	-	13,108,160	14,191,977
Gain on sale of property and equipment	954,800	-	954,800	804
Gain on forgiveness of long-term debt	-	-	-	2,620,402
Other (loss) income	(240,274)	-	(240,274)	504,844
	<b>18,087,580</b>	<b>-</b>	<b>18,087,580</b>	<b>21,742,864</b>
Net assets released from restrictions:				
Satisfaction of donor restrictions	42,979	(42,979)	-	-
<b>Total support and revenue</b>	<b>18,819,378</b>	<b>(2,802)</b>	<b>18,816,576</b>	<b>22,665,276</b>
Operating expenses:				
Program services	17,303,647	-	17,303,647	17,681,199
Supporting services:				
Administrative and general	2,074,209	-	2,074,209	1,966,262
Fundraising and development	114,013	-	114,013	120,095
<b>Total supporting services</b>	<b>2,188,222</b>	<b>-</b>	<b>2,188,222</b>	<b>2,086,357</b>
<b>Total expenses</b>	<b>19,491,869</b>	<b>-</b>	<b>19,491,869</b>	<b>19,767,556</b>
<b>Change in net assets</b>	<b>(672,491)</b>	<b>(2,802)</b>	<b>(675,293)</b>	<b>2,897,720</b>
Net assets at beginning of year	12,993,541	357,412	13,350,953	10,453,233
Net assets at end of year	<b>\$ 12,321,050</b>	<b>\$ 354,610</b>	<b>\$ 12,675,660</b>	<b>\$ 13,350,953</b>

See notes to consolidated financial statements.

**Suncoast Center, Inc. and Subsidiary**

**Consolidated Statement of Activities  
Year Ended June 30, 2021**

	Without Donor Restrictions	With Donor Restrictions	Total
<b>Operating support and revenue:</b>			
Public support:			
Special event revenue	\$ 39,825	\$ -	\$ 39,825
Less special event costs	(1,807)	-	(1,807)
<b>Net revenue from special events</b>	<b>38,018</b>	<b>-</b>	<b>38,018</b>
Contributions	91,417	93,575	184,992
In-kind contributions	699,402	-	699,402
	<b>790,819</b>	<b>93,575</b>	<b>884,394</b>
<b>Revenue:</b>			
Reimbursement of direct and indirect costs of providing services to clients (including Medicaid and Medicare of \$3,840,705)	4,424,837	-	4,424,837
Gain on sale of property and equipment	804	-	804
Governmental and other agencies	14,191,977	-	14,191,977
Gain on forgiveness of long-term debt	2,620,402	-	2,620,402
Other income	504,844	-	504,844
	<b>21,742,864</b>	<b>-</b>	<b>21,742,864</b>
<b>Net assets released from restrictions:</b>			
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>Operating expenses:</b>			
Program services	17,681,199	-	17,681,199
<b>Supporting services:</b>			
Administrative and general	1,966,262	-	1,966,262
Fundraising and development	120,095	-	120,095
<b>Total supporting services</b>	<b>2,086,357</b>	<b>-</b>	<b>2,086,357</b>
<b>Total expenses</b>	<b>19,767,556</b>	<b>-</b>	<b>19,767,556</b>
<b>Change in net assets</b>	<b>3,055,774</b>	<b>(158,054)</b>	<b>2,897,720</b>
Net assets at beginning of year	9,937,767	515,466	10,453,233
Net assets at end of year	<b>\$ 12,993,541</b>	<b>\$ 357,412</b>	<b>\$ 13,350,953</b>

See notes to consolidated financial statements.



Suncoast Center, Inc. and Subsidiary

Consolidated Statement of Functional Expenses  
Year Ended June 30, 2022

	Program Services							
	Case Management	Community Intensive Services	Adult Integrated Services	Intensive Family Services	Forensic Services	Family Integrated Services	Early Childhood Services	Child Protection Team
Salaries	\$ 476,807	\$ 569,859	\$ 3,434,079	\$ 498,860	\$ 462,808	\$ 1,849,970	\$ 876,205	\$ 675,382
Fringes	112,749	132,176	757,356	104,447	123,139	444,988	220,035	156,189
Psychiatric consultants	-	-	-	-	-	-	-	6,200
<b>Total salaries and related expenses</b>	<b>589,556</b>	<b>702,035</b>	<b>4,191,435</b>	<b>603,307</b>	<b>585,947</b>	<b>2,294,958</b>	<b>1,096,240</b>	<b>837,771</b>
Building occupancy	20,757	36,177	163,940	30,127	16,910	74,548	51,577	42,241
Professional services	15,280	42,195	109,587	14,595	15,191	104,557	27,406	23,190
Travel and training	12,381	21,718	4,530	7,123	23,374	9,436	20,499	7,947
Equipment costs	11,051	23,436	54,553	6,729	7,942	33,845	14,371	13,859
Medical and pharmacy	-	480	71,810	-	-	105	-	19,044
Insurance	13,412	19,277	51,447	6,332	7,002	26,481	13,100	94,540
Interest and amortization	-	1,159	-	-	-	-	-	-
Operating supplies and expenses	137,580	189,321	132,074	16,989	24,026	89,170	35,853	28,774
Other	157	12,859	5,006	516	-	2,612	917	940
In-kind expense	-	-	532,510	-	-	-	-	-
<b>Total operating expenses</b>	<b>210,618</b>	<b>346,622</b>	<b>1,125,457</b>	<b>82,411</b>	<b>94,445</b>	<b>340,754</b>	<b>163,723</b>	<b>230,535</b>
<b>Total expenses</b>	<b>\$ 800,174</b>	<b>\$ 1,048,657</b>	<b>\$ 5,316,892</b>	<b>\$ 685,718</b>	<b>\$ 680,392</b>	<b>\$ 2,635,712</b>	<b>\$ 1,259,963</b>	<b>\$ 1,068,306</b>

(Continued)

Suncoast Center, Inc. and Subsidiary

Consolidated Statement of Functional Expenses (Continued)  
Year Ended June 30, 2022

	Program Services (Continued)				Supporting Services			Total Year Ended June 30, 2022
	Wellness Connection	Total Family Strategy	Trauma Services	Suncoast Center Properties, Inc.	Total Program Services	Fundraising and Development	Administrative and General	
Salaries	\$ 54,208	\$ 1,418,987	\$ 902,410	\$ -	\$ 11,219,575	\$ 68,874	\$ 1,307,457	\$ 12,595,906
Fringes	10,164	364,607	196,955	-	2,622,805	21,615	266,052	2,910,472
Psychiatric consultants	-	-	-	-	6,200	-	-	6,200
<b>Total salaries and related expenses</b>	<b>64,372</b>	<b>1,783,594</b>	<b>1,099,365</b>	<b>-</b>	<b>13,848,580</b>	<b>90,489</b>	<b>1,573,509</b>	<b>15,512,578</b>
Building occupancy	-	99,829	55,094	151,455	742,655	2,462	38,707	783,824
Professional services	123,224	44,272	56,569	55,297	631,363	13,328	213,241	857,932
Travel and training	-	17,832	9,425	-	134,265	250	12,953	147,468
Equipment costs	949	22,101	15,944	-	204,780	1,285	23,451	229,516
Medical and pharmacy	-	-	10,687	-	102,126	-	49	102,175
Insurance	1,191	19,922	13,827	41,977	308,508	952	33,538	342,998
Interest and amortization	-	-	-	-	1,159	-	-	1,159
Operating supplies and expenses	5,384	44,951	38,734	3,716	746,572	5,247	168,188	920,007
Other	-	91	105	-	23,203	-	10,473	33,676
In-kind expense	-	-	27,926	-	560,436	-	100	560,536
<b>Total operating expenses</b>	<b>130,748</b>	<b>248,998</b>	<b>228,311</b>	<b>252,445</b>	<b>3,455,067</b>	<b>23,524</b>	<b>500,700</b>	<b>3,979,291</b>
<b>Total expenses</b>	<b>\$ 195,120</b>	<b>\$ 2,032,592</b>	<b>\$ 1,327,676</b>	<b>\$ 252,445</b>	<b>\$ 17,303,647</b>	<b>\$ 114,013</b>	<b>\$ 2,074,209</b>	<b>\$ 19,491,869</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>	575,503	1,122,162	4,281,619	65,638	421,799	615,435	1,673,568	1,375,454	868,634
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>	204,186	574,921	1,264,146	28,827	58,076	92,375	193,643	189,663	135,746
<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			Total Year Ended June 30, 2021
	Wellness Connection	Total Family Strategy	Trauma Services	Suncoast Center Properties, Inc.	Total Program Services	Fundraising and Development	Administrative and General	
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 Statements of Cash Flows  
Years Ended June 30, 2022 and 2021**

	2022	2021
Cash flows from operating activities:		
Change in net assets	\$ (675,293)	\$ 2,897,720
Adjustments to reconcile change in net assets to net cash (used in) provided by operating activities:		
Depreciation	338,673	355,515
Gain on sale of property and equipment	(954,800)	(804)
Change in value of charitable remainder trusts	6,496	(73,400)
Net realized and unrealized gains on investments	10,224	(567,069)
Forgiveness of long-term debt	-	(2,620,402)
Changes in assets and liabilities:		
Accounts receivable	(644,668)	(2,453)
Medication inventory	(25,290)	23,165
Prepaid expenses and other current assets	314,573	(178,984)
(Decrease) increase in operating liabilities:		
Accounts payable	4,100	(24,591)
Accrued expenses	23,974	55,983
Deferred revenue	(121,309)	122,549
Deferred compensation payable	(110,262)	262,305
<b>Net cash (used in) provided by operating activities</b>	<b>(1,833,582)</b>	<b>249,534</b>
Cash flows from investing activities:		
Purchases of property and equipment	(349,711)	(389,200)
Proceeds from sale of property and equipment	1,251,711	4,579
Proceeds received from charitable remainder trust	-	241,942
Purchases of investments	(1,309,436)	(626,930)
Sales of investments	1,144,963	608,295
<b>Net cash provided by (used in) investing activities</b>	<b>737,527</b>	<b>(161,314)</b>
<b>Net change in cash and cash equivalents</b>	<b>(1,096,055)</b>	<b>88,220</b>
Cash and cash equivalents at beginning of year	<b>4,807,680</b>	4,719,460
Cash and cash equivalents at end of year	<b>\$ 3,711,625</b>	<b>\$ 4,807,680</b>
Supplemental schedule of noncash financing activities:		
Forgiveness of long-term debt	\$ -	\$ 2,620,402

See notes to consolidated financial statements.

## Suncoast Center, Inc. and Subsidiary

### Notes to Consolidated Financial Statements

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

**Organization and purpose:** Suncoast Center, Inc. (Suncoast) was chartered as a nonprofit 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. Suncoast maintains a majority voting interest in SCP.

**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 when determining the transaction price.

**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 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 43½ years.

## Suncoast Center, Inc. and Subsidiary

### Notes to Consolidated Financial Statements

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#### 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, 2022 or 2021.

**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

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#### 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 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 are 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:** The Organization first determines if a transaction represents an exchange transaction and if so, accounts for the transaction under Financial Accounting Standards Board (FASB) Accounting Standards Update (ASU) 2014-09, *Revenue from Contracts with Customers* (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

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#### 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, 2022 and 2021, 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 the coronavirus (COVID-19).

## Suncoast Center, Inc. and Subsidiary

### Notes to Consolidated Financial Statements

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#### **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-19-related costs. For the years ended June 30, 2022 and 2021, the Organization recognized revenue of approximately \$130,000 and \$305,000, 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, 2022 and 2021, 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 goods and services:** Donations of goods 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

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#### 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
Interest and amortization	Direct costs
Operating supplies and expenses	Direct costs
Other	Direct costs
In-kind expense	Direct costs

**Recently adopted accounting pronouncement:** In September 2020, the FASB issued ASU 2020-07, *Not-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 consolidated 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 adopted this ASU during the year ended June 30, 2022.

**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 the consolidated financial statements.

## Suncoast Center, Inc. and Subsidiary

### Notes to Consolidated Financial Statements

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

**Reclassifications:** Certain reclassifications were made to the prior year consolidated financial statements to conform to the 2022 presentation, with no effect on previously reported change in net assets, net assets or cash flows.

**Subsequent events:** The Organization has evaluated subsequent events through December 14, 2022, 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:

	2022	2021
Financial assets at year-end:		
Cash and cash equivalents	\$ 3,711,625	\$ 4,807,680
Accounts receivable, net	2,627,371	1,982,703
Investments	3,129,127	2,974,878
Total financial assets	<u>9,468,123</u>	<u>9,765,261</u>
Less donor-imposed restrictions:		
Funds subject to time and purpose restrictions	(20,428)	(23,230)
Endowment funds restricted in perpetuity	(334,182)	(334,182)
	<u>(354,610)</u>	<u>(357,412)</u>
Less designated investments	<u>(864,332)</u>	<u>(974,594)</u>
Financial assets available to meet general expenditures over the next 12 months	<u>\$ 8,249,181</u>	<u>\$ 8,433,255</u>

#### Note 3. Accounts Receivable

Accounts receivable consists of the following at June 30:

	2022	2021
Governmental and other agencies	\$ 1,543,886	\$ 1,667,118
Client fees	624,983	314,624
Other	458,502	961
	<u>\$ 2,627,371</u>	<u>\$ 1,982,703</u>

## Suncoast Center, Inc. and Subsidiary

### Notes to Consolidated Financial Statements

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#### Note 4. Property and Equipment

Property and equipment consists of the following at June 30:

	2022	2021
Land	\$ 2,304,669	\$ 2,587,169
Land improvements	235,249	208,154
Building and improvements	4,385,496	4,154,973
Furniture and equipment	4,433,144	4,378,344
Vehicles	119,864	171,271
Construction in progress	30,580	8,173
	<u>11,509,002</u>	<u>11,508,084</u>
Less accumulated depreciation	<u>(6,987,117)</u>	<u>(6,700,326)</u>
	<u>\$ 4,521,885</u>	<u>\$ 4,807,758</u>

Depreciation expense was approximately \$339,000 and \$356,000 for the years ended June 30, 2022 and 2021, respectively.

#### Note 5. Investments

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

	2022	2021
Fixed income annuities	\$ 207,854	\$ 204,199
Investments designated for deferred compensation—mutual funds	864,332	974,594
Stocks and mutual funds	1,800,824	1,163,918
Corporate bonds	246,229	621,676
Beneficial interests in assets held by foundation	9,888	10,491
	<u>\$ 3,129,127</u>	<u>\$ 2,974,878</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 (loss) in the consolidated statements of activities consist of the following for the years ended June 30:

	2022	2021
Net realized and unrealized gains (losses)	\$ (10,224)	\$ 567,069
Interest and dividend income	115,270	36,433
	<u>\$ 105,046</u>	<u>\$ 603,502</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 tables provide information about the Organization's financial instruments measured on a recurring basis as of June 30:

	2022			
	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)
Investments:				
Fixed income annuities	207,854	\$ -	\$ -	\$ 207,854
Investments designated for deferred compensation— mutual funds	864,332	864,332	-	-
Stocks and mutual funds	1,800,824	1,800,824	-	-
Corporate bonds	246,229	-	246,229	-
Beneficial interests in assets held by foundation	9,888	-	9,888	-
Total investments	<u>\$ 3,129,127</u>	<u>\$ 2,665,156</u>	<u>\$ 256,117</u>	<u>\$ 207,854</u>
	2021			
	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)
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	1,163,918	-	-
Corporate bonds	621,676	-	621,676	-
Beneficial interests in assets held by foundation	10,491	-	10,491	-
Total investments	<u>\$ 2,974,878</u>	2,138,512	632,167	204,199
Charitable remainder trusts	<u>\$ 6,496</u>	-	-	6,496
		<u>\$ 2,138,512</u>	<u>\$ 632,167</u>	<u>\$ 210,695</u>

Financial assets classified as Level 1 in the fair value hierarchy include 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 were 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 hierarchical reporting and real estate which would result in Level 3 hierarchical 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

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#### 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:

	2022	2021
Beginning balance	\$ 210,695	\$ 375,688
Distribution received from charitable remainder trust	-	(241,942)
Interest and change in value	(2,841)	76,949
Ending balance	<u>\$ 207,854</u>	<u>\$ 210,695</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

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#### 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:

	2022		
	Without Donor Restrictions	With Donor Restrictions	Total
Endowment net assets at beginning of year	\$ -	\$ 334,182	\$ 334,182
Investment income	421	3,234	3,655
Amounts released for expenditure	(421)	(3,234)	(3,655)
Endowment net assets at end of year	<u>\$ -</u>	<u>\$ 334,182</u>	<u>\$ 334,182</u>

	2021		
	Without Donor Restrictions	With Donor Restrictions	Total
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>

#### 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. 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.



## Suncoast Center, Inc. and Subsidiary

### Notes to Consolidated Financial Statements

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#### Note 9. Long-Term Debt (Continued)

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 (5.5% at June 30, 2022). The Organization renewed their line of credit on February 27, 2022, and the line of credit matures on February 27, 2024. Amounts drawn on the line of credit are due on demand. No amounts were drawn down during the years ended June 30, 2022 or 2021. There were no amounts outstanding under the line of credit at June 30, 2022 or 2021.

#### 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 \$185,000 and \$145,000 for the years ended June 30, 2022 and 2021, respectively.

Future minimum lease payments under noncancelable operating leases (with initial or remaining lease terms in excess of one year) as of June 30, 2022, are approximately as follows:

Years ending June 30:		
2023		\$ 181,300
2024		159,600
2025		150,900
2026		63,600
Total		<u>\$ 555,400</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. Unless otherwise noted, contributed nonfinancial assets did not have donor-imposed restrictions. The difference between the actual charge and the estimated fair 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:

	2022	2021
Salary and benefits	\$ 28,026	\$ 61,541
Pharmaceuticals	532,510	637,861
	<u>\$ 560,536</u>	<u>\$ 699,402</u>

Pharmaceuticals include donated drug samples from pharmaceutical companies. The contributed pharmaceuticals were provided to patients serviced in the community intensive, adult integrated and trauma program services. In valuing contributed pharmaceuticals otherwise legally permissible for sale in the United States, the Organization used a third party pharmaceutical company's listed drug prices as of each month end during the years ended June 30, 2022 and 2021, to determine the approximate wholesale prices in the United States for the month in which the drugs were provided. Contributed salary and benefits recognized comprise professional services from therapists and counselors providing services to the Organization on various community intensive, adult integrated, and trauma program services. Contributed services are valued and are reported at the estimated fair value in the financial statements based on current payroll salary rates and benefits for similar employee services.

The Organization has no plans or policies to monetize the in-kind goods and services provided.

## Suncoast Center, Inc. and Subsidiary

### Notes to Consolidated Financial Statements

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

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

	2022	2021
Subject to expenditure for specified purpose:		
Medical equipment	\$ 3,512	\$ 6,244
Charitable remainder trust	-	6,496
Suicide Prevention Initiatives	16,916	10,490
	<u>20,428</u>	<u>23,230</u>
Endowment—subject to endowment spending policy and appropriation	334,182	334,182
	<u>\$ 354,610</u>	<u>\$ 357,412</u>

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

	2022	2021
Restricted for future periods:		
Distribution from charitable trust	\$ -	\$ 241,942
Suicide Prevention Initiatives	32,751	9,687
Medical equipment	2,732	-
Young scholarship	1,000	-
Other	6,496	-
	<u>\$ 42,979</u>	<u>\$ 251,629</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.

## Suncoast Center, Inc. and Subsidiary

### Notes to Consolidated Financial Statements

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#### **Note 14. Retirement Plans (Continued)**

For 2022 and 2021, 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 \$218,000 and \$237,000 for the years ended June 30, 2022 and 2021, 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 \$54,000 and \$44,000 for the years ended June 30, 2022 and 2021, respectively, were allocated to participants as determined by the board of trustees.

#### **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, 2022 and 2021, amounts due from governmental and other agencies, include in accounts receivable on the consolidated statements of financial position, of \$1,543,886 and \$1,667,118, 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 accounts receivable. Concentrations of credit risk with respect to 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.

**Additional Information**

## Suncoast Center, Inc. and Subsidiary

### Substance Abuse and Mental Health Services Program/Cost Center Actual Revenues and Expenses For the Budget Period: July 1, 2021 to June 30, 2022

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															
	SAMH															
	Assessment	Case Management	Crisis Support	In Home and On Site	Intervention	Medical Services	Outpatient	Outreach	Incidental	FACT						
<b>IA. State SAMH funding</b>																
(1) From Central Florida Behavioral Health Network	\$ 75,567	\$ 708,484	\$ 11,708	\$ 33,062	\$ 523,706	\$ 694,096	\$ 734,573	\$ 112,624	\$ 305,008	\$ 405,794	\$ 3,604,622	\$ -	\$ 3,604,622	\$ -	\$ 3,604,622	
(2) From state IDP line of credit	-	-	-	-	-	93,012	-	-	-	-	93,012	-	93,012	-	93,012	
<b>Total state SAMH funding</b>	<b>75,567</b>	<b>708,484</b>	<b>11,708</b>	<b>33,062</b>	<b>523,706</b>	<b>787,108</b>	<b>734,573</b>	<b>112,624</b>	<b>305,008</b>	<b>405,794</b>	<b>3,697,634</b>	<b>-</b>	<b>3,697,634</b>	<b>-</b>	<b>3,697,634</b>	
<b>IB. Other government funding</b>																
(1) Other state agency funding	-	-	-	-	-	-	-	-	-	-	-	-	-	1,349,855	1,349,855	
(2) Medicaid	-	251,870	-	116,648	2,485	560,769	481,964	-	-	496,003	1,909,739	684,361	2,594,100	273,468	2,867,568	
(3) Local government	-	323,789	-	839,020	120,071	5,052	168	25,000	-	-	1,313,100	4,787,315	6,100,415	1,504,411	7,604,826	
(4) Federal grants and contracts	-	9,019	-	17,787	293	9,624	50,157	-	-	-	86,880	42,653	129,533	129,846	259,379	
<b>Total other government funding</b>	<b>-</b>	<b>584,678</b>	<b>-</b>	<b>973,455</b>	<b>122,849</b>	<b>575,445</b>	<b>532,289</b>	<b>25,000</b>	<b>-</b>	<b>496,003</b>	<b>3,309,719</b>	<b>5,514,329</b>	<b>8,824,048</b>	<b>3,257,580</b>	<b>12,081,628</b>	
<b>IC. All other revenues</b>																
(1) 1st & 2nd party payments	-	8	-	1,239	(21)	31,346	29,536	-	-	-	62,108	8,292	70,400	1,598	71,998	
(2) 3rd party payments (except Medicare)	-	437	-	23,793	144	133,300	178,704	-	-	-	336,378	105,349	441,727	66,876	508,603	
(3) Medicare	-	17,489	-	2,266	-	429,788	331,182	-	-	-	780,725	669	781,394	35,843	817,237	
(4) Contributions and donations	-	-	-	-	-	-	-	-	-	-	-	-	-	168,459	168,459	
(5) Other	-	-	-	140	-	-	1,450	-	-	-	1,590	3,420	5,010	905,471	910,481	
(6) In-kind	-	-	-	-	-	532,510	-	-	-	-	532,510	-	532,510	28,026	560,536	
<b>Total all other revenues</b>	<b>-</b>	<b>17,934</b>	<b>-</b>	<b>27,438</b>	<b>123</b>	<b>1,126,944</b>	<b>540,872</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>1,713,311</b>	<b>117,730</b>	<b>1,831,041</b>	<b>1,206,273</b>	<b>3,037,314</b>	
<b>Total funding</b>	<b>\$ 75,567</b>	<b>\$ 1,311,096</b>	<b>\$ 11,708</b>	<b>\$ 1,033,955</b>	<b>\$ 646,678</b>	<b>\$ 2,489,497</b>	<b>\$ 1,807,734</b>	<b>\$ 137,624</b>	<b>\$ 305,008</b>	<b>\$ 901,797</b>	<b>\$ 8,720,664</b>	<b>\$ 5,632,059</b>	<b>\$ 14,352,723</b>	<b>\$ 4,463,853</b>	<b>\$ 18,816,576</b>	

(Continued)

Suncoast Center, Inc. and Subsidiary

Substance Abuse and Mental Health Services  
 Program/Cost Center Actual Revenues and Expenses (Continued)  
 For the Budget Period: July 1, 2021 to June 30, 2022

Part II: Actual Expenses Expense Categories	State Designated SAMH Cost Centers															
	State SAMH – Funded Cost Centers															
	SAMH															
	Assessment	Case Management	Crisis Support	In Home and On Site	Intervention	Medical Services	Outpatient	Outreach	Incidental Expense	FACT	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
I.A. Personnel expenses																
(1) Salaries	\$ 128,180	\$ 808,704	\$ 31,423	\$ 746,381	\$ 115,891	\$ 1,357,046	\$ 1,870,060	\$ 285,921	\$ -	\$ 569,692	\$ 5,913,298	\$ 3,200,296	\$ 9,113,594	\$ 2,174,854	\$ 1,307,458	\$ 12,595,906
(2) Fringe benefits	34,414	195,377	7,697	190,870	26,619	245,518	457,212	77,317	-	132,176	1,367,200	765,250	2,132,450	511,971	266,051	2,910,472
(3) Psychiatric Consultants	-	-	-	-	-	-	-	-	-	-	-	-	-	6,200	-	6,200
<b>Total personnel expenses</b>	<b>162,594</b>	<b>1,004,081</b>	<b>39,120</b>	<b>937,251</b>	<b>142,510</b>	<b>1,602,564</b>	<b>2,327,272</b>	<b>363,238</b>	<b>-</b>	<b>701,868</b>	<b>7,280,498</b>	<b>3,965,546</b>	<b>11,246,044</b>	<b>2,693,025</b>	<b>1,573,509</b>	<b>15,512,578</b>
I.B. Other expenses																
(1) Building occupancy	8,724	28,524	1,124	48,863	5,087	36,172	115,899	8,333	-	36,177	288,903	186,687	475,590	269,526	38,708	783,824
(2) Professional services	4,460	25,147	991	23,122	4,915	43,578	59,254	9,406	-	42,195	213,068	144,793	357,861	286,832	213,239	857,932
(3) Travel	215	15,130	596	17,961	3,107	1,406	2,862	17,628	-	21,718	80,623	29,474	110,097	24,415	12,956	147,468
(4) Equipment	2,200	15,310	603	12,167	1,809	21,957	29,230	5,030	-	23,436	111,742	54,548	166,290	39,773	23,453	229,516
(5) Food services	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
(6) Medical and pharmacy	20	-	-	-	-	71,527	264	-	-	480	72,291	105	72,396	29,730	49	102,175
(7) Subcontracted services	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
(8) Insurance	2,077	17,249	679	11,022	1,708	20,677	27,592	4,242	-	19,277	104,523	45,147	149,670	159,793	33,535	342,998
(9) Interest paid	-	-	-	-	-	-	-	-	-	1,159	1,159	-	1,159	-	-	1,159
(10) Operating supplies and expenses	4,651	20,754	5,618	31,804	4,022	51,539	59,270	9,102	305,008	29,064	520,832	133,524	654,356	97,464	168,187	920,007
(11) Other	188	271	11	690	23	2,305	2,493	-	-	12,859	18,840	2,918	21,758	1,445	10,473	33,676
(12) Donated items	-	-	-	-	-	532,510	-	-	-	-	532,510	-	532,510	27,926	100	560,536
<b>Total other expenses</b>	<b>22,535</b>	<b>122,385</b>	<b>9,622</b>	<b>145,629</b>	<b>20,671</b>	<b>781,671</b>	<b>296,864</b>	<b>53,741</b>	<b>305,008</b>	<b>186,365</b>	<b>1,944,491</b>	<b>597,196</b>	<b>2,541,687</b>	<b>936,904</b>	<b>500,700</b>	<b>3,979,291</b>
<b>Total personnel and other expenses</b>	<b>185,129</b>	<b>1,126,466</b>	<b>48,742</b>	<b>1,082,880</b>	<b>163,181</b>	<b>2,384,235</b>	<b>2,624,136</b>	<b>416,979</b>	<b>305,008</b>	<b>888,233</b>	<b>9,224,989</b>	<b>4,562,742</b>	<b>13,787,731</b>	<b>3,629,929</b>	<b>2,074,209</b>	<b>19,491,869</b>
I.C. Distributed indirect costs																
(a) Other support costs (optional)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
(b) Administration	25,348	145,174	5,719	134,928	19,863	249,150	336,762	52,084	-	109,882	1,078,910	585,935	1,664,845	409,364	(2,074,209)	-
<b>Total distributed indirect costs</b>	<b>25,348</b>	<b>145,174</b>	<b>5,719</b>	<b>134,928</b>	<b>19,863</b>	<b>249,150</b>	<b>336,762</b>	<b>52,084</b>	<b>-</b>	<b>109,882</b>	<b>1,078,910</b>	<b>585,935</b>	<b>1,664,845</b>	<b>409,364</b>	<b>(2,074,209)</b>	<b>-</b>
<b>Total actual operating expenses</b>	<b>210,477</b>	<b>1,271,640</b>	<b>54,461</b>	<b>1,217,808</b>	<b>183,044</b>	<b>2,633,385</b>	<b>2,960,898</b>	<b>469,063</b>	<b>305,008</b>	<b>998,115</b>	<b>10,303,899</b>	<b>5,148,677</b>	<b>15,452,576</b>	<b>4,039,293</b>	<b>-</b>	<b>19,491,869</b>
I.D. Unallowable costs																
<b>Total allowable operating expense</b>	<b>210,477</b>	<b>1,271,640</b>	<b>54,461</b>	<b>1,217,808</b>	<b>183,044</b>	<b>2,633,385</b>	<b>2,960,898</b>	<b>469,063</b>	<b>305,008</b>	<b>998,115</b>	<b>10,303,899</b>	<b>5,148,677</b>	<b>15,452,576</b>	<b>4,039,293</b>	<b>-</b>	<b>19,491,869</b>
I.F. Capital expenditures	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

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, 2022**

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Total expenditures:	\$ 19,491,869
Less other state and federal funds	(4,585,094)
Less nonmatch SAMH funds	(1,275,876) *
Less unallowable costs	-
<b>Total allowable expenditures</b>	<u>13,630,899</u>
Maximum available earnings (75%)	<u>10,223,174</u>
Amount of state funds requiring match (total of invoices paid and submitted to be paid, less line 3)	<u>2,777,361</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)	\$ 366,988
Department of Health (state portion)	551,800
Office of the Attorney General	154,067
Pinellas County Justice Coordination	24,936
Healthy Start Coalition of Pinellas (federal portion)	15,694
Florida Council Against Sexual Violence (state portion)	129,447
Florida Network of Children's Advocacy (state portion)	169,413
Department of Health and Human Services	305,181
Medicaid	<u>2,867,568</u>
<b>Total other state and federal funds</b>	<u>\$ 4,585,094</u>

\*CFBHN contract #QB046

See independent auditor's report.

**Suncoast Center, Inc. and Subsidiary**

**Schedule of Support and Revenue  
Year Ended June 30, 2022**

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State SAMH funding:

Central Florida Behavioral Network, Inc. CF652-1010:	
Community Mental Health Services (including federal funds of \$918,321)	\$ 3,604,622
IDP line of credit	93,012
<b>Total state SAMH funding</b>	<u>3,697,634</u>

Other government funding:

Local government grants	
Juvenile Welfare Board of Pinellas County	5,899,335
Department of Health (including federal funds of \$366,988)	918,788
Victims of Crime Act (including federal funds of \$154,067)	154,067
Pinellas County, Florida (including federal funds of \$24,936)	785,237
Pinellas County School Board	287,613
PEMHS	394,843
Boley Centers	559
Lutheran Services	22,444
Department of Health and Human Services	129,533
Medicaid	2,867,568
Governmental funding passed through local agencies	
Florida Council Against Sexual Violence	129,846
Florida Network for Children’s Advocacy	169,413
Department of Justice—Comp Victim Exams	277,000
Community Health Center of Pinellas	4,688
Healthy Start Coalition (including federal funds of \$15,694)	15,694
Pinellas Community Foundation	25,000
<b>Total other government funding</b>	<u>12,081,628</u>

All other funding and revenues:

Medicare	817,237
First- and third-party fees	580,601
Contributions, donations and bequests	168,459
In-kind revenues	560,536
Other revenues	910,481
<b>Total nongovernment funding</b>	<u>3,037,314</u>
<b>Total support and revenue</b>	<u><u>\$ 18,816,576</u></u>

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: July 1, 2021 to June 30, 2022**

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>									<u><u>\$ -</u></u>

**Suncoast Center, Inc. and Subsidiary**

**Substance Abuse and Mental Health Services  
 Schedule of Related Party Transaction Adjustment  
 Budget Period From: July 1, 2021 to June 30, 2022**

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



RSM US LLP

**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 (Government Auditing Standards)*, the consolidated financial statements of Suncoast Center, Inc. and Subsidiary (the Organization), which comprise the consolidated statement of financial position as of June 30, 2022, 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 December 14, 2022.

**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 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.

**Report on Compliance and Other Matters**

As part of obtaining reasonable assurance about whether the Organization'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  
December 14, 2022



RSM US LLP

**Report on Compliance for Each Major Federal Program and State Financial Assistance 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**

Board of Trustees  
Suncoast Center, Inc. and Subsidiary

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

**Opinion on Each Major Federal Program and State Financial Assistance Project**

We have audited Suncoast Center, Inc. and Subsidiary's (the Organization) compliance with the types of compliance requirements identified as subject to audit 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 the Organization's major federal programs and major state projects for the year ended June 30, 2022. The Organization'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.

In our opinion, the Organization 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 state financial assistance projects for the year ended June 30, 2022.

**Basis for Opinion on Each Major Federal Program and State Financial Assistance Project**

We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America (GAAS); the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States (*Government Auditing Standards*); 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)*. Our responsibilities under those standards and the Uniform Guidance and Chapter 10.650 are further described in the Auditor's Responsibilities for the Audit of Compliance section of our report.

We are required to be independent of the Organization and to meet our other ethical responsibilities, in accordance with relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion on compliance for each major federal program and major state project. Our audit does not provide a legal determination of the Organization's compliance with the compliance requirements referred to above.

**Responsibilities of Management for Compliance**

Management is responsible for compliance with the requirements referred to above and for the design, implementation, and maintenance of effective internal control over compliance with the requirements of laws, statutes, regulations, rules and provisions of contracts or grant agreements applicable to the Organization's federal programs and state financial assistance projects.

### **Auditor's Responsibilities for the Audit of Compliance**

Our objectives are to obtain reasonable assurance about whether material noncompliance with the compliance requirements referred to above occurred, whether due to fraud or error, and express an opinion on the Organization's compliance based on our audit. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS, *Government Auditing Standards*, the Uniform Guidance and Chapter 10.650 will always detect material noncompliance when it exists. The risk of not detecting material noncompliance resulting from fraud is higher than for that resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Noncompliance with the compliance requirements referred to above is considered material, if there is a substantial likelihood that, individually or in the aggregate, it would influence the judgment made by a reasonable user of the report on compliance about the Organization's compliance with the requirements of each major federal program and state financial assistance project as a whole.

In performing an audit in accordance with GAAS, *Government Auditing Standards*, the Uniform Guidance, and Chapter 10.650, we

- exercise professional judgment and maintain professional skepticism throughout the audit.
- identify and assess the risks of material noncompliance, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the Organization's compliance with the compliance requirements referred to above and performing such other procedures as we considered necessary in the circumstances.
- obtain an understanding of the Organization's internal control over compliance relevant to the audit in order to design audit procedures that are appropriate in the circumstances 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 the Organization's internal control over compliance. Accordingly, no such opinion is expressed.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and any significant deficiencies and material weaknesses in internal control over compliance that we identified during the audit.

### **Report on 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 Auditor's Responsibilities for the Audit of Compliance section above and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies in internal control over compliance. Given these limitations, during our audit we did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses, as defined above. However, material weaknesses or significant deficiencies in internal control over compliance may exist that were not identified.

Our audit was not designed for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, no such opinion is expressed.

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  
December 14, 2022

**Suncoast Center, Inc. and Subsidiary**

**Schedule of Expenditures of Federal Awards and State Financial Assistance  
Year Ended June 30, 2022**

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	VOCA-2021-Suncoast Center, Inc.-006-1	\$ 154,067	\$ -
<i>Passed through Pinellas County Justice Coordination</i>				
Edward Byrne Memorial Justice Assistance Grant Program	16.738	2020-MU-BX-0006	24,936	-
<b>Subtotal—U.S. Department of Justice</b>			<b>179,003</b>	<b>-</b>
U.S. Department of Health and Human Services				
<i>Department of Health and Human Services</i>				
COVID-19: Provider Relief Fund (PRF) and American Rescue Plan (ARP) Rural Distribution	93.498	Not Applicable	305,181	-
<i>Passed through State of Florida Department of Health</i>				
Social Services Block Grant	93.667	CP15A	366,988	-
<i>Passed through Healthy Start Coalition of Pinellas, Inc.</i>				
Medical Assistance Program (Medicaid; Title XIX)	93.778	Not Applicable	15,694	-
<i>Passed through Central Florida Behavioral Health Network, Inc.</i>				
Block Grants for Community Mental Health Services	93.958	QG046	918,321	-
<b>Subtotal—U.S. Department of Health and Human Services</b>			<b>1,606,184</b>	<b>-</b>
<b>Total federal awards</b>			<b>\$ 1,785,187</b>	<b>\$ -</b>

(Continued)



**Suncoast Center, Inc. and Subsidiary**

**Schedule of Expenditures of Federal Awards and State Financial Assistance (Continued)  
Year Ended June 30, 2022**

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
State of Florida Justice Administration				
<i>Passed through The Florida Network for Children's Advocacy Centers</i>				
Florida Network of Children's Advocacy Centers	41.031	21/22-GR-CAC16	\$ 166,271	\$ -
State of Florida Department of Legal Affairs and Attorney General				
<i>Passed through Florida Council Against Sexual Violence</i>				
Florida Council Against Sexual Violence	41.010	20OAG13	14,439	-
State of Florida Department of Health				
<i>Direct Funding</i>				
Medical Services for Abused and Neglected Children	64.006	Not Applicable	551,800	-
<i>Passed through Florida Council Against Sexual Violence</i>				
Rape Crisis Program Trust Fund— Sexual Battery Victims' Access to Services Act	64.061	16TFGR13	42,815	-
<i>Passed through Florida Council Against Sexual Violence</i>				
Rape Crisis Center	64.069	16TFGR13	72,193	-
<b>Subtotal—State of Florida Department of Health</b>			<b>666,808</b>	<b>-</b>
State of Florida Department of Highway Safety and Motor Vehicles				
<i>Passed through The Florida Network for Children's Advocacy Centers</i>				
Child Abuse Prevention and Intervention License Plate Project	76.067	21-22-LPVC-CAC-16	1,900	-
<i>Passed through The Florida Network for Children's Advocacy Centers</i>				
Florida Network of Children's Advocacy Center Voluntary Contribution	76.123	21-22-LPVC-CAC-16	1,242	-
<b>Subtotal—State of Florida Department of Highway Safety and Motor Vehicles</b>			<b>3,142</b>	<b>-</b>
<b>Total state financial assistance</b>			<b>\$ 850,660</b>	<b>\$ -</b>

See accompanying notes to schedule of expenditures of federal awards and state financial assistance.

## Suncoast Center, Inc. and Subsidiary

### Notes to Schedule of Expenditures of Federal Awards and State Financial Assistance June 30, 2022

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#### **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, 2022. 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.

Expenditures reported in the Schedule for Federal Assistance Listing Number 93.498, Department of Health and Human Services—Provider Relief Fund (PRF) and American Rescue Plan (ARP) Rural Distribution, include \$305,181 of expenditures incurred by the Organization and awarded during the year ended June 30, 2021.

The Organization did not pass through any federal award amounts to subrecipients during the year ended June 30, 2022.

#### **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, 2022, Suncoast Center, Inc. and Subsidiary obtained matching funds of the required amount.

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

The Organization elected to use the 10% de minimis 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**

**Notes to Schedule of Expenditures of Federal Awards and State Financial Assistance  
June 30, 2022**

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**Note 6. Provider Relief Fund (PRF) and American Rescue Plan (ARP) Rural Distribution**

The following entity within the Organization received Provider Relief Fund (PRF) and American Rescue Plan (ARP) Rural Distribution funds:

<u>Entity</u>	<u>Tax ID</u>
Suncoast Center, Inc.	59-2092717

**Note 7. Fair Market Value of Donated Personal Protective Equipment (Unaudited)**

During the year ended June 30, 2022, the Corporation did not receive significant donated personal protective equipment from federal sources.

**Suncoast Center, Inc. and Subsidiary**

**Schedule of Findings and Questioned Costs  
Federal Programs and State Financial Assistance Projects (Continued)  
Year Ended June 30, 2022**

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**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
93.958	Block Grants for Community Mental Health Services
93.498	COVID-19: Provider Relief Fund (PRF) and American Rescue Plan (ARP) Rural Distribution

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 State of Florida Chapter 10.650, Rules of the Auditor General? \_\_\_ Yes    \_\_\_ X    \_\_\_ No

Identification of major state projects:

CFSA Number	Name of State Financial Assistance 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, 2022**

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**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)

11/30/2022

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 : AmeriTrust Insurance Company</td> <td>10829</td> </tr> <tr> <td>INSURER C : Hiscox Insurance Co., Inc.</td> <td>10200</td> </tr> <tr> <td>INSURER D : Star Insurance Company</td> <td>18023</td> </tr> <tr> <td>INSURER E : Technology Insurance Company, Inc.</td> <td>42376</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 : AmeriTrust Insurance Company	10829	INSURER C : Hiscox Insurance Co., Inc.	10200	INSURER D : Star Insurance Company	18023	INSURER E : Technology Insurance Company, Inc.	42376	INSURER F :
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<b>INSURED</b> Suncoast Center, Inc. 4024 Central Ave Saint Petersburg FL 33711	SUNCCEN-01															

**COVERAGES**

CERTIFICATE NUMBER: 1617949575

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
B	<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 \$
B	<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) \$ \$
B	<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 \$
D	<input checked="" type="checkbox"/> <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		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 C E	Directors & Officers Crime Cyber			NPP693478 FITCR337772022 TCL172976000	6/1/2022 6/1/2022 12/2/2022	6/1/2023 6/1/2023 12/2/2023	Limit/\$0 Ded 3,000,000 Limit/\$5000 Ded 500,000 Limit/ \$5,000 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

See Attached...

**CERTIFICATE HOLDER****CANCELLATION**

Pinellas Community Foundation  
 17755 US Highway 19 N, Suite 150  
 Clearwater FL 33764

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

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## ADDITIONAL REMARKS SCHEDULE

AGENCY Wallace Welch & Willingham, Inc.		NAMED INSURED Suncoast Center, Inc. 4024 Central Ave Saint Petersburg FL 33711	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE	(Empty)	

**ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**  
**FORM NUMBER: 25    FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE**

Pinellas Community Foundation (PCF) is additional insured as respects to the General Liability if required by written contract, subject to terms, conditions, and exclusions of the policy.