

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 private foundations)
Do not enter social security numbers on this form as it may be made public
Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 07-01-2017, and ending 06-30-2018

- B** Check if applicable
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
SUNCOAST CENTER INC

Doing business as

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 province, country, and ZIP or foreign postal code
ST PETERSBURG, FL 33733

D Employer identification number
59-2092717

E Telephone number
(727) 327-7656

G Gross receipts \$ 19,266,432

F Name and address of principal officer
BARBARA DAIRE
4024 CENTRAL AVENUE
ST PETERSBURG, FL 33711

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
If "No," attach a list (see instructions)

I Tax-exempt status 501(c)(3) 501(c) () (Insert no) 4947(a)(1) or 527

J Website: WWW.SUNCOASTCENTER.COM

H(c) Group exemption number

K Form of organization Corporation Trust Association Other

L Year of formation 1981

M State of legal domicile FL

Part I Summary

1 Briefly describe the organization's mission or most significant activities
SUNCOAST CENTER PROVIDES MENTAL HEALTH & SUBSTANCE ABUSE SERVICES TO CHILDREN, ADOLESCENTS, THEIR FAMILIES, AND ADULTS. ADDITIONALLY, WE ENHANCE THE SKILLS OF LOCAL CARE-PROVIDERS AND INCREASE COMMUNITY AWARENESS

2 Check this box 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)	13
4 Number of independent voting members of the governing body (Part VI, line 1b)	13
5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	355
6 Total number of volunteers (estimate if necessary)	15
7a Total unrelated business revenue from Part VIII, column (C), line 12	0
7b Net unrelated business taxable income from Form 990-T, line 34	

	Revenue	
	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	835,589	1,637,139
9 Program service revenue (Part VIII, line 2g)	17,369,267	17,493,047
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	104,083	56,721
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	23,649	9,318
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	18,332,588	19,196,225
Expenses		
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	426,470	1,764,212
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)	14,231,126	14,557,936
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) 112,983		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,560,100	2,859,740
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	18,217,696	19,181,888
19 Revenue less expenses Subtract line 18 from line 12	114,892	14,337
Net Assets or Fund Balances		
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	6,076,305	6,107,558
21 Total liabilities (Part X, line 26)	2,135,419	2,111,619
22 Net assets or fund balances Subtract line 21 from line 20	3,940,886	3,995,939

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: _____ Date: 2018-01-10
DUSTIN SODE CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name BYRON C SMITH CPA	Preparer's signature BYRON C SMITH CPA	Date 2019-01-23	Check <input type="checkbox"/> if self-employed	PTIN P00744293
Firm's name GREGORY SHARER & STUART PA			Firm's EIN 59-1850025	
Firm's address 100 2ND AVE SOUTH STE 600 SAINT PETERSBURG, FL 337014336			Phone no (727) 821-6161	

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

FOR OVER 74 YEARS, SUNCOAST CENTER, INC HAS PROVIDED A COMPREHENSIVE RANGE OF EVIDENCE-BASED PROGRAMS THAT ADDRESS EMOTIONAL WELLNESS, TRAUMA SERVICES, AND CHILD ADVOCACY TO INDIVIDUALS AND FAMILIES THROUGHOUT PINELLAS COUNTY DURING 2017-2018, SUNCOAST CENTER HELD TRUE TO ITS MISSION OF STRENGTHENING, PROTECTING, AND RESTORING LIVES FOR A HEALTHY COMMUNITY, THROUGH ITS PROVISION OF 284,828 SERVICES TO OVER 23,000 INDIVIDUALS THROUGHOUT PINELLAS COUNTY THESE SERVICES INCLUDED MENTAL HEALTH, SUBSTANCE ABUSE, FAMILY COUNSELING, TRAUMA ASSESSMENT AND THERAPEUTIC SERVICES SERVICES ARE PROVIDED REGARDLESS OF THE INDIVIDUAL'S SEX, NATIONALITY, AND/OR RELIGION AND ARE ADMINISTERED WITH RESPECT TO THE INDIVIDUAL THE DEMOGRAPHIC SNAPSHOT OF OUR CLIENTS CONSISTS OF 37% MINORITY WITH 92% OF OUR CLIENTS LIVING IN POVERTY SUNCOAST CENTER HAS 270 EMPLOYEES AND 10 INTERNS THAT INCLUDE PSYCHIATRIC AND MEDICAL STAFF, CLINICAL THERAPISTS, CASE MANAGERS, ADMINISTRATIVE AND SUPPORT STAFF SUNCOAST CE

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses \$ 4,790,512 including grants of \$ 1,275,227) (Revenue \$ 5,036,271) See Additional Data

4b (Code) (Expenses \$ 2,230,838 including grants of \$ 10,319) (Revenue \$ 2,369,472) See Additional Data

4c (Code) (Expenses \$ 2,259,773 including grants of \$ 5,377) (Revenue \$ 2,431,112) See Additional Data

(Code) (Expenses \$ 7,883,630 including grants of \$ 473,289) (Revenue \$ 8,246,194)

SUNCOAST CENTER CONTINUOUSLY SEEKS TO MAKE IMPROVEMENTS TO OUR SYSTEM OF CARE SUNCOAST CENTER HAS BEEN ABLE TO SHARE REFERRALS AND REFERRAL INFORMATION ELECTRONICALLY WITH MANY OF OUR PARTNERS INCLUDING 211 TAMPA BAY CARES AND OTHER LOCAL MENTAL HEALTH AND SUBSTANCE ABUSE PROVIDERS OUR IMPLEMENTATION OF THIS PROJECT MANY YEARS AGO HAS RECENTLY LED TO OTHER AGENCIES BEING FUNDED TO LINK UP TO THE SYSTEM THAT WE ARE USING IMPROVEMENT OF OUR PROCESSES HAS INCLUDED MANY AUTOMATIONS THIS LAST YEAR ONE OF THE AUTOMATIONS IMPROVED THE LINKING OF PSYCHIATRIC SERVICE INFORMATION TO OUR CLIENT'S PRIMARY CARE PROVIDERS SUNCOAST WAS ABLE TO ENSURE THAT PRIMARY CARE PROVIDERS RECEIVED RECORDS OF CARE THROUGH A SEAMLESS PROCESS THE COMMUNITY HEALTH CENTERS OF PINELLAS WAS ABLE TO RECEIVE THESE RECORDS ELECTRONICALLY INTO THEIR SYSTEM THIS EFFORT WILL IMPROVE CLIENT CARE AND IS A SIGNIFICANT BRIDGE AND STEP FORWARD FOR OUR PROCESSES SUNCOAST CENTER IS PROVIDING TELE-THERAPY AND IS PREPARED TO PROVIDE TELE- PSYCHIATRY WHEN THE FUNDING MECHANISMS ARE MORE CONSISTENT WE HAVE WORKED HARD TO ENGAGE FUNDERS IN ACCEPTING TELE-THERAPY, AND ARE ABLE TO OFFER THE SERVICE TO MANY OF OUR CLIENTS WE HAVE IMPLEMENTED PROCESSES TO ENGAGE CLIENTS THROUGH TELE-THERAPY BEFORE THEY LEAVE A PSYCHIATRIC CRISIS UNIT TO ASSIST AND ENGAGE CLIENTS, IMPROVING THEIR COMFORT LEVEL WITH ATTAINING SERVICES THROUGH OUR ZERO SUICIDE INITIATIVE, SUNCOAST CENTER HAS CURRENTLY GAINED AGREEMENTS FROM SIX LOCAL BEHAVIORAL HEALTH AND HEALTH AGENCIES TO IMPLEMENT COMMON SCREENING AND ASSESSMENT TOOLS OF THE PATIENT HEALTH QUESTIONNAIRE 9 AND COLUMBIA SUICIDE SEVERITY RATING SCALE, AS WELL AS TO USE A COMMON SAFETY PLAN THESE TOOLS AND RESULTS WILL BE ABLE TO BE ELECTRONICALLY SHARED IN TRANSITIONS OF CARE AND WILL BE USED AS COMMON METRICS, AND MEASURES PINELLAS COUNTY EXPERIENCED A HURRICANE IN 2017 WHICH RESULTED IN DISRUPTION OF SERVICES FOR ONE WEEK AT OUR SITES SUNCOAST CENTER WAS ABLE TO ADDRESS MANY CLIENTS' NEEDS INCLUDING INSTITUTING A PROCESS SUPPORTED BY THE STATE TO ALLOW EMERGENCY SCRIPTS FOR MEDICATION TO BE RELEASED PRIOR TO THE STORM AFTER THE DISRUPTIONS, SUNCOAST CENTER STAFF RALLIED TO ENSURE THAT ALL CLIENTS WERE ABLE TO BE SUPPORTED AND THEIR NEEDS MET THE EXPERIENCE ALLOWED A REAL LIFE TEST OF OUR EMERGENCY PREPAREDNESS AND HAS LED TO MANY ADDITIONAL IMPROVEMENTS TO OUR OPERATIONS

4d Other program services (Describe in Schedule O) (Expenses \$ 7,883,630 including grants of \$ 473,289) (Revenue \$ 8,246,194)

4e Total program service expenses 17,164,753

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)?	Yes	
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>	Yes	
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>	Yes	
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>		No
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 other assistance to or for any foreign organization? <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 other assistance to or for foreign individuals? <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</i> (see instructions)		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

Part IV Checklist of Required Schedules (continued)

	Yes	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?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	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>	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 25a</i>		No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) 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>		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>		No
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		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>		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>		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>		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>		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	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>		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		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>		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>		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>	Yes	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	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>	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>		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>		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	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
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" to line 3b, 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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		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
b	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. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
9b	Did the sponsoring 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 or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (13); 1b Enter the number of voting members included in line 1a, above, who are independent (13); 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: a The governing body? (Yes); b 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.)

Table with 3 columns: Question, Yes, No. Rows include: 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? a The organization's CEO, Executive Director, or top management official (Yes); b 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

Table with 3 columns: Question, Yes, No. Rows include: 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: [X] Own website, [X] Another's website, [X] 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, address, and telephone number of the person who possesses the organization's books and records (DUSTIN SODE 4024 CENTRAL AVENUE ST PETERSBURG, FL 33711 (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 or note to any line in this Part VII

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, 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) KRISTIN SMITH CHAIR	2 50 1 00	X						0	0	0
(2) CINDY STOKES VICE CHAIR	2 50	X						0	0	0
(3) ROBERT MELBY TREASURER	2 50 1 00	X						0	0	0
(4) CAMILLE SKLUZACEK SECRETARY	2 50	X						0	0	0
(5) STEPHAN FREEMAN DIRECTOR	2 50	X						0	0	0
(6) CHUCK PRATHER DIRECTOR	2 50 1 00	X						0	0	0
(7) LINDA LERNER DIRECTOR	2 50	X						0	0	0
(8) RICHARD TOURTELOT DIRECTOR	2 50 1 00	X						0	0	0
(9) ALAN LUCAS DIRECTOR	2 50	X						0	0	0
(10) CARLTON TURNER DIRECTOR	2 50	X						0	0	0
(11) CYNTHIA DAVIS DIRECTOR	2 50	X						0	0	0
(12) GEORGE MATZ DIRECTOR	2 50 1 00	X						0	0	0
(13) REBECCA CONKLING DIRECTOR	2 50	X						0	0	0
(14) BARBARA DAIRE PRES/CEO	39 00 1 00			X				220,369	0	30,050
(15) DUSTIN SODE CFO	39 00 1 00			X				65,841	0	9,123
(16) GREGORY ONDERKO MEDICAL DIRE	40 00				X			230,971	0	8,043
(17) MEENA SHAH PHYSICIAN	40 00					X		185,393	0	18,160

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . .	1a					
	b Membership dues . . .	1b					
	c Fundraising events . . .	1c	68,130				
	d Related organizations	1d	250,000				
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,319,009				
	g Noncash contributions included in lines 1a-1f \$ _____		1,205,587				
	h Total. Add lines 1a-1f		1,637,139				
Program Service Revenue		Business Code					
	2a GOVERNMENT GRANTS		13,489,084	13,489,084			
	b MEDICARE/MEDICAID		3,131,254	3,131,254			
	c CLIENT FEES		578,178	578,178			
	d UNITED WAY		294,531	294,531			
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f		17,493,047					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		50,305			50,305	
	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		65,525			
		c Gain or (loss)		59,109			
		d Net gain or (loss)		6,416	6,416		
	8a Gross income from fundraising events (not including \$ 68,130 of contributions reported on line 1c) See Part IV, line 18	a					
		b Less direct expenses	b	11,098			
		c Net income or (loss) from fundraising events		-11,098			
	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 OTHER INCOME		20,416	20,416				
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d		20,416					
12 Total revenue. See Instructions		19,196,225	17,519,879		50,305		

Part IX Statement of Functional Expenses

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.				
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	1,764,212	1,764,212		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	583,397	246,014	337,383	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	127,261		127,261	
7 Other salaries and wages.	11,104,090	10,178,969	860,890	64,231
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	251,240	197,997	51,336	1,907
9 Other employee benefits.	1,634,140	1,549,729	72,736	11,675
10 Payroll taxes.	857,808	766,237	86,740	4,831
11 Fees for services (non-employees)				
a Management.				
b Legal.	2,482		2,482	
c Accounting.	77,699	55,151	22,116	432
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.	8,253		8,253	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	383,972	372,726	13,967	-2,721
12 Advertising and promotion.				
13 Office expenses.	599,181	477,443	109,061	12,677
14 Information technology.				
15 Royalties.				
16 Occupancy.	946,950	823,836	105,792	17,322
17 Travel.	228,555	209,686	18,862	7
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	46,034	21,155	24,779	100
20 Interest.	70		70	
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	190,494	159,940	29,541	1,013
23 Insurance.	110,663	91,761	18,496	406
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	139,393	124,047	14,243	1,103
b MEDICAL & PHARMACY	125,994	125,850	144	
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e.	19,181,888	17,164,753	1,904,152	112,983
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 or note to any line in this Part IX

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	1,091,566	1	752,012
	2 Savings and temporary cash investments		2	109,350
	3 Pledges and grants receivable, net	1,267,770	3	1,225,235
	4 Accounts receivable, net	378,849	4	409,925
	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		7	
	8 Inventories for sale or use	96,617	8	88,630
	9 Prepaid expenses and deferred charges	107,600	9	122,053
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	5,913,282		
	b Less accumulated depreciation	5,031,724		
	11 Investments—publicly traded securities	1,435,747	11	1,590,883
	12 Investments—other securities See Part IV, line 11	466,739	12	552,834
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	344,337	15	375,078
16 Total assets. Add lines 1 through 15 (must equal line 34)	6,076,305	16	6,107,558	
Liabilities	17 Accounts payable and accrued expenses	740,773	17	726,038
	18 Grants payable		18	
	19 Deferred revenue	68,626	19	15,285
	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		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	1,326,020	25	1,370,296
	26 Total liabilities. Add lines 17 through 25	2,135,419	26	2,111,619
Net Assets or Fund Balances	27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	3,233,988	27	3,267,050
	28 Temporarily restricted net assets	372,716	28	394,707
	29 Permanently restricted net assets	334,182	29	334,182
	30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. 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	3,940,886	33	3,995,939
	34 Total liabilities and net assets/fund balances	6,076,305	34	6,107,558

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	19,196,225
2	Total expenses (must equal Part IX, column (A), line 25)	2	19,181,888
3	Revenue less expenses Subtract line 2 from line 1	3	14,337
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,940,886
5	Net unrealized gains (losses) on investments	5	40,716
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	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	3,995,939

Part XII Financial Statements and Reporting

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

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

Additional Data

Software ID:

Software Version:

EIN: 59-2092717

Name: SUNCOAST CENTER INC

Form 990 (2017)

Form 990, Part III, Line 4a:

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

Form 990, Part III, Line 4b:

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.

Form 990, Part III, Line 4c:

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)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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 12, check only one box.)

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

g Provide the following information about the supported organization(s)

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

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

(Complete only if you checked the box on line 5, 7, 8, or 9 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")						
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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 VI)						
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 section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14	Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2016 Schedule A, Part II, line 14	15	

- 16a 33 1/3% support test—2017.** 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—2016.** 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—2017.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶
- b 10%-facts-and-circumstances test—2016.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	560,768	682,416	879,309	835,589	1,637,139	4,595,221
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	16,818,015	15,744,936	16,738,906	17,382,422	17,513,463	84,197,742
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	17,378,783	16,427,352	17,618,215	18,218,011	19,150,602	88,792,963
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.)						88,792,963

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6	17,378,783	16,427,352	17,618,215	18,218,011	19,150,602	88,792,963
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	27,088	31,280	28,527	30,632	50,305	167,832
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	27,088	31,280	28,527	30,632	50,305	167,832
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on				27,186		27,186
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	17,405,871	16,458,632	17,646,742	18,275,829	19,200,907	88,987,981
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	99.780 %
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	99.830 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	0 %
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	0 %
19a 33 1/3% support tests—2017. 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 ▶ <input checked="" type="checkbox"/>		
b 33 1/3% support tests—2016. 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 ▶ <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ <input type="checkbox"/>		

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7			
\$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2018. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

Additional Data

Software ID:

Software Version:

EIN: 59-2092717

Name: SUNCOAST CENTER INC

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

Facts And Circumstances Test

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements
▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2017
Open to Public Inspection

Name of the organization
SUNCOAST CENTER INC

Employer identification number
59-2092717

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e g , recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Year	
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that 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" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	334,182	334,182	334,182	334,182	334,182
b Contributions					
c Net investment earnings, gains, and losses	3,230	2,967	3,006	3,500	3,516
d Grants or scholarships					
e Other expenditures for facilities and programs	3,230	2,967	3,006	3,500	3,516
f Administrative expenses					
g End of year balance	334,182	334,182	334,182	334,182	334,182

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶ 100 000 %
 - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | Yes | No |
|--|-----|----|
| (i) unrelated organizations | Yes | |
| (ii) related organizations | | No |
| b If "Yes" on 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.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		305,536		305,536
b Buildings		335,000	281,194	53,806
c Leasehold improvements		843,481	582,513	260,968
d Equipment		4,266,902	4,006,530	260,372
e Other		162,363	161,487	876
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				881,558

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

(a) Description of security or category (Including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) DESIGNATED FOR DEFERRED COMPENSATION	552,834	F
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12.)	552,834	

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

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

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

(a) Description	(b) Book value
(1) AR CRU TRUST	371,478
(2) DEPOSITS	3,600
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)	375,078

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
DUE TO SUNCOAST PROPERTIES	817,462
DEFERRED COMPENSATION PAYABLE	552,834
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)	1,370,296

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under 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

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

1	Total revenue, gains, and other support per audited financial statements	1	19,248,312
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	40,716
b	Donated services and use of facilities	2b	46,018
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	503,100
e	Add lines 2a through 2d	2e	589,834
3	Subtract line 2e from line 1	3	18,658,478
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	537,747
c	Add lines 4a and 4b	4c	537,747
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	19,196,225

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

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

1	Total expenses and losses per audited financial statements	1	19,070,630
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	46,018
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	380,471
e	Add lines 2a through 2d	2e	426,489
3	Subtract line 2e from line 1	3	18,644,141
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	537,747
c	Add lines 4a and 4b	4c	537,747
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	19,181,888

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 59-2092717

Name: SUNCOAST CENTER INC

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 2, PART V, LINE 4	THE ORGANIZATION'S OBJECTIVE IS TO MAINTAIN ENDOWMENT ASSETS, AS WELL AS TO PROVIDE ADDITIONAL REAL GROWTH THROUGH INVESTMENT RETURN THE ORGANIZATION HAS INVESTED ENDOWMENT ASSETS IN A MANNER THAT ATTEMPTS TO PROVIDE A PREDICTABLE STREAM OF FUNDING TO PROGRAMS SUPPORTED BY ITS ENDOWMENTS, WHILE SEEKING TO MAINTAIN THE VALUE OF THE ENDOWMENT FUNDS

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XI, LINE 2D	RECLASS BAD DEBT 206,041 REMOVE RELATED AFFILIATES REVENUE-CONSOLIDATED FINANCIALS 297,059

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XI, LINE 4B	INTERCOMPANY RENT 537,747

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XII, LINE 2D	REMOVE RELATED AFFILIATES EXPENSES-CONSOLIDATED FINANCIALS 174,430 RECLASS BAD DEBT 206,041

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XII, LINE 4B	INTERCOMPANY RENT 537,747

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

**Supplemental Information Regarding
Fundraising or Gaming Activities**

OMB No 1545-0047

2017

**Open to Public
Inspection**

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 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 (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? 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

(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
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				▶		

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

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

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d)
		SUCCESS BREAKFAST (event type)	(event type)	(total number)	Total events (add col (a) through col (c))
1	Gross receipts	68,130			68,130
2	Less Contributions	68,130			68,130
3	Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	11,098			11,098
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				11,098
11 Net income summary Subtract line 10 from line 3, column (d) ▶				-11,098	

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

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

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

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

b If "No," explain _____

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

b If "Yes," explain _____

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

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

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

Return Reference	Explanation
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**Schedule I
(Form 990)**

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

OMB No 1545-0047

2017

**Open to Public
Inspection**

Department of the
Treasury
Internal Revenue Service

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization
SUNCOAST CENTER INC

Employer identification number
59-2092717

Part I General Information on Grants and Assistance

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

- 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 Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) EMERGENCY FUNDS-OTHERS	442	473,289			
(2) EMERGENCY FUNDS-AIS	294	69,640			
(3) EMERGENCY FUNDS-FIS	50	10,319			
(4) EMERGENCY FUNDS-TFS	50	5,377			
(5) MEDICATION SAMPLES-AIS	6197	1,205,587			
(5)					
(6)					
(7)					

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

Return Reference	Explanation
SCHEDULE I, PAGE 1, PART I, LINE 2	EMERGENCY FUNDS THE ORGANIZATION PROVIDES EMERGENCY FUNDS FOR INDIGENT CLIENTS ON AN "AS NEEDED" BASIS CLIENTS HAVE TO MEET SPECIFIC CRITERIA TO QUALIFY FOR THIS ASSISTANCE 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 MEDICATION CLIENTS WITHOUT INSURANCE OR OTHER DRUG COVERAGE THAT INCLUDES THE NEEDED MEDICATION ON THEIR FORMULARY MAY BE ELIGIBLE FOR SAMPLE MEDICATIONS, WHEN THE SAMPLE MEDICATION IS PRESCRIBED BY THE MEDICAL PROVIDER SAMPLE MEDICATIONS MAY ALSO INCLUDE INITIAL DOSES OF MEDICATION TO ASSIST CLIENT WHILE THEY ARE APPLYING FOR A PATIENT ASSISTANCE PROGRAM NUMBER OF SAMPLES PROVIDED IS SHOWN

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
▶ **Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.**

2017

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 Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account		
<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <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	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	
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 type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations		
<input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization		
a Receive a severance payment or change-of-control payment?	4a	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes
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	4c	No
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a The organization?	5a	No
b Any related organization? If "Yes," on line 5a or 5b, describe in Part III	5b	No
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a The organization?	6a	No
b Any related organization? If "Yes," on line 6a or 6b, describe in Part III	6b	No
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	No
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

Part III **Supplemental Information**

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

Return Reference	Explanation
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**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2017

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

▶ **Attach to Form 990.**

▶ **Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990**

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 Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies	X	6,197	1,205,587	FAIR VALUE-DONATED DRUG
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

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

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

Part II Supplemental Information.

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

Return Reference	Explanation
SCHEDULE M, PAGE 2, PART II	EMPLOYEES, INTERNS, VOLUNTEERS OR CONTRACTORS MAY NOT ACCEPT EXPENSIVE GIFTS, EXCESSIVE ENTERTAINMENT, OR OTHER EXCESSIVE FAVORS FROM ANY OUTSIDE CONCERN OR PERSON WHO DOES OR IS SEEKING TO DO BUSINESS WITH SUNCOAST CENTER, OR COMPETES WITH SUNCOAST CENTER, OR UNDER CIRCUMSTANCES FROM WHICH IT MIGHT BE INFERRED THAT SUCH ACTION WAS INTENDED TO INFLUENCE OR COULD INFLUENCE THEM IN THE PERFORMANCE OF THEIR DUTIES

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization
SUNCOAST CENTER INC

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Employer identification number

59-2092717

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>FORM 990 - ORGANIZATION'S MISSION</p>	<p>FOR OVER 74 YEARS, SUNCOAST CENTER, INC HAS PROVIDED A COMPREHENSIVE RANGE OF EVIDENCE-BASED PROGRAMS THAT ADDRESS EMOTIONAL WELLNESS, TRAUMA SERVICES, AND CHILD ADVOCACY TO INDIVIDUALS AND FAMILIES THROUGHOUT PINELLAS COUNTY DURING 2017-2018. SUNCOAST CENTER HELD TRUE TO ITS MISSION OF STRENGTHENING, PROTECTING, AND RESTORING LIVES FOR A HEALTHY COMMUNITY, THROUGH ITS PROVISION OF 284,828 SERVICES TO OVER 23,000 INDIVIDUALS THROUGHOUT PINELLAS COUNTY THESE SERVICES INCLUDED MENTAL HEALTH, SUBSTANCE ABUSE, FAMILY COUNSELING, TRAUMA ASSESSMENT AND THERAPEUTIC SERVICES SERVICES ARE PROVIDED REGARDLESS OF THE INDIVIDUAL'S SEX, NATIONALITY, AND/OR RELIGION AND ARE ADMINISTERED WITH RESPECT TO THE INDIVIDUAL THE DEMOGRAPHIC SNAPSHOT OF OUR CLIENTS CONSISTS OF 37% MINORITY WITH 92% OF OUR CLIENTS LIVING IN POVERTY SUNCOAST CENTER HAS 270 EMPLOYEES AND 10 INTERNS THAT INCLUDE PSYCHIATRIC AND MEDICAL STAFF, CLINICAL THERAPISTS, CASE MANAGERS, ADMINISTRATIVE AND SUPPORT STAFF SUNCOAST CENTER'S STAFF REFLECTS THE DIVERSITY OF CLIENTS SERVED THIRTY-SIX PERCENT (36%) OF EMPLOYEES ARE MINORITY MEMBERS OUR STAFF ARE WELL TRAINED PROFESSIONALS WHO PRACTICE WITHIN THEIR SCOPE OF EXPERTISE THEY RECEIVE EXTENSIVE TRAINING, NOT ONLY IN TRAUMA, BEHAVIORAL HEALTH, ENGAGEMENT AND ADVOCACY, BUT ALSO IN CULTURAL DIVERSITY AND CULTURAL COMPETENCY, NOT ONLY FOR RACIAL, ETHNIC, RELIGIOUS, AND SEXUAL ORIENTATION, BUT ALSO ON THE CULTURE OF POVERTY SUNCOAST CENTER ENSURES THAT ALL STAFF ARE TRAINED IN TRAUMA INFORMED PRACTICES AND TREATMENT AWARENESS OF THE IMPACT OF TRAUMA ON BEHAVIORAL HEALTH AND WELLNESS IS IMPORTANT THROUGHOUT THE RECOVERY PROCESS SUNCOAST CENTER IS ONE OF THE LARGEST UTILIZERS OF LONG-ACTING INJECTABLE ANTIPSYCHOTIC MEDICATION IN THE STATE OF FLORIDA LONG-ACTING INJECTABLE ANTIPSYCHOTIC MEDICATIONS CAN BE MORE EFFICIENT AND EFFECTIVE FOR SOME CLIENTS THEY CAN INCREASE MEDICATION COMPLIANCE, IMPROVE DAILY FUNCTIONING AND STABILITY, AND IMPROVE LONG TERM OUTCOMES FOR SEVERELY AND PERSISTENTLY MENTALLY ILL CLIENTS WE HAVE REPEATEDLY SEEN POSITIVE LIFE CHANGING IMPACTS ON INDIVIDUALS LIVES AND SOCIETAL INTEGRATION THROUGH THE USE OF THIS AND OTHER INTERVENTIONS TREATMENT WORKS OUR CLIENTS RECEIVING BEHAVIORAL HEALTH SERVICES RECEIVED AN AVERAGE OF 12 SERVICES PER PERSON LAST YEAR THOSE SERVICES MAY HAVE BEEN WHAT APPEAR LIKE TRADITIONAL OUTPATIENT THERAPY OR MEDICATION MANAGEMENT, BUT EMBEDDED INTO THE SERVICES ARE A VERY EFFECTIVE CULTURE OF FEEDBACK INFORMED TREATMENT WHICH ASSISTS BOTH CLIENT AND STAFF IN WORKING TOGETHER TO ENSURE GOOD ENGAGEMENT, CONNECTION, AND POSITIVE OUTCOMES TRAUMA INFORMED CARE AND CULTURE IS ALSO EMBEDDED IN ALL OUR SERVICES BECAUSE WE KNOW HOW RECOGNIZING THE IMPACT OF, AND TREATING TRAUMA IMPROVES THE OUTCOMES FOR OUR CLIENTS BEYOND OUR OFFICE WALLS AT OUR MANY SITES THROUGHOUT PINELLAS, WE BRING THE CARE TO OUR CLIENTS IN A VARIETY OF WAYS TWENTY-SEVEN PERCENT (27%) OF OUR SERVICES ARE IN COMMUNITY LOCATIONS</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>FORM 990 - ORGANIZATION'S MISSION</p>	<p>TIONS SUCH AS HOMES, SCHOOLS, OR EMBEDDED INTO HEALTH CARE SITES WE HAVE THERAPISTS THAT ARE IN FIVE ELEMENTARY SCHOOLS AND IN THE HEALTH CLINICS IN FOUR HIGH SCHOOLS SUNCOAST CENTER EARLY CHILDHOOD THERAPISTS ARE A RESOURCE TO ALL THE HEAD START AND EARLY HEAD START PRESCHOOL CENTERS IN PINELLAS BEING ABLE TO MEET CLIENTS WHERE THEY ARE WHEN THEY NEED HELP IS IMPORTANT TO US WE ARE A PARTNER WITH COMMUNITY HEALTH CENTERS OF PINELLAS AND HAVE THERAPISTS IN THEIR HEALTH CARE LOCATIONS TO EXCELLENT MENTAL HEALTH AND SCREEN FOR MENTAL HEALTH AND FAMILY THERAPY NEEDS AND LINK TO OUR OTHER SERVICES PROVING THAT TREATMENT DOES WORK, OUR EFFORTS RESULTED IN 88% OF OUR ADULT CLIENTS WITH SEVERE AND PERSISTENT MENTAL ILLNESSES ARE NOW LIVING IN A STABLE HOUSING ENVIRONMENT, AND 33% OF OUR ADULT CLIENTS WITH SERIOUS MENTAL ILLNESS ARE COMPETITIVELY EMPLOYED OUR CHILD OUTCOMES ARE JUST AS IMPRESSIVE 91% OF OUR EMOTIONALLY DISTURBED (ED) YOUTH HAVE IMPROVED FUNCTIONING, 86% OF OUR SEVERELY EMOTIONALLY DISTURBED (SED) YOUTH IMPROVED THEIR LEVEL OF FUNCTIONING AND 90% AT TAINED REGULAR SCHOOL ATTENDANCE ALL OF THE YOUTHS PARTICIPATING IN OUR SUBSTANCE ABUSE TREATMENT COMPLETED THE PROGRAM, AND 100% OF OUR YOUNG CLIENTS IN SUBSTANCE ABUSE TREATMENT REDUCED ARRESTS FROM ADMISSION TO DISCHARGE AS THE PROVIDER FOR PINELLAS COUNTY'S CHILD ADVOCACY CENTER, WE SEEK TO PREVENT CHILD MALTREATMENT AND CHILD WELFARE INVOLVEMENT, ASSIST WITH SCHOOL READINESS, AND EMPOWER CHILDREN TO SUCCEED IN SCHOOL DURING 2017- 2018, OUR CHILD PROTECTION TEAM SCREENED OVER 9,800 ABUSE REPORTS AND EVALUATED 1080 CHILDREN OUR CHILD PROTECTION TEAM PROVIDED 2,830 SERVICES TO CHILDREN AND THEIR FAMILIES SUNCOAST CENTER ALSO PROVIDES A WIDE ARRAY OF FAMILY SUPPORT SERVICES AND FAMILY THERAPY DESIGNED TO STRENGTHEN AND PROTECT FAMILIES OUR FAMILY SERVICES PROGRAMING RESULTED IN 98% HAVING NO REPORT OF ABUSE AND/OR NEGLECT DURING PARTICIPATION OF CHILD ABUSE PREVENTION SERVICES, AND 98% HAVING NO NEW VERIFIED REPORT OF ABUSE AND/OR NEGLECT FOR A PERIOD OF 12 MONTHS AFTER CASE CLOSURE SUNCOAST CENTER IS PINELLAS COUNTY'S ONLY CERTIFIED RAPE CRISIS CENTER IN OUR COMMUNITY OF OVER 970,000, WE ARE THE FRONTLINE FOR THE PREVENTIVE AND REACTIVE RESPONSE TO SEXUAL ASSAULT DURING 2017-2018, THE RAPE CRISIS CENTER RESPONDED TO 1411 RAPE CRISIS CALLS AND PROVIDED 208 SEXUAL ASSAULT EXAMS BEYOND THE EXAMS AND FORENSIC EVIDENCE COLLECTION, WE PROVIDE EDUCATION, AWARENESS, AND PREVENTION SERVICES REACHING OUT TO THE FULL POPULATION OF PINELLAS COUNTY WE HAVE SPECIAL CONNECTIONS TO THE LOCAL SCHOOLS AND UNIVERSITIES IN ORDER TO BEST CONNECT OUR EDUCATION AND AWARENESS CAMPAIGNS WE SERVE VICTIMS OF TRAUMA, REGARDLESS OF WHETHER THEY HAVE EXPERIENCED RECENT OR PAST TRAUMA WE PROVIDED INDIVIDUAL, GROUP, AND FAMILY THERAPY SERVICES TO OVER 1,600 TRAUMA VICTIMS IN THE 17- 18 FISCAL YEAR SUNCOAST CENTER BELIEVES IN COMMUNITY COLLABORATION WE ARE REPRESENTED ON 88 COMMUNITY COUNCILS, COLLABORA</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 - ORGANIZATION'S MISSION	<p>TIVE PARTNERSHIPS, AND TASK FORCES, AND HAS FORMAL AGREEMENTS WITH 59 LOCAL AGENCIES, COALITIONS AND ADVOCACY GROUPS SUNCOAST CENTER COORDINATES THE PINELLAS BEHAVIORAL HEALTH SYSTEM OF CARE WORKGROUP THE WORKGROUP CONVENES IN ORDER TO ANALYZE GAPS TO COORDINATE CARE AND IMPROVEMENTS TO OUR SYSTEM OF CARE SOME OF THESE COMMUNITY PARTNERS HAVE COME TOGETHER TO FORM THE PINELLAS COMMUNITY EMPOWERMENT TEAM TO ADDRESS THE NEEDS OF INDIVIDUALS WITH SERIOUS BEHAVIORAL HEALTH DISORDERS WHO ARE REPEATEDLY BEING ADMITTED TO THE CRISIS STABILIZATION UNIT AND THE JAIL THE GOAL OF THIS PILOT PROJECT IS TO ENGAGE INDIVIDUALS WHO HAVE "FALLEN THROUGH THE CRACKS" OF OUR COMMUNITY SYSTEMS AND LEARN HOW THE SYSTEM CAN CHANGE TO PROVIDE RESOURCES AND SERVICES IN A WAY TO ENGAGE SIMILAR CLIENTS EARLIER IN THEIR EXPERIENCE THE PROGRAM SIGNIFICANTLY CHANGED THE LIVES OF THE CLIENTS INVOLVED, AND PROVIDED VALUABLE INFORMATION TO OUR SYSTEM OF CARE THE BEHAVIORAL HEALTH SYSTEM OF CARE MEMBERS HAVE ALSO CONVENED THE LOCAL AGENCIES TO EMBARK ON A COLLABORATIVE PROCESS IMPROVEMENT EFFORT TO PREVENT SUICIDES IN PINELLAS THE ZERO SUICIDE INITIATIVE HAS HARNESSED COLLABORATION ACROSS SECTORS OF MENTAL HEALTH, HEALTH, SCHOOLS, LAW ENFORCEMENT, AND HOUSING ELIMINATING THE STIGMA OF MENTAL HEALTH DISORDERS AND RECEIVING TREATMENT IS IMPORTANT TO SUNCOAST CENTER ONE INNOVATIVE PROGRAM WE PROVIDE TO BRING MEANINGFUL CHANGE FOR YOUTH AND YOUNG ADULTS IS OUR HEALTHY TRANSITIONS PROGRAM HEALTHY TRANSITIONS - FLORIDA YOUTH TRANSITION TO ADULTHOOD PROGRAM THAT IS FUNDED BY CENTRAL FLORIDA BEHAVIORAL HEALTH NETWORK AND PART OF A SAMHSA INITIATIVE, FOCUSES ON IMPROVING ACCESS TO EFFECTIVE TREATMENT AND SUPPORT SERVICES FOR YOUNG PEOPLE WITH EMERGING PSYCHIATRIC ISSUES, INCLUDING SUBSTANCE USE DISORDERS TWO IMPORTANT COMPONENTS OF THIS PROGRAM ARE THE USAGE OF SOCIAL MEDIA TO ENGAGE AND STAY CONNECTED WITH THESE YOUNG ADULTS AND THE PARTNERING OF YOUTH WITH PEER SPECIALISTS WHO ALSO HAVE SIMILAR MENTAL HEALTH DISORDERS THESE SPECIALISTS, ALONG WITH THE REST OF THE TREATMENT TEAM, WORK COLLABORATIVELY TO ASSIST THE YOUNG ADULTS WITH UNDERSTANDING AND MANAGING THEIR ILLNESS, SO THEY ARE ABLE TO LIVE FULFILLING LIVES WHILE THE NUMBER OF INDIVIDUALS SEEKING OUR SERVICES CONTINUES TO RISE, WE CONTINUE TO FOCUS ON PREVENTION AS WELL AS TREATMENT INCREASING AWARENESS AND EDUCATION IS PART OF OUR OUTREACH SERVICES IN 17-18 FISCAL YEAR WE TOUCHED OVER 100,000 PEOPLE AT OUR OUTREACH ACTIVITIES, COMMUNITY EVENTS, AND COMMUNITY TRAININGS SUNCOAST CENTER CONTINUES TO BUILD AWARENESS ON THE PREVENTION OF ABUSE THROUGH EVENTS SUCH AS ART HEALS THIS POWERFUL EXHIBIT FEATURES ARTWORK CREATED BY SURVIVORS OF SEXUAL VIOLENCE IN PARTNERSHIP WITH SEVERAL OF ST PETERSBURG'S ARTISTS AND ARTS ORGANIZATIONS OUR SUCCESS BREAKFAST PROVIDES THE COMMUNITY WITH AN OPPORTUNITY TO LEARN ABOUT THE SERVICES PROVIDED AT SUNCOAST CENTER AND DISCUSS THE DIFFICULT AND PIVOTAL TOPICS OF VIOLENCE, CHILD ABUS</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4D	<p>SUNCOAST CENTER CONTINUOUSLY SEEKS TO MAKE IMPROVEMENTS TO OUR SYSTEM OF CARE. SUNCOAST CENTER HAS BEEN ABLE TO SHARE REFERRALS AND REFERRAL INFORMATION ELECTRONICALLY WITH MANY OF OUR PARTNERS INCLUDING 211 TAMPA BAY CARES AND OTHER LOCAL MENTAL HEALTH AND SUBSTANCE ABUSE PROVIDERS. OUR INITIATION OF THIS PROJECT MANY YEARS AGO HAS RECENTLY LED TO OTHER AGENCIES BEING FUNDED TO LINK UP TO THE SYSTEM THAT WE ARE USING. IMPROVEMENT OF OUR PROCESSES HAS INCLUDED MANY AUTOMATIONS THIS LAST YEAR. ONE OF THE AUTOMATIONS IMPROVED THE LINKING OF PSYCHIATRIC SERVICE INFORMATION TO OUR CLIENT'S PRIMARY CARE PROVIDERS. SUNCOAST WAS ABLE TO ENSURE THAT PRIMARY CARE PROVIDERS RECEIVED RECORDS OF CARE THROUGH A SEAMLESS PROCESS. THE COMMUNITY HEALTH CENTERS OF PINELLAS WAS ABLE TO RECEIVE THESE RECORDS ELECTRONICALLY INTO THEIR SYSTEM. THIS EFFORT WILL IMPROVE CLIENT CARE AND IS A SIGNIFICANT BRIDGE AND STEP FORWARD FOR OUR PROCESSES. SUNCOAST CENTER IS PROVIDING TELE-THERAPY AND IS PREPARED TO PROVIDE TELE- PSYCHIATRY WHEN THE FUNDING MECHANISMS ARE MORE CONSISTENT. WE HAVE WORKED HARD TO ENGAGE FUNDERS IN ACCEPTING TELE-THERAPY, AND ARE ABLE TO OFFER THE SERVICE TO MANY OF OUR CLIENTS. WE HAVE IMPLEMENTED PROCESSES TO ENGAGE CLIENTS THROUGH TELE-THERAPY BEFORE THEY LEAVE A PSYCHIATRIC CRISIS UNIT TO ASSIST AND ENGAGE CLIENTS, IMPROVING THEIR COMFORT LEVEL WITH ATTAINING SERVICES THROUGH OUR ZERO SUICIDE INITIATIVE. SUNCOAST CENTER HAS CURRENTLY GAINED AGREEMENTS FROM SIX LOCAL BEHAVIORAL HEALTH AND HEALTH AGENCIES TO IMPLEMENT COMMON SCREENING AND ASSESSMENT TOOLS OF THE PATIENT HEALTH QUESTIONNAIRE 9 AND COLUMBIA SUICIDE SEVERITY RATING SCALE, AS WELL AS TO USE A COMMON SAFETY PLAN. THESE TOOLS AND RESULTS WILL BE ABLE TO BE ELECTRONICALLY SHARED IN TRANSITIONS OF CARE AND WILL BE USED AS COMMON METRICS, AND MEASURES. PINELLAS COUNTY EXPERIENCED A HURRICANE IN 2017 WHICH RESULTED IN DISRUPTION OF SERVICES FOR ONE WEEK AT OUR SITES. SUNCOAST CENTER WAS ABLE TO ADDRESS MANY CLIENTS' NEEDS INCLUDING INSTITUTING A PROCESS SUPPORTED BY THE STATE TO ALLOW EMERGENCY SCRIPTS FOR MEDICATION TO BE RELEASED PRIOR TO THE STORM. AFTER THE DISRUPTIONS, SUNCOAST CENTER STAFF RALLIED TO ENSURE THAT ALL CLIENTS WERE ABLE TO BE SUPPORTED AND THEIR NEEDS MET. THE EXPERIENCE ALLOWED A REAL LIFE TEST OF OUR EMERGENCY PREPAREDNESS AND HAS LED TO MANY ADDITIONAL IMPROVEMENTS TO OUR OPERATIONS.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 11B	AUDITOR PROVIDES PRELIMINARY COPIES OF 990 CFO TAKES TO BOARD OF TRUSTEES FOR REVIEW FINAL 990 SENT TO IRS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 12C	COVERED IN THE HR MANUAL UNDER TABLE OF CONTENTS 3 09 "CONFLICTS OF INTEREST IN SUMMARY THIS IS REVIEWED ANNUALLY AND VERBATIM "SUNCOAST WILL NOT DO BUSINESS WITH THE RELATIVES OF EMPLOYEES, VOLUNTEERS, INTERNS, CONTRACTORS OR MEMBERS OF BOARD OF TRUSTEES IF THERE IS A QUESTION REGARDING THIS POLICY, IT IS ALWAYS BEST TO ERR ON THE SIDE OF CAUTION AND DISCLOSE ALL INFORMATION THAT MAY CAUSE A PERSONAL CONFLICT "

990 Schedule O, Supplemental Information

Return Reference	Explanation
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 SUPPORTS THE MISSION, VALUES, STRATEGIC DIRECTION AND TAX-EXEMPT STATUS OF THE AGENCY. THE DECISION PROCESS INCLUDES THE EVALUATION OF PAY PRACTICES FOR THE INDUSTRY AND 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.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 19	DOCUMENTS ARE AVAILABLE AT WWW SUNCOASTCENTER ORG OR UPON REQUEST

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2017

**Open to Public
Inspection**

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
- ▶ Attach to Form 990.
- ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

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" on Form 990, Part IV, line 33.

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(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" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

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

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

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

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

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

	Yes	No
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	1a	No
b Gift, grant, or capital contribution to related organization(s)	1b	No
c Gift, grant, or capital contribution from related organization(s)	1c	Yes
d Loans or loan guarantees to or for related organization(s)	1d	No
e Loans or loan guarantees by related organization(s)	1e	Yes
f Dividends from related organization(s)	1f	No
g Sale of assets to related organization(s)	1g	No
h Purchase of assets from related organization(s)	1h	No
i Exchange of assets with related organization(s)	1i	No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	No
k Lease of facilities, equipment, or other assets from related organization(s)	1k	Yes
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes
o Sharing of paid employees with related organization(s)	1o	Yes
p Reimbursement paid to related organization(s) for expenses	1p	No
q Reimbursement paid by related organization(s) for expenses	1q	No
r Other transfer of cash or property to related organization(s)	1r	No
s Other transfer of cash or property from related organization(s)	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

See Additional Data Table

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Part VII Supplemental Information

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

Return Reference	Explanation
SCHEDULE R	PART II SUNCOAST CENTER, INC "SUNCOAST" IS A CONTROLLING ENTITY OF SUNCOAST CENTER PROPERTIES, INC "SCP" UNDER IRC 512(B)(13) SCP RECEIVES RENTAL INCOME FROM SUNCOAST ON DEBT-FINANCED 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

Schedule Form 990 2012

Additional Data

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

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
SUNCOAST CENTER PROPERTIES INC	C	250,000	CASH
SUNCOAST CENTER PROPERTIES INC	E	817,462	INTERCOMPANY LOAN
SUNCOAST CENTER PROPERTIES INC	K	537,747	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 ENTERPRISES INC	O		SEE PART VII