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

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047
2012
Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 07-01-2012, 2012, and ending 06-30-2013

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization SUNCOAST CENTER INC		D Employer identification number 59-2092717
	Doing Business As		E Telephone number (727) 327-7656
	Number and street (or P O box if mail is not delivered to street address) Room/suite PO BOX 10970		
	City or town, state or country, and ZIP + 4 ST PETERSBURG, FL 33711		G Gross receipts \$ 17,484,062
F Name and address of principal officer BARBARA DAIRE PRESIDENTCEO 4024 CENTRAL AVENUE ST PETERSBURG, FL 33711		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶	
I 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			
J Website: ▶ WWW.SUNCOASTCENTER.COM			
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation 1981
			M State of legal domicile FL

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities "STRENGTHENING, PROTECTING, AND RESTORING LIVES FOR HEALTHY COMMUNITY" IS THE MISSION STATEMENT OF THE AGENCY. SIGNIFICANT ACTIVITIES OF THE AGENCY ARE BASED ON PROVIDING THE MOST EFFECTIVE AND EFFICIENT BEHAVIORAL HEALTH AND SOCIAL SUPPORT SERVICES FOR CHILDREN, ADULTS AND FAMILIES THAT FACILITATE POSITIVE CHANGE AND IMPROVED HEALTH. SUNCOAST CENTER PROVIDES THOSE SERVICES THROUGH A COMPREHENSIVE MODEL THAT ADDRESSES THE MULTIFACETED, COMPLEX AND INTERRELATED BEHAVIORAL, PSYCHOLOGICAL AND FINANCIAL NEEDS OF INDIVIDUALS AND FAMILIES. SERVICES ARE PROVIDED REGARDLESS OF THE PERSON'S SEX, NATIONALITY, AND/OR RELIGION, AND ARE ADMINISTERED WITH RESPECT TO THE INDIVIDUAL. IN ADDITION, THE AGENCY IS COMMITTED TO INCREASING THE COMMUNITY'S AWARENESS OF METHODS TO PREVENT AND/OR TREAT VARIOUS MENTAL HEALTH AND SUBSTANCE ABUSE NEEDS, AND ACCOMPLISHES THAT THROUGH A VARIETY OF COMMUNITY EDUCATION ACTIVITIES AND INVOLVEMENT ON A BROAD RANGE OF COLLABORATIVE HEALTH RELATED COMMITTEES IN THE COMMU			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets			
	3	Number of voting members of the governing body (Part VI, line 1a)	17	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	17	
	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	369	
	6	Total number of volunteers (estimate if necessary)	50	
7a	Total unrelated business revenue from Part VIII, column (C), line 12	-18,049		
7b	Net unrelated business taxable income from Form 990-T, line 34	-18,049		
Revenue			Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	15,169,598	13,563,071
	9	Program service revenue (Part VIII, line 2g)	4,603,813	3,936,963
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10,670	430
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	56,576	-38,821
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	19,840,657	17,461,643
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	574,405	560,725
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	14,879,917	12,865,577
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 237,417		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	4,549,088	4,024,035
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	20,003,410	17,450,337	
19	Revenue less expenses Subtract line 18 from line 12	-162,753	11,306	
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	6,917,829	6,676,572
	21	Total liabilities (Part X, line 26)	2,939,744	2,619,521
22	Net assets or fund balances Subtract line 21 from line 20	3,978,085	4,057,051	

Part II Signature Block

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

Sign Here	***** Signature of officer	2014-01-02 Date
	KEVIN DRISCOLL CFO Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name BYRON C SMITH CPA	Preparer's signature	Date 2014-01-06	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶ GREGORY SHARER & STUART PA			Firm's EIN ▶	
	Firm's address ▶ 100 2ND AVE SOUTH STE 600 SAINT PETERSBURG, FL 337014336			Phone no (727) 821-6161	

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 to any question in this Part III

1 Briefly describe the organization's mission

"STRENGTHENING, PROTECTING, AND RESTORING LIVES FOR HEALTHY COMMUNITY" IS THE MISSION STATEMENT OF THE AGENCY SIGNIFICANT ACTIVITIES OF THE AGENCY ARE BASED ON PROVIDING THE MOST EFFECTIVE AND EFFICIENT BEHAVIORAL HEALTH AND SOCIAL SUPPORT SERVICES FOR CHILDREN, ADULTS AND FAMILIES THAT FACILITATE POSITIVE CHANGE AND IMPROVED HEALTH SUNCOAST CENTER PROVIDES THOSE SERVICES THROUGH A COMPREHENSIVE MODEL THAT ADDRESSES THE MULTIFACETED, COMPLEX AND INTERRELATED BEHAVIORAL, PSYCHOLOGICAL AND FINANCIAL NEEDS OF INDIVIDUALS AND FAMILIES SERVICES ARE PROVIDED REGARDLESS OF THE PERSON'S SEX, NATIONALITY, AND/OR RELIGION, AND ARE ADMINISTERED WITH RESPECT TO THE INDIVIDUAL IN ADDITION, THE AGENCY IS COMMITTED TO INCREASING THE COMMUNITY'S AWARENESS OF METHODS TO PREVENT AND/OR TREAT VARIOUS MENTAL HEALTH AND SUBSTANCE ABUSE NEEDS, AND ACCOMPLISHES THAT THROUGH A VARIETY OF COMMUNITY EDUCATION ACTIVITIES AND INVOLVEMENT ON A BROAD RANGE OF COLLABORATIVE HEALTH RELATED COMMITTEES IN THE COMMU

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses \$ 3,142,933 including grants of \$ 59,649) (Revenue \$ 1,152,481)

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

4b (Code) (Expenses \$ 1,967,135 including grants of \$ 94,491) (Revenue \$ 1,040,757)

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

4c (Code) (Expenses \$ 2,263,322 including grants of \$ 13,295) (Revenue \$ 634)

FAMILY INTEGRATED SERVICES PROVIDES CHILDREN UNDER 18 AND THEIR FAMILY MEMBERS WITH CRUCIAL SERVICES TO RESPOND TO MENTAL HEALTH AND SUBSTANCE ABUSE CHALLENGES THESE SERVICES INCLUDE BOTH MEDICAL AND NON-MEDICAL SERVICES PROVIDED ON AN OUTPATIENT MODEL, SERVICES INCLUDE MENTAL HEALTH ASSESSMENT, PSYCHIATRIC EVALUATION, MEDICATION MANAGEMENT, INDIVIDUAL COUNSELING, GROUP THERAPY PROGRAMS, FAMILY SUPPORT THERAPY, AND RESOURCE ASSISTANCE CLINICAL SERVICES UTILIZE EVIDENCE BASED MODELS AND ARE BUILT UPON THE CHILD'S STRENGTHS, NEEDED RESOURCES, FAMILY-CENTERED, AND SOLUTION FOCUS

(Code) (Expenses \$ 7,492,278 including grants of \$ 393,290) (Revenue \$ 1,744,739)


















OTHER QUALITY PROGRAMS AND SERVICES PROVIDED INCLUDE, CHILD PROTECTION TEAM (MEDICALLY DIRECTED AND MULTIDISCIPLINARY TEAM TO ASSIST LAW ENFORCEMENT IN THE INVESTIGATION OF CHILD ABUSE AND NEGLECT), TRAUMA SERVICES, SEXUAL ASSAULT VICTIM EXAMINATION (SAVE) SERVICES, MEDICAL FOSTER CARE, SELF SUFFICIENCY SERVICES (FINANCIAL COUNSELING AND EDUCATION), FORENSIC SERVICES (CIRCUIT COURT 6), COMPREHENSIVE COMMUNITY SERVICES TEAM (SERVICES TO INDIVIDUALS WITH SEVERE MENTAL ILLNESS), SENIOR COUNSELING, SCHOOL BASED HEALTH SERVICES, INTENSIVE FAMILY SERVICES, AND THE EXCHANGE (A SERVICE FOR CLIENTS TO OBTAIN CLOTHING AND HOUSEHOLD ITEMS AT NO COST)

4d Other program services (Describe in Schedule O)

(Expenses \$ 7,492,278 including grants of \$ 393,290) (Revenue \$ 1,744,739)

4e Total program service expenses 14,865,668

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		No
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		No
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		
13c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

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

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?		No
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?		No
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?	Yes	
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 in Schedule O		No

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		No
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?	Yes	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	Yes	
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	Yes	
15b	Other officers or key employees of the organization	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		No
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?		

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 Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in 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, physical address, and telephone number of the person who possesses the books and records of the organization
 KEVIN DRISCOLL CFO 4024 CENTRAL AVENUE ST PETERSBURG, FL (727) 327-7656

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

Check if Schedule O contains a response to any question in this Part VII

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

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

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) THOMAS ACKER VICE CHAIR	2 50	X					0	0	0	
(2) ERIC M BRANSON DIRECTOR	2 50 1 00	X					0	0	0	
(3) STEPHAN FREEMAN CHAIR	2 50 2 50	X					0	0	0	
(4) LINDA LERNER DIRECTOR	2 50	X					0	0	0	
(5) GEORGE J MATZ DIRECTOR	2 50 2 50	X					0	0	0	
(6) ROBERT M MELBY TREASURER	2 50 2 50	X					0	0	0	
(7) ROB CASH DIRECTOR	2 50	X					0	0	0	
(8) ALAN LUCAS DIRECTOR	2 50	X					0	0	0	
(9) LISA MCKINNEY DIRECTOR	2 50	X					0	0	0	
(10) RICHARD TOURTELOT DIRECTOR	2 50	X					0	0	0	
(11) KRISTIN SMITH SECRETARY	2 50	X					0	0	0	
(12) GAIL CLARK DIRECTOR	2 50	X					0	0	0	
(13) DR CARLTON E TURNER DIRECTOR	2 50	X					0	0	0	
(14) MARY WYATT ALLEN DIRECTOR	2 50	X					0	0	0	
(15) RJ DOODY PH D DIRECTOR	2 50	X					0	0	0	
(16) CAMILLE E SKLUZACEK DIRECTOR	2 50	X					0	0	0	
(17) BARBARA DAIRE PRES/CEO	39 00 1 00			X			211,586	0	21,064	

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) KEVIN DRISCOLL CFO	39 00 1 00			X				61,277	0	7,364
(19) LINDA LEFLER MEDICAL DIR	40 00				X			245,015	0	19,027
(20) MUHAMMAD A ALI MD PHYSICIAN	40 00					X		203,660	0	16,136
(21) EDWIN JACKSON MD PHYSICIAN	40 00					X		152,864	0	12,274
(22) AARON BROOKS ARNP	40 00					X		116,003	0	13,511
(23) JOHN WALSH CIO	40 00					X		105,268	0	6,068
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								1,095,673		95,444

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **6**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **6**

Part VIII Statement of Revenue

Check if Schedule O contains a response to any question in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns 1a					
	b Membership dues 1b					
	c Fundraising events 1c	32,371				
	d Related organizations 1d					
	e Government grants (contributions) 1e	12,617,475				
	f All other contributions, gifts, grants, and similar amounts not included above 1f	913,225				
	g Noncash contributions included in lines 1a-1f \$	90,000				
	h Total. Add lines 1a-1f	13,563,071				
Program Service Revenue	2a <u>MEDICARE AND MEDICAID</u>					
	b <u>CLIENT FEES</u>	361,218	361,218			
	c _____					
	d _____					
	e _____					
	f All other program service revenue					
	g Total. Add lines 2a-2f	3,936,963				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	430			430	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real				
		(ii) Personal				
		b Less rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less cost or other basis and sales expenses				
		c Gain or (loss)				
	d Net gain or (loss)					
	8a Gross income from fundraising events (not including \$ <u>32,371</u> of contributions reported on line 1c) See Part IV, line 18					
	a _____					
b Less direct expenses b	22,419					
c Net income or (loss) from fundraising events	-22,419					
9a Gross income from gaming activities See Part IV, line 19						
a _____						
b Less direct expenses b						
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances						
a _____						
b Less cost of goods sold b						
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	Business Code					
11a <u>OTHER INCOME</u>		1,647	1,647			
b <u>CYPRESS EQUIPMENT FUND 14 LLC</u>	532420	-18,049		-18,049		
c _____						
d All other revenue						
e Total. Add lines 11a-11d		-16,402				
12 Total revenue. See Instructions		17,461,643	3,938,610	-18,049	430	

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 to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	560,725	560,725		
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	534,739	254,573	280,166	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	9,964,338	7,046,704	2,777,701	139,933
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	209,021	154,375	52,247	2,399
9	Other employee benefits	1,346,320	988,808	347,947	9,565
10	Payroll taxes	811,159	565,871	233,639	11,649
11	Fees for services (non-employees)				
a	Management				
b	Legal				
c	Accounting	81,587		80,706	881
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,063,404	1,063,404		
12	Advertising and promotion				
13	Office expenses	776,694	566,248	161,538	48,908
14	Information technology	166,134	83,779	78,815	3,540
15	Royalties				
16	Occupancy	925,403	701,539	215,196	8,668
17	Travel	228,660	192,047	34,628	1,985
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	15,644	4,377	10,021	1,246
20	Interest	57,624	21,020	36,604	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	339,903	210,464	126,107	3,332
23	Insurance	115,438	67,019	47,614	805
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a	EQUIPMENT COSTS	148,829	99,569	48,470	790
b	MEDICAL & PHARMACY	104,715	104,715		
c	DIRECT SUPPORT EXPENSE		2,180,431	-2,184,147	3,716
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	17,450,337	14,865,668	2,347,252	237,417
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response to any question in this Part X

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	1,300,604	1	1,443,218
	2 Savings and temporary cash investments	76,456	2	
	3 Pledges and grants receivable, net	1,314,550	3	1,135,162
	4 Accounts receivable, net	1,150,833	4	825,700
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net	466,836	7	107,874
	8 Inventories for sale or use	36,074	8	43,301
	9 Prepaid expenses and deferred charges	75,118	9	125,640
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 5,154,095		
	b Less accumulated depreciation	10b 3,660,888	1,644,932	10c 1,493,207
	11 Investments—publicly traded securities	692,284	11	1,168,718
	12 Investments—other securities See Part IV, line 11	15,000	12	15,000
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	145,142	15	318,752
16 Total assets. Add lines 1 through 15 (must equal line 34)	6,917,829	16	6,676,572	
Liabilities	17 Accounts payable and accrued expenses	865,048	17	641,631
	18 Grants payable		18	
	19 Deferred revenue	143,733	19	493,376
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	756,247	23	197,550
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	1,174,716	25	1,286,964
	26 Total liabilities. Add lines 17 through 25	2,939,744	26	2,619,521
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	3,051,064	27	3,356,999
	28 Temporarily restricted net assets	592,839	28	365,870
	29 Permanently restricted net assets	334,182	29	334,182
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	3,978,085	33	4,057,051	
34 Total liabilities and net assets/fund balances	6,917,829	34	6,676,572	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	17,461,643
2	Total expenses (must equal Part IX, column (A), line 25)	2	17,450,337
3	Revenue less expenses Subtract line 2 from line 1	3	11,306
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,978,085
5	Net unrealized gains (losses) on investments	5	27,129
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	40,531
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	4,057,051

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

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

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2012

Open to Public Inspection

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Name of the organization
SUNCOAST CENTER INC

Employer identification number
59-2092717

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h
 a Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 (ii) A family member of a person described in (i) above?
 (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
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

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
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 IV)						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2011 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2012. 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—2011. 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—2012. 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 IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶		
b 10%-facts-and-circumstances test—2011. 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 IV 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 9 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	12,565,421	14,332,540	16,706,609	15,169,598	13,563,071	72,337,239
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	2,935,930	4,115,310	3,873,537	4,603,813	3,938,610	19,467,200
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	15,501,351	18,447,850	20,580,146	19,773,411	17,501,681	91,804,439
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						91,804,439

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6	15,501,351	18,447,850	20,580,146	19,773,411	17,501,681	91,804,439
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	8,870	12,078	7,921	10,670	430	39,969
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	8,870	12,078	7,921	10,670	430	39,969
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on				1,690		1,690
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	57,372	69,156	74,380	71,439		272,347
13 Total support. (Add lines 9, 10c, 11, and 12.)	15,567,593	18,529,084	20,662,447	19,857,210	17,502,111	92,118,445
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	99.660%
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	99.530%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	0%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	

- 19a 33 1/3% support tests—2012.** 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—2011.** 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 **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test
Explanation

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2012

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. See separate instructions.

Department of the Treasury Internal Revenue Service

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" to Form 990, Part IV, line 6.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate contributions, grants, and value, and two yes/no questions about donor advisement and grant purposes.

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

Form for Part II Conservation Easements. Includes checkboxes for various purposes (land for public use, natural habitat, open space, historic structure), a table for 'Held at the End of the Year' (2a-2d), and several questions about monitoring, expenses, and reporting.

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

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting works of art and historical treasures, and a table for revenues and assets.

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange programs
- e** Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to 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
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	355,226	418,364	404,074		
b Contributions				398,969	
c Net investment earnings, gains, and losses	13,438	3,727	16,151	5,770	
d Grants or scholarships					
e Other expenditures for facilities and programs	34,482	66,865	1,860	665	
f Administrative expenses					
g End of year balance	334,182	355,226	418,365	404,074	

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 100.000 %
- c** Temporarily restricted endowment
The percentages in lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
(i) unrelated organizations	3a(i) Yes	
(ii) related organizations	3a(ii)	No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		305,536		305,536
b Buildings		335,000	251,472	83,528
c Leasehold improvements		670,840	434,632	236,208
d Equipment		3,666,658	2,802,500	864,158
e Other		176,061	172,284	3,777
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				1,493,207

Part VII Investments—Other Securities. 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		
Other		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12.)		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13.)		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of liability	(b) Book value
Federal income taxes	
DUE FROM SUNCOAST CENTER PROPERTIES	1,132,547
WAYS TO WORK-SECURED BORROWINGS	107,874
CAPITAL LEASES	46,543
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)	1,286,964

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

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

1	Total revenue, gains, and other support per audited financial statements		1	17,632,494
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains on investments	2a	27,129	
b	Donated services and use of facilities	2b	31,377	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d	643,431	
e	Add lines 2a through 2d			2e 701,937
3	Subtract line 2e from line 1			3 16,930,557
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b	531,086	
c	Add lines 4a and 4b			4c 531,086
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)			5 17,461,643

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

1	Total expenses and losses per audited financial statements		1	17,223,642
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a	31,377	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d	273,014	
e	Add lines 2a through 2d			2e 304,391
3	Subtract line 2e from line 1			3 16,919,251
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b	531,086	
c	Add lines 4a and 4b			4c 531,086
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)			5 17,450,337

Part XIII Supplemental Information

Complete this part to 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

Identifier	Return Reference	Explanation
LIABILITY UNDER FIN 48 FOOTNOTE	SCHEDULE D, PAGE 3, PART X	THE ORGANIZATION HAS EVALUATED ITS TAX POSITIONS TAKEN FOR ALL OPEN TAX YEARS AND HAS NOT IDENTIFIED ANY UNCERTAIN TAX POSITIONS THE 2010, 2011 AND 2012 TAX YEARS ARE OPEN AND SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE (IRS) THE ORGANIZATION IS NOT CURRENTLY UNDER AUDIT NOR HAS THE ORGANIZATION BEEN CONTACTED BY THE IRS
REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER	SCHEDULE D, PAGE 4, PART XI, LINE 2D	REMOVE RELATED AFFILIATES REVENUE-CONSOLIDATED FINANCIALS 531,086 BAD DEBT EXPENSE 100,000 RECORD K-1 FOR TAX 12,345
REVENUE AMOUNTS INCLUDED ON RETURN - OTHER	SCHEDULE D, PAGE 4, PART XI, LINE 4B	INTERCOMPANY RENT 531,086
EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER	SCHEDULE D, PAGE 4, PART XII, LINE 2D	REMOVE RELATED AFFILIATES EXPENSES-CONSOLIDATED FINANCIALS 173,014 BAD DEBT EXPENSE 100,000
EXPENSE AMOUNTS INCLUDED ON RETURN - OTHER	SCHEDULE D, PAGE 4, PART XII, LINE 4B	INTERCOMPANY RENT 531,086

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2012

Open to Public Inspection

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Form 990-EZ filers are not required to complete this part.

Attach to Form 990 or Form 990-EZ. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization SUNCOAST CENTER INC

Employer identification number

59-2092717

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations, b Internet and email solicitations, c Phone solicitations, d In-person solicitations, e Solicitation of non-government grants, f Solicitation of government grants, g Special fundraising events

2a Did the organization have a written or oral agreement with any individual... Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col (i), (vi) Amount paid to (or retained by) organization. Includes a Total row at the bottom.

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

Part II Fundraising Events. Complete if the organization answered "Yes" to 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 SUCCESS BREAKFA (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	32,371			32,371
	2 Less Contributions	32,371			32,371
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	6,713			6,713
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	15,706			15,706
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(22,419)
	11 Net income summary Combine line 3, column (d), and line 10 ▶				-22,419

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

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

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

a Is the organization licensed to operate 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 _____

Does the organization operate gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity operated in

a The organization's facility	13a	
b An outside facility	13b	

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

Name ▶

Address ▶

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

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

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

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

Director/officer Employee Independent contractor

17 Mandatory distributions

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

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

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

Identifier	Return Reference	Explanation
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Schedule I (Form 990)

OMB No 1545-0047

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

2012

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

Attach to Form 990

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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?
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 Governments and Organizations in the United States. Complete if the organization answered "Yes" to 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.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC Code section if applicable, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of non-cash assistance, (h) Purpose of grant or assistance.

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

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) EMERGENCY FUNDS-AIS	723	59,649			
(2) EMERGENCY FUNDS-TFS	198	94,491			
(3) EMERGENCY FUNDS-FIS	66	13,295			
(4) EMERGENCY FUNDS-OTHERS	576	393,290			

Part IV Supplemental Information.

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Identifier	Return Reference	Explanation
PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS INSIDE THE UNITED STATES	SCHEDULE I, PAGE 1, 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
ADDITIONAL INFORMATION	SCHEDULE I, PAGE 4, PART IV	RELATED TO PART III ASSISTANCE PROVIDED TO INDIVIDUALS IS EMERGENCY FUNDS FOR RENT, UTILITIES AND OTHER LIVING EXPENSES 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

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2012

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

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 in 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 (e g , maid, chauffeur, chef)

b If any of the boxes in 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 officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

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

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

4 During the year, did any person listed in 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 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.

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

- a** The organization? **5a** No
- b** Any related organization? **5b** No

If "Yes," to line 5a or 5b, describe in Part III

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

- a** The organization? **6a** No
- b** Any related organization? **6b** No

If "Yes," to line 6a or 6b, describe in Part III

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

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

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? **9**

	Yes	No
1b		
2		
4a		No
4b	Yes	
4c		No
5a		No
5b		No
6a		No
6b		No
7		No
8		No
9		

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) BARBARA DAIRE PRESCEO	(i)	181,586	20,000	10,000	11,575	9,489	232,650	
	(ii)							
(2) LINDA LEFLER MEDICAL DIR	(i)	245,015			9,559	9,468	264,042	
	(ii)							
(3) MUHAMMAD A ALI MD PHYSICIAN	(i)	203,660			6,647	9,489	219,796	
	(ii)							
(4) EDWIN JACKSON MD PHYSICIAN	(i)	152,864			4,783	7,491	165,138	
	(ii)							

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
SEVERANCE, NONQUALIFIED, AND EQUITY-BASED PAYMENTS	SCHEDULE J, PAGE 1, PART I, LINE 4	BARBARA DAIRE 0 6,000 0 LINDA LEFLER 0 2,000 0

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

2012

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Name of the organization SUNCOAST CENTER INC

Employer identification number 59-2092717

Part I Types of Property

Table with 4 columns: (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. Includes rows for Art, Books, Cars, Boats, Intellectual property, Securities, Real estate, etc.

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

29

Table with 3 columns: Question (30a, 31, 32a, 33), Yes, No. Contains questions about property holding periods, gift acceptance policies, and solicitation of contributions.

Part III **Supplemental Information.** Complete this part to 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.

Identifier

Return Reference

Explanation

Schedule M (Form 990) (2012)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2012

**Open to Public
Inspection**

Name of the organization
SUNCOAST CENTER INC

Employer identification number

59-2092717

Identifier	Return Reference	Explanation
ORGANIZATION'S MISSION	FORM 990 - ORGANIZATION'S MISSION	"STRENGTHENING, PROTECTING, AND RESTORING LIVES FOR HEALTHY COMMUNITY" IS THE MISSION STATEMENT OF THE AGENCY SIGNIFICANT ACTIVITIES OF THE AGENCY ARE BASED ON PROVIDING THE MOST EFFECTIVE AND EFFICIENT BEHAVIORAL HEALTH AND SOCIAL SUPPORT SERVICES FOR CHILDREN, ADULTS AND FAMILIES THAT FACILITATE POSITIVE CHANGE AND IMPROVED HEALTH SUNCOAST CENTER PROVIDES THOSE SERVICES THROUGH A COMPREHENSIVE MODEL THAT ADDRESSES THE MULTIFACETED, COMPLEX AND INTERRELATED BEHAVIORAL, PSYCHOLOGICAL AND FINANCIAL NEEDS OF INDIVIDUALS AND FAMILIES SERVICES ARE PROVIDED REGARDLESS OF THE PERSON'S SEX, NATIONALITY, AND/OR RELIGION, AND ARE ADMINISTERED WITH RESPECT TO THE INDIVIDUAL IN ADDITION, THE AGENCY IS COMMITTED TO INCREASING THE COMMUNITY'S AWARENESS OF METHODS TO PREVENT AND/OR TREAT VARIOUS MENTAL HEALTH AND SUBSTANCE ABUSE NEEDS, AND ACCOMPLISHES THAT THROUGH A VARIETY OF COMMUNITY EDUCATION ACTIVITIES AND INVOLVEMENT ON A BROAD RANGE OF COLLABORATIVE HEALTH RELATED COMMITTEES IN THE COMMUNITY AS THE PROVIDER FOR PINELLAS COUNTY'S ONLY ACCREDITED CHILD ADVOCACY CENTER AND CERTIFIED RAPE CRISIS CENTER, THE AGENCY ASSUMES A LEADERSHIP ROLE IN EDUCATING THE COMMUNITY ON BEHALF OF THESE SERVICES THE INTEGRATION OF BEHAVIORAL HEALTH AND SOCIAL SUPPORT SERVICES PROVIDES A QUALITY CONTINUUM OF CARE THAT IS CLIENT AND PATIENT CENTERED AND DEMONSTRATES QUALITY OUTCOMES

Identifier	Return Reference	Explanation
ALL OTHER ACCOMPLISHMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4D	OTHER QUALITY PROGRAMS AND SERVICES PROVIDED INCLUDE, CHILD PROTECTION TEAM (MEDICALLY DIRECTED AND MULTIDISCIPLINARY TEAM TO ASSIST LAW ENFORCEMENT IN THE INVESTIGATION OF CHILD ABUSE AND NEGLECT), TRAUMA SERVICES, SEXUAL ASSAULT VICTIM EXAMINATION (SAVE) SERVICES, MEDICAL FOSTER CARE, SELF SUFFICIENCY SERVICES (FINANCIAL COUNSELING AND EDUCATION), FORENSIC SERVICES (CIRCUIT COURT 6), COMPREHENSIVE COMMUNITY SERVICES TEAM (SERVICES TO INDIVIDUALS WITH SEVERE MENTAL ILLNESS), SENIOR COUNSELING, SCHOOL BASED HEALTH SERVICES, INTENSIVE FAMILY SERVICES, AND THE EXCHANGE (A SERVICE FOR CLIENTS TO OBTAIN CLOTHING AND HOUSEHOLD ITEMS AT NO COST)

Identifier	Return Reference	Explanation
ADDITIONAL INFORMATION	FORM 990, PART V	SUNCOAST CENTERS, INC RECEIVES A K-1 FROM CYPRESS EQUIPMENT FUND 14, LLC EVEN THOUGH LINE 3A IS MARKED "NO", A 990-T IS BEING FILED TO SHOW THE LOSS FROM THE K-1

Identifier	Return Reference	Explanation
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 11B	THE CFO AND THE BOARD OF TRUSTEES WILL REVIEW THE FORM 990 BEFORE IT IS FILED

Identifier	Return Reference	Explanation
ENFORCEMENT OF CONFLICTS POLICY	FORM 990, PAGE 6, PART VI, LINE 12C	SUNCOAST CENTER, INC WILL NOT DO BUSINESS WITH THE RELATIVES OF EMPLOYEES, VOLUNTEERS, INTERNS, CONTRACTORS OR MEMBERS OF THE BOARD OF TRUSTEES IF THERE IS A QUESTION REGARDING THIS POLICY, THE ENTITY ERRS ON THE SIDE OF CAUTION AND DISCLOSES ALL INFORMATION THAT MAY CAUSE A PERSONAL CONFLICT

Identifier	Return Reference	Explanation
COMPENSATION PROCESS FOR TOP OFFICIAL	FORM 990, PAGE 6, PART VI, LINE 15A	THE BOARD OF TRUSTEES DETERMINES THE SALARY OF THE CEO. COMPARABLES ARE USED TO STAY COMPETITIVE WITH 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 INCLUDES, THAT IT WILL SUPPORT 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 RELY UPON APPROPRIATE INDEPENDENT COMPARABILITY DATA TO SUPPORT ITS DECISION MAKING PROCESS. EXECUTIVE COMPENSATION PROGRAMS AND DECISIONS WILL BE APPROVED IN ADVANCE OF THEIR IMPLEMENTATION.

Identifier	Return Reference	Explanation
COMPENSATION PROCESS FOR OFFICERS	FORM 990, PAGE 6, PART VI, LINE 15B	DECISIONS ARE MADE BY THE BOARD OF TRUSTEES WHEN AVAILABLE, COMPARATIVES ARE USED

Identifier	Return Reference	Explanation
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION	FORM 990, PAGE 6, PART VI, LINE 19	THE GOVERNING DOCUMENTS, CONFLICTS OF INTEREST POLICY AND THE FORM 990 ARE MADE AVAILABLE TO THE PUBLIC THROUGH OUR WEBSITE (WWW.SUNCOASTCENTER.ORG) ALL OF THE FINANCIAL INFORMATION AND FORM 990 IS ALSO AVAILABLE FOR PUBLIC VIEW AT WWW.GUIDESTAR.ORG

Identifier	Return Reference	Explanation
RECONCILIATION OF CHANGES - OTHER	FORM 990, PART XI, LINE 9	REMOVE RELATED AFFILIATES REVENUE-CONSOLIDATED FINANCIALS 531,086 BAD DEBT EXPENSE 100,000 RECORD K-1 FOR TAX 12,345 INTERCOMPANY RENT -531,086 REMOVE RELATED AFFILIATES EXPENSES-CONSOLIDATED FINANCIALS -173,014 BAD DEBT EXPENSE -100,000 INTERCOMPANY RENT 531,086

Identifier	Return Reference	Explanation
OTHER CHANGES IN NET ASSETS EXPLANATION	FORM 990, PART XI, LINE 9	TRANSFER ASSETS TO SCP 28,186 STAND ALONE PRESENTATION 358,072

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2012

Open to Public Inspection

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

Department of the Treasury
Internal Revenue Service

Name of the organization
SUNCOAST CENTER INC

Employer identification number

59-2092717

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to 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" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) SUNCOAST CENTER PROPERTIES INC 4024 CENTRAL AVENUE ST PETERSBURG, FL 33711 59-3385984	RENTAL	FL	501C2		SUNCOAST C SUNCOAST CENTER INC		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end- of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) SUNCOAST CENTER ENTERPRISES INC 4024 CENTRAL AVENUE ST PETERSBURG, FL 33711 20-8401811	MED SUPPLY	FL	N/A	S CORP			100 000 %		No

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to 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?

- a** Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)

- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)

- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)

- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses

- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

	Yes	No
1a		No
1b		No
1c		No
1d	Yes	
1e		No
1f		No
1g		No
1h		No
1i		No
1j		No
1k	Yes	
1l		No
1m		No
1n	Yes	
1o	Yes	
1p		No
1q	Yes	
1r	Yes	
1s		No

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

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
See Additional Data Table			

Software ID:
Software Version:
EIN: 59-2092717
Name: SUNCOAST CENTER INC

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation
ADDITIONAL INFORMATION	SCHEDULE R	PART II SUNCOAST CENTER INC SUNCOAST IS A CONTROLLING ENTITY OF SUNCOAST CENTER PROPERTIES INC SCP UNDER IRC 512B13 SCP RECEIVES RENTAL INCOME FROM SUNCOAST ON DEBTFINANCED REAL PROPERTY AS THE TWO ORGANIZATIONS ARE RELATED ENTITIES THE RENTAL INCOME IS NOT CONSIDERED UNRELATED BUSINESS TAXABLE INCOME PART V LINES N AND O ALL ACTIVITY FOR SUNCOAST CENTER PROPERTIES AND SUNCOAST CENTER ENTERPRISES IS RUN BY SUNCOAST CENTER EMPLOYEES IN THEIR FACILITIES

--> Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
SUNCOAST CENTER PROPERTIES INC	D	632,101	OUTSTANDING BALANCE
SUNCOAST CENTER PROPERTIES INC	K	531,086	INTERCOMPANY RENT
SUNCOAST CENTER PROPERTIES INC	N		SEE PART VII
SUNCOAST CENTER ENTERPRISES INC	N		SEE PART VII
SUNCOAST CENTER PROPERTIES INC	O		SEE PART VII
SUNCOAST CENTER PROPERTIES INC	Q	64,440	ACTUAL EXPENSES
SUNCOAST CENTER PROPERTIES INC	Q	28,186	TRANSFERRED ASSETS
SUNCOAST CENTER PROPERTIES INC	R	58,904	FMV OF PROPERTY
SUNCOAST CENTER PROPERTIES INC	D	632,101	OUTSTANDING BALANCE
SUNCOAST CENTER PROPERTIES INC	K	531,086	INTERCOMPANY RENT
SUNCOAST CENTER PROPERTIES INC	N		SEE PART VII
SUNCOAST CENTER ENTERPRISES INC	N		SEE PART VII
SUNCOAST CENTER PROPERTIES INC	O		SEE PART VII
SUNCOAST CENTER PROPERTIES INC	Q	64,440	ACTUAL EXPENSES
SUNCOAST CENTER PROPERTIES INC	Q	28,186	TRANSFERRED ASSETS
SUNCOAST CENTER PROPERTIES INC	R	58,904	FMV OF PROPERTY

TY 2012 GeneralDependencySmall**Name:** SUNCOAST CENTER INC**EIN:** 59-2092717**Business Name or Person Name:****Taxpayer Identification Number:****Form, Line or Instruction
Reference:****Regulations Reference:****Description:** WAIVE NOL CARRYBACK**Attachment Information:** YEAR ENDING: JUNE 30, 2013 59-2092717 SUNCOAST CENTER,
INC. P.O. BOX 10970 ST. PETERSBURG, FL 33711 NOL CARRYBACK
ELECTION UNDER IRC SECTION 172(B)(3), THE TAXPAYER ELECTS
TO RELINQUISH THE ENTIRE CARRYBACK PERIOD WITH RESPECT
TO ANY REGULAR TAX AND AMT NET OPERATING LOSS INCURRED
DURING THE CURRENT TAX YEAR.