# Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Type or Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) print SUNCOAST CENTER PROPERTIES, INC. 59-3385984 File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for P. O. BOX 10970 filing your return. See instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. 33733 ST. PETERSBURG, FL Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ 01 Form 1041-A 80 Form 4720 (individual) Form 4720 (other than individual) 09 03 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) Form 8870 12 06 Form 990-T (corporation) DUSTIN SODE The books are in the care of ► 4024 CENTRAL AVENUE ST. PETERSBURG , FL 33711 Telephone No. ► (727) 327-7656 Fax No. If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this 」. If it is for part of the group, check this box ▶ 🕍 and attach a list with the names and TINs of all members the extension is for. MAY 15, 2024 I request an automatic 6-month extension of time until , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► calendar year 2022 , and ending JUN 30, 2023 ► X tax year beginning JUL If the tax year entered in line 1 is for less than 12 months, check reason: Initial return ☐ Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. За If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2022)

instructions.

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

#### EXTENDED TO MAY 15, 2024

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.

OMB No. 1545-0047 Inspection

Department of the Treasury

Go to www.irs.gov/Form990 for instructions and the latest information.

JUL 1. 2022 and ending JUN 30, A For the 2022 calendar year, or tax year beginning Check if applicable: C Name of organization D Employer identification number Address change SUNCOAST CENTER PROPERTIES, INC. Name change 59-3385984 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Final return/ P. O. BOX 10970 (727) 327-7656 termin-ated 509,624. G Gross receipts \$ City or town, state or province, country, and ZIP or foreign postal code Amended ST. PETERSBURG, FL 33733 H(a) Is this a group return Applica-F Name and address of principal officer: BARBARA DAIRE Yes X No for subordinates? pending 4024 CENTRAL AVENUE, ST. PETERSBURG, FL 337 H(b) Are all subordinates included? Tax-exempt status: 501(c)(3) X 501(c) ( (insert no.) 4947(a)(1) or 527 If "No," attach a list. See instructions N/AH(c) Group exemption number J Website: L Year of formation: 1996 M State of legal domicile: FL **K** Form of organization: **X** Corporation Trust Part I Summary Briefly describe the organization's mission or most significant activities: TITLE HOLDING CORPORATION SOLELY Activities & Governance FOR THE BENEFIT OF SUNCOAST CENTER, INC. if the organization discontinued its operations or disposed of more than 25% of its net assets. Check this box 6 Number of voting members of the governing body (Part VI, line 1a) 6 Number of independent voting members of the governing body (Part VI, line 1b) 0 5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 6 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 7b **Prior Year** Current Year 0. Contributions and grants (Part VIII, line 1h) Revenue 537,745. Program service revenue (Part VIII, line 2g) 509,624. 952,500. 0. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 0. 1,000. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,491,245. 509,624. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ....... 2,149,000. 400,000. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column, (A), line 4) 0. 0. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 Salaries, other compensation, on properties

16a Professional fundraising fees (Part IX, column (A), line 11e)

10 • 0 • Expenses 0. **b** Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 252,445. 214,108. 652,445. 2,363,108. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 838,800. -1,853,484. Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year **End of Year** 6,550,530. 4,697,046. 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 0. О. 550,530. Net assets or fund balances. Subtract line 21 from line 20 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. Signature of officer Date Sign DUSTIN SODE, Here Type or print name and title PTIN Print/Type preparer's name Preparer's signature SAM A. LAZZARA ₽00176817 Paid RIVERO, GORDIMER & COMPANY, Firm's EIN 59-3040705 Preparer Firm's name Firm's address P. O. BOX 172359 Use Only Phone no. (813) 875-7774TAMPA, FL 33672 May the IRS discuss this return with the preparer shown above? See instructions X Yes

Form	1990 (2022) SUNCOAST CENTER PROPERTIES, INC. 59-3385984 Pag	је <b>2</b>
	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission: TITLE HOLDING CORPORATION SOLELY FOR THE BENEFIT OF SUNCOAST CENTER,	
	INC.	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	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?	No
4	If "Yes," describe these changes on Schedule O.  Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
7	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 \$2 , 363 , 108 • including grants of \$) (Revenue \$	
	TITLE HOLDING CORPORATION SOLELY FOR THE BENEFIT OF SUNCOAST CENTER,	_
	INC.	
		_
		_
		_
		_
4b	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	
		_
	A Y	
_		
4c	(Code:) (Expenses \$	—
4d	Other program services (Describe on Schedule O.)	
4e	(Expenses \$\frac{\text{including grants of \$}}{\text{Total program service expenses}}\frac{\text{penses \$}}{2,363,108.}\frac{\text{(Revenue \$}\$}{\text{(Revenue \$}}	_

# 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)?			
	If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			l
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect		/	L
	during the tax year? If "Yes," complete Schedule C, Part II	4	N/	A
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			37
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
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? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
_	Schedule D, Part III	8		
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?			x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40		x
44	or in quasi endowments? If "Yes," complete Schedule D, Part V  If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,	10		
11	as applicable.			
_	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а	2.41	11a	х	
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	1 Ia		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		╁┈
Ū	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
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	1.0		
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
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)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			37
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
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? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	40		x
4-	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		x
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	18		x
19	1c and 8a? If "Yes," complete Schedule G, Part II  Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		<del>                                     </del>
13	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<del></del> -
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			$\vdash$
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
				•

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Partiv	Checklist of Required Schedules	(continued)

	<del></del>		Yes	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? If "Yes," complete Schedule I, Parts I and III	22		X
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? If "Yes," complete		37	
04 -	Schedule J	23	Х	
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? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	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? If "Yes," complete Schedule L, Part I	25a	N/	A
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? If "Yes," complete		/	L
	Schedule L, Part I	25b	N/	A
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			x
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Α.
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III.	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,	LI		
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			.,
0.4	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Α.
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		x
33	Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
•	Part V, line 1	34	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	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)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?		/	L
	If "Yes," complete Schedule R, Part V, line 2	36	N/	A
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? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	20	Х	
Pai	Note: All Form 990 filers are required to complete Schedule O  rt V Statements Regarding Other IRS Filings and Tax Compliance	38	21	<u> </u>
u	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			- 10
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		

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

			Yes	No
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
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)?	4a		X
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).			37
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			Х
	any contributions that were not tax deductible as charitable contributions?	6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	<b>a</b> .		
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	7.		Х
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?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	70		Х
A	to file Form 8282?  If "Yes," indicate the number of Forms 8282 filed during the year 7d	7c		21
d	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
e f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 <del>6</del>		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	N/	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7		
_	sponsoring organization have excess business holdings at any time during the year?  N/A	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?  N/A	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders N/A 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	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.  Is the organization licensed to issue qualified health plans in more than one state?  N/A	40		
а		13a		
<b>h</b>	Note: See the instructions for additional information the organization must report on Schedule O.			
b	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			
_				
с 14а	Enter the amount of reserves on hand	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953? N/A	17		
	If "Yes," complete Form 6069.			

232005 12-13-22

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

	Check if Schedule O contains a response or note to any line in this Part VI			
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 6			
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?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
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?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			7.7
	taxable entity during the year?	16a		X
b	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?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed FL			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s only	) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.			
40	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finai	ncial	
00	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records DUSTIN SODE - (727) 327-7656			
	4024 CENTRAL AVENUE, ST. PETERSBURG, FL 33711			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Check this box if neither the organization n		orga	aniza			npe	nsa			
(A)	(B)			_ (0	2)			(D)	(E)	(F)
Name and title	Average	(do		Posi heck			one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week	_	_	nd a d	irecto	or/trus	itee)	from	from related	other
	(list any	ecto						the	organizations	compensation
	hours for	or di	g.			ated		organization	(W-2/1099-MISC/	from the
	related	ıstee	truste		a)	bens		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	Jal tru	onal		ploye	com		1099-NEC)		and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) BARBARA DAIRE	1.00	드	드	ğ	<u>ş</u>	도 등	요	(7)		
CEO	39.00	1		Х				0.	275,070.	31,613
(2) DUSTIN SODE	1.00							<b>V</b>	275,070	31,013
CFO	39.00	ł		x		C	6	0.	116,795.	20,794
(3) CINDY STOKES	1.00					D)				
CHAIR	1.00	х		X				0.	0.	0
(4) GEORGE MATZ	1.00	•	Ċ							
VICE CHAIR	1.00	Х	) /	Х				0.	0.	0
(5) ROB MELBY	1,00		~							
SECRETARY / TREASURER	1.00	Х		Х				0.	0.	0
(6) CHUCK PRATHER	1.00									
DIRECTOR	1.00	Х						0.	0.	0
(7) RICHARD TOURTELOT	1.00									
DIRECTOR	1.00	Х						0.	0.	0
01)										
						_				
					l					

Page 8

Par	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
	(A)	(B)	(C)		(D)	(E)			(F)					
	Name and title	Average	(do		Pos heck		than	one	Reportable	Reportable		Es	timate	:d
		hours per	box	, unle	ss pe	rson	is bot or/trus	h an	compensation	compensation			ount o	of
		week	_	Cei aii	luau	lecit	I	1	from	from related			other	
		(list any hours for	irecto						the	organization			pensa	
		related	or d	99			sated		organization (W-2/1099-MISC/	(W-2/1099-MI 1099-NEC)			om the anizati	
		organizations	rustee	trust		ee	nben		1099-NEC)	1099-1120)		•	d relate	
		below	dualt	itiona	L	nploy	st co I	<u></u>	10001420)				nizatio	
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Pom(				3		
-				-										
										1				
									_					
									~ O 5	·				
									<b>10</b>					
									<b>Y</b>					
								b'	Ĭ					
1b	Subtotal					1.			0.	391,8		5.	2,4	
С	Total from continuation sheets to Part VI	I, Section A			<u></u>				0.		0.			0.
d	Total (add lines 1b and 1c)					<u></u>			0.	391,8	65.	5	2,4	<u>07.</u>
2	Total number of individuals (including but n	ot limited to th	ose	liste	ed al	bov	e) wł	no r	eceived more than \$100	,000 of reportab	le			_
	compensation from the organization		)	7									· ·	0
•	Did the second in the second s	alian alian tanan	<u> </u>					. 1- ! -			ı		Yes	No
3	Did the organization list any <b>former</b> officer, line 1a? If "Yes," complete Schedule J for s			-	-	-		_	gnest compensated emp	-		3		Х
4	For any individual listed on line 1a, is the su													
-	and related organizations greater than \$150									g		4	х	
5	Did any person listed on line 1a receive or a	_								idual for services	; [			
	rendered to the organization? If "Yes," com	plete Schedul	e J f	or su	uch ,	pers	son .					5		X
	tion B. Independent Contractors									•				
1	Complete this table for your five highest co the organization. Report compensation for										npens	ation f	rom	
	(A)							$\Box$	(B)			(C		
	Name and business	address	N	INC	<u>:</u>				Description of s	ervices	C	omper	nsatioi	า
•														
-														
								$\dashv$						
2	Total number of independent contractors (i		ot li	mite	d to	tho	se lis	stec	d above) who received m	nore than				
	\$100,000 of compensation from the organic	zation				(	U							

Pa	rt v	Ш			a to their Dark VIII			
			Check if Schedule O contains a response	or note to any lir	ne in this Part VIII (A)	(B)	(C)	(D)
					Total revenue	Related or exempt		Revenue excluded
						function revenue	business revenue	from tax under sections 512 - 514
Sis	4	_	Federated campaigns 1a					000000000000000000000000000000000000000
Contributions, Gifts, Grants and Other Similar Amounts			Federated campaigns 1a  Membership dues 1b					
2,5			Fundraising events 1c					
ifts ar A			Related organizations 1d					
a,s			Government grants (contributions) 1e					
Sii			All other contributions, gifts, grants, and					
her		•	similar amounts not included above 11					
₽ D D D		а	Noncash contributions included in lines 1a-1f					
an Co		_	Total. Add lines 1a-1f					
_		-		Business Code				
ø	2	а	RENTAL INCOME	531120	509,624.	509,624.		
Z (	-	b				,		
Program Service Revenue		С				4		
ameve		d				- 4		
og R		е				A .		
Ā		f	All other program service revenue			706		
			Total. Add lines 2a-2f		509,624.			
	3		Investment income (including dividends, interest					
			other similar amounts)		0			
	4		Income from investment of tax-exempt bond p		~ ~			
	5		Royalties					
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a					
		b	Less: rental expenses 6b					
			Rental income or (loss) 6c		,			
			Net rental income or (loss)					
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a	, , ,				
ø)		b	Less: cost or other basis					
ů			and sales expenses 7b	,				
Revenue		С	Gain or (loss) 7c	<u>r                                      </u>				
e. R	١.		Net gain or (loss)					
Oth	8	а	Gross income from fundraising events (not					
O			including \$ of contributions reported on line 1c). See					
		h	Part IV, line 18         8a           Less: direct expenses         8b					
			Net income or (loss) from fundraising events					
			Gross income from gaming activities. See					
		_	Part IV, line 19 9a					
		b	Less: direct expenses 9b					
			Net income or (loss) from gaming activities					
			Gross sales of inventory, less returns					
			and allowances 10a					
		b	Less: cost of goods sold 10b					
			Net income or (loss) from sales of inventory					
S				Business Code				
e e	11	а						
Miscellaneous Revenue		b						
Sel Se		С						
Mis			All other revenue					
		е	Total. Add lines 11a-11d		<b>500</b> 50			
	12		Total revenue. See instructions		509,624.	509,624.	0.	0.

## 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 respon	nse or note to ar	ny line in	this Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expen		<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations			enpeniese	gerrarai experiess	сирописос
	and domestic governments. See Part IV, line 21	2,149,	000.	2,149,000.		
2	Grants and other assistance to domestic					
_	individuals. See Part IV, line 22					
3	Grants and other assistance to foreign					
	organizations, foreign governments, and foreign					
	individuals. See Part IV, lines 15 and 16					
4	Benefits paid to or for members					
5	Compensation of current officers, directors,					
	trustees, and key employees					
6	Compensation not included above to disqualified					
	persons (as defined under section 4958(f)(1)) and					
	persons described in section 4958(c)(3)(B)				4	
7	Other salaries and wages				7	
8	Pension plan accruals and contributions (include					
	section 401(k) and 403(b) employer contributions)			<b>&gt;</b> (		
9	Other employee benefits				<b>O</b> ,	
10	Payroll taxes					
11	Fees for services (nonemployees):			0.		
а	Management			~ ()		
	Legal					
	Accounting					
	Lobbying			9		
	Professional fundraising services. See Part IV, line 17					
f	Investment management fees			,		
g	Other. (If line 11g amount exceeds 10% of line 25,	• Ċ				
_	column (A), amount, list line 11g expenses on Sch O.)		$\supset$			
12	Advertising and promotion	<b>7</b> 7				
13	Office expenses					
14	Information technology					
15	Royalties	)				
16	Occupancy	174,	255.	174,255.		
17	Travel					
18	Payments of travel or entertainment expenses					
	for any federal, state, or local public officials					
19	Conferences, conventions, and meetings					
20	Interest					
21	Payments to affiliates					
22	Depreciation, depletion, and amortization					
23	Insurance	37,	946.	37,946.		
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)					
а	SUPPLIES	1.	907.	1,907.		
b		•		,		
c						
d						
	All other expenses					
25	Total functional expenses. Add lines 1 through 24e	2,363,	108.	2,363,108.	0.	0.
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 if following SOP 98-2 (ASC 958-720)					
	0. 10.10.00					Earm <b>990</b> (2022)

#### Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) End of year Beginning of year 2,544,850. 777,603. Cash - non-interest-bearing 1 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 4 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net 7 Inventories for sale or use R 6,619. 3,178. Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 5,250,978. basis. Complete Part VI of Schedule D \_\_\_\_\_ 10a 3,396,677. 1,900,722. b Less: accumulated depreciation 10b 3,350,256. 10c Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets Other assets. See Part IV, line 11 605,825. 562,568. 15 15 6,550,530. 4,697,046. 16 16 **Total assets.** Add lines 1 through 15 (must equal line 33) 17 Accounts payable and accrued expenses 17 Grants payable \_\_\_\_\_ 18 18 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to any current or former officer, director, \_iabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 0. 0. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 6,550,530. 4,697,046. Net assets without donor restrictions 27 27 Net assets with donor restrictions 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund ..... 31 Retained earnings, endowment, accumulated income, or other funds 31 6,550,530. 4,697,046. Total net assets or fund balances 32 32

Total liabilities and net assets/fund balances ...

6,550,530.

Pa	rt 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	50 2,36	9,6	24.			
2	Total expenses (must equal Part IX, column (A), line 25)							
3	Revenue less expenses. Subtract line 2 from line 1							
4								
5	Net unrealized gains (losses) on investments	5						
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10	4,69	7,0	46.			
Pai	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII				X			
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedul	e O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b	X				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate							
	consolidated basis, or both:							
	Separate basis X Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,						
	review, or compilation of its financial statements and selection of an independent accountant?							
	If the organization changed either its oversight process or selection process during the tax year, explain on Sci							
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the							
-	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		За		Х			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ							
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		. 3b					
				990	(2022)			

### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

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

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Inspection

Name of the organization

SUNCOAST CENTER PROPERTIES, INC.

**Employer identification number** 59-3385984

Pai	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 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 v	writing that the assets held in donor adv	ised funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor o		
	incompanie alle la muivata le quatito		□ Vaa □ Na
Pai	t II Conservation Easements. Complete if the org	anization answered "Yes" on Form 990,	Part V, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	7
	Preservation of land for public use (for example, recrea	tion or education) Preservation 🤇	f a historically important land area
	Protection of natural habitat	Preservation of	f a certified historic structure
	Preservation of open space		,
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements	<b>~</b>	2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after July 25,2006, and not on a	
	historic structure listed in the National Register	10	2d
3	Number of conservation easements modified, transferred, rel		
	year		
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserv	ation easements during the year
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 17	0(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expens	se statement and
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial stater	nents that describes the
_	organization's accounting for conservation easements.		
Pai	t III Organizations Maintaining Collections of		Other Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 95	•	
	of art, historical treasures, or other similar assets held for pub	· · · · · · · · · · · · · · · · · · ·	•
	service, provide in Part XIII the text of the footnote to its finar		
b	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in fur	therance 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 treatments		al gain, provide
	the following amounts required to be reported under FASB A		
а	Revenue included on Form 990, Part VIII, line 1		\$
h	Assets included in Form 990, Part X		\$

232051 09-01-22

Schedule D (Form 990) 2022

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

	t III Organizations Maintaining C	collections of Art,			or Other	Similar As	sets(continu	rage <b>z</b> ied)
3	Using the organization's acquisition, accessi							,
	collection items (check all that apply):	,,						
а	Public exhibition	d	Loan or ex	change progr	am			
b	Scholarly research	е	Other	3 1 3				
C	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explain h	now they further	the organizat	ion's exemp	t purpose in	Part XIII.	
5	During the year, did the organization solicit o							
	to be sold to raise funds rather than to be ma						Yes	☐ No
Pai	t IV   Escrow and Custodial Arran						IV, line 9, or	
	reported an amount on Form 990, Pa		· ·			•	,	
1a	Is the organization an agent, trustee, custod	ian or other intermedia	ry for contributio	ns or other as	ssets not inc	luded		
	on Form 990, Part X?						Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII							
	-	•	-				Amount	
С	Beginning balance					1c		
	Additions during the year					1d		
	Distributions during the year					1e		
f	Ending balance					1f		
2a	Did the organization include an amount on F					)	Yes	No No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the expl	anation has bee	n provided on	Part XIII			
Pai	t V Endowment Funds. Complete i	f the organization ansv	vered "Yes" on F	orm 990, Par	t IV, line 10.			
	·	(a) Current year	(b) Prior year	(c) Two yea	rs back (d)	Three years b	ack (e) Four	ears back
1a	Beginning of year balance			7.				
	Contributions			.0				
	Net investment earnings, gains, and losses		. 1					
	Grants or scholarships		~~					
	Other expenditures for facilities		~					
	and programs	1	10.					
f	Administrative expenses							
	End of year balance	• 0	<del>)</del>					
2	Provide the estimated percentage of the curr	rent year end balance	(line 1g, column	(a)) held as:			•	
а	Board designated or quasi-endowment		%	,				
b	Permanent endowment	%						
С	Term endowment	<del>2</del> / <sub>2</sub>						
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.						
За	Are there endowment funds not in the posse	ssion of the organizati	on that are held	and administe	ered for the			
	organization by:	,					Ţ	res No
	(i) Unrelated organizations	·					3a(i)	
	(ii) Related organizations						3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as required	d on Schedule R	?			3b	
4	Describe in Part XIII the intended uses of the							·
Pai	t VI Land, Buildings, and Equipm	nent.						
	Complete if the organization answere	d "Yes" on Form 990, I	Part IV, line 11a.	See Form 990	D, Part X, line	e 10.		
	Description of property	(a) Cost or other	er <b>(b)</b> Cos	t or other	(c) Accu	mulated	(d) Book	value
		basis (investme	nt) basis	(other)	depre	ciation		
1a	Land			99,133.			1,999	
	Buildings			08,299.		9,319.		,980.
	Leasehold improvements		1,22	20,838.		5,233.	525	,605.
	Equipment			2,245.		2,245.		0.
	Other			20,463.	1	3,925.		,538.
	. Add lines 1a through 1e. (Column (d) must e		column (B), line	10c.)			3,350	,256.

Schedule D (Form 990) 2022

GUNIGON GEL GEN	THER PROPERTY.	TEG TNG F	0 2205004
Schedule D (Form 990) 2022 SUNCOAST CEN	NTER PROPERTI	IES, INC.	59-3385984 Page
Complete if the organization answered "Yes" of	on Form 990. Part IV. line	e 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 e	end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation. Cost or e	end-of-year market value
<u>(1)</u>			
(2)			
(3)		408	
(4)			
(5)			
(6)		0	
(7)		20	
(8)		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
(9)	Ċ		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		<b>J</b>	
Part IX Other Assets.			
Complete if the organization answered "Yes" o		e 11d. See Form 990, Part X, line 15.	1 (1)
DUE EDOM CURICOLOR CENTER	Description		(b) Book value
(1) DUE FROM SUNCOAST CENTER,	INC.		562,568
(2)	,		
(3)	<u></u>		
(4)			
(5)			
(6)			
(7)			
(8)			

Other Liabilities.

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

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

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	

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

Schedule D (Form 990) 2022

562,568.

(9)

scne	dule D (Form 990) 2022 SONCOASI CENTER FROFERITES,	INC.	33	3303304	Page
Pai	t XI Reconciliation of Revenue per Audited Financial Statemen	ts With Revenue per R	etur	1.	
	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		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a		1	
b	Donated services and use of facilities	2b		1	
С	Recoveries of prior year grants	2c		I	
d	Other (Describe in Part XIII.)	2d		1	
е	Add lines 2a through 2d		2e	1	
3	Subtract line 2e from line 1		3		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			1	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		1	
b	Other (Describe in Part XIII.)	4b		1	
	Add lines 4a and 4b		4c	1	
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.)		5	1	
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme	nts With Expenses per	Retu	ırn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements		1		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			1	
а	Donated services and use of facilities	2a		1	
b	Prior year adjustments	2b		1	
С	Other losses	2c		1	
d	Other (Describe in Part XIII.)	2d		1	
е	Add lines 2a through 2d		2e		
3	Subtract line 2e from line 1	O	3		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	<b>&gt;</b>		1	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		1	
b	Other (Describe in Part XIII.)	4b		1	
С	Add lines 4a and 4b		4c	<u> </u>	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	 I	

#### Part XIII Supplemental Information.

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

#### PART X, LINE 2:

INC. AND SUNCOAST CENTER PROPERTIES, INC. ARE NONPROFIT SUNCOAST CENTER, ENTITIES EXEMPT FROM FEDERAL INCOME TAX UNDER SECTIONS 501(C)(3) AND 501(C)(2), RESPECTIVELY, OF THE INTERNAL REVENUE CODE (IRC), AND FROM FLORIDA INCOME TAX UNDER CHAPTER 220 OF THE FLORIDA STATUTES. THE ORGANIZATION FOLLOWS ACCOUNTING STANDARDS RELATING TO ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. MANAGEMENT ASSESSED WHETHER THERE WERE ANY UNCERTAIN TAX POSITIONS WHICH MAY GIVE RISE TO INCOME TAX LIABILITIES AND DETERMINED THAT THERE WERE NO SUCH MATTERS REQUIRING RECOGNITION IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS.

Schedule D (Form 990) 2022

#### SCHEDULE I (Form 990)

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

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

Department of the Treasury Internal Revenue Service Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization SUNCOAST	CENTER PE	ROPERTIES, ]	INC.				Employer identification number 59-3385984
Part I General Information on Grants a							
Does the organization maintain records criteria used to award the grants or ass     Describe in Part IV the organization's pr	stance?						
Part II Grants and Other Assistance to recipient that received more than					anization answered "\	Yes" on Form 990, Par	t IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
SUNCOAST CENTER, INC. P.O. BOX 10970				20			
ST. PETERSBURG, FL 33733	59-2092717	501(C)(3)	2,149,000.	0.			OPERATING SUPPORT
			3	59			
		4	Dis				
		10/10					
		,					
2 Enter total number of section 501(c)(3) a	and government o		L he line 1 table	<u> </u>	<u> </u>	1	1.
3 Enter total number of other organization		1 table					1.

Part III	Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed.	s. Complete if the	organization answ	rered "Yes" on Form 9	990, Part IV, line 22.	
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
					4	
					3	
				cille		
			. 60	5		
Part IV	Supplemental Information. Provide the information rec	quired in Part I, lin	e 2; Part III, columr	n (b); and any other a	dditional information.	
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		10,				
		<u> </u>				
	<b>y</b>					
		-				

### SCHEDULE J (Form 990)

**Compensation Information** 

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.

2022

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Part I Questions Regarding Compensation

Go to www.irs.gov/Form990 for instructions and the latest information.

SUNCOAST CENTER PROPERTIES, INC.

 $Employer\ identification\ number \\ 59-3385984$ 

	·		Yes	No
<b>1</b> a	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.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  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:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		
b	Any related organization?	5b		
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		
b	Any related organization?	6b		
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		
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		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2022

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

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

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

		(B) Breakdown of W	<i>I-</i> 2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	4		reported as deferred on prior Form 990
(1) BARBARA DAIRE	(i)	0.	0.	0.	0.		0.	
CEO	(ii)	275,070.	0.	0.	22,206.	9,407.	306,683.	0.
	(i)					, •		
	(ii)							
	(i)							
	(ii)				)			
	(i)							
	(ii)							
	(i)				<b>Y</b>			
	(ii)							
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	(ii)							
	(i)			۸0′				
	(ii)		•	5				
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	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III   Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
PART I, LINE 3:
ALL OFFICERS COMPENSATION IS BASED ON FORM 990 OF OTHER ORGANIZATIONS,
WRITTEN EMPLOYMENT AGREEMENT, COMPENSATION SURVEY AND APPROVAL BY THE BOARD
OR COMPENSATION COMMITTEE OF SUNCOAST CENTER, INC.
Y

#### SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047 Open to Public

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

> SUNCOAST CENTER PROPERTIES, INC.

**Employer identification number** 59-3385984

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

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

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

SUNCOAST CENTER PROPERTIES, INC. WILL NOT DO BUSINESS WITH THE RELATIVES OF EMPLOYEES, VOLUNTEERS, INTERNS, CONTRACTORS OR MEMBERS OF THE BOARD OF TRUSTEES. IF THERE IS A QUESTION REGARDING THIS POLICY THE ENTITY ERRS ON THE SIDE OF CAUTION AND DISCLOSES ALL INFORMATION THAT MAY CAUSE A PERSONAL CONFLICT.

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

LINE 15A COMPENSATION PROCESS FOR TOP OFFICIAL

THE BOARD OF TRUSTEES OF THE RELATED ORGANIZATION, SUNCOAST CENTER, 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, <code>VALUES</code>, <code>STRATEGIC</code> <code>DIRECTION</code> <code>AND</code> <code>TAX-EXEMPT</code> <code>STATUS</code> <code>OF</code> <code>THE</code> <code>AGENCY</code>. DECISION PROCESS INCLUDES THE EVALUATION OF PAY PRACTICES FOR THE INDUSTRY AND RELY UPON APPROPRIATE INDEPENDENT COMPARABILITY DATA TO SUPPORT ITS LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2022

232211 10-28-22

Schedule O (Form 990) 2022 Page **2** 

Name of the organization SUNCOAST CENTER PROPERTIES, INC.	Employer identification number 59-3385984
DECISION MAKING PROCESS. EXECUTIVE COMPENSATION PROGRAMS	AND DECISIONS WILL
BE APPROVED IN ADVANCE OF THEIR IMPLEMENTATION.	
LINE 15B COMPENSATION PROCESS FOR OFFICERS	
DECISIONS ARE MADE BY THE BOARD OF TRUSTEES. WHEN AVAILAB	LE, COMPARATIVES
ARE USED.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE GOVERNING DOCUMENTS, CONFLICTS OF INTEREST POLICY AND	FORM 990
INFORMATION IS MADE AVAILABLE TO THE PUBLIC THROUGH OUR F	RIMARY WEBSITE
SOURCE (WWW.SUNCOASTCENTER.ORG). ALL FINANCIAL INFORMATIO	N AND THE FORM 990
IS ALSO AVAILABLE FOR PUBLIC VIEW AT WWW.GUIDESTAR.ORG FO	R THE SAME PERIOD
OF DISCLOSURE AS SET FORTH IN SECTION 6104(D).	
FORM 990, PART XII, LINE 2C:	
THERE HAS BEEN NO CHANGE IN THE PROCESS FROM PRIOR YEAR.	

#### **SCHEDULE R** (Form 990)

Department of the Treasury Internal Revenue Service

**Related Organizations and Unrelated Partnerships** 

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

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

SUNCOAST CENTER PROPERTIES, INC.

Employer identification number 59-3385984

(a)	(b)	(c)	(d)	(4	e)		(f)	
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state of foreign country)		l l	ear assets	Direct o	controlling ntity	g
			08,					
		.6)						
		GILL						
		10,						
Part II Identification of Related Tax-Exempt Organizations during the tax year.	anizations. Complete if the organization	answered "Yes" on Form 990	), Part IV, line 34,	because it had o	ne or more	related tax-exe	empt	
Part II Identification of Related Tax-Exempt Organizations during the tax year.  (a)  Name, address, and EIN of related organization	anizations. Complete if the organization  (b)  Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	Direc	(f) ct controlling entity	Section s	rolled tity?
organizations during the tax year.  (a)  Name, address, and EIN	(b)	(c) Legal domicile (state or	(d) Exempt Code	(e) Public charity	Direc	(f) ct controlling	Section cont	rolled tity?
organizations during the tax year.  (a)  Name, address, and EIN  of related organization  SUNCOAST CENTER, INC 59-2092717  4024 CENTRAL AVENUE	(b)	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if sectio 501(c)(3))	Direc	(f) ct controlling	Section s	rolled
organizations during the tax year.  (a)  Name, address, and EIN  of related organization  SUNCOAST CENTER, INC 59-2092717	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code	(e) Public charity status (if section	Direc	(f) ct controlling	Section s	rolled tity?
organizations during the tax year.  (a)  Name, address, and EIN of related organization  SUNCOAST CENTER, INC 59-2092717	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if sectio 501(c)(3))	Direc	(f) ct controlling	Section s	rolled tity?
organizations during the tax year.  (a)  Name, address, and EIN  of related organization  SUNCOAST CENTER, INC 59-2092717	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if sectio 501(c)(3))	Direc	(f) ct controlling	Section s	rolled tity?

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

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.

			1	1					1			
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)	
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling entity	Predominant income	Share of total	Share of	Disprop	ortionate	Code V-UBI	General	Percentage	
of related organization		(state or	entity	(related, unrelated,	income	end-of-year	alloca	ations?	amount in box	partner	ownership	
		foreign country)		Predominant income (related, unrelated, excluded from tax under sections 512-514)		assets	Yes	No	amount in box 20 of Schedule K-1 (Form 1065)	Yes N	<u> </u>	
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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)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i Sec	i)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership	512(b contr enti	512(b)(13) controlled entity?	
	• • •	country)		,				Yes	No	
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Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Not	ote: 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 of	or more re	elated organizations listed	in Parts II-IV?				
а	a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		X	
	Gift, grant, or capital contribution to related organization(s)				<b>1</b> b	X	<u>X</u>	
	Gift, grant, or capital contribution from related organization(s)							
	Loans or loan guarantees to or for related organization(s)							
е	e Loans or loan guarantees by related organization(s)							
				4				
f	f Dividends from related organization(s)			<u> </u>	1f		X	
	g Sale of assets to related organization(s)				1g		X	
h	h Purchase of assets from related organization(s)							
	i Exchange of assets with related organization(s)						X	
	Lease of facilities, equipment, or other assets to related organization(s)				1j	Х		
•	, , , , , , , , , , , , , , , , , , , ,				,			
k	k Lease of facilities, equipment, or other assets from related organization(s)		(7)		1k		Х	
	Performance of services or membership or fundraising solicitations for related organization(s)		A				X	
m	m Performance of services or membership or fundraising solicitations by related organization(s)				1m		X	
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)					Х		
	Sharing of paid employees with related organization(s)		7		10	Х		
р	P Reimbursement paid to related organization(s) for expenses	1			1p		Х	
a	- Deinsteins and a sid to collete deconsisting (-) for a consense				4		X	
٦	(,)				. 9			
r	Other transfer of cash or property to related organization(s)				1r		Х	
	S Other transfer of cash or property from related organization(s)				1s		X	
	If the answer to any of the above is "Yes," see the instructions for information on who must co				1			
	(a) (b)  Name of related organization Transactype (a)	) ction	(c) Amount involved	(d)  Method of determining amount in	volved			
1) 5	SUNCOAST CENTER, INC. B		2,149,000.	CASH GRANT				
2) ;	SUNCOAST CENTER, INC. J		509,624.	INTERCOMPANY RENT				
3) }	SUNCOAST CENTER, INC. D		562,568.	INTERCOMPANY LOAN				
4)								
5)								
6)								

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

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

(a)	(b)	(c)	(d)	(e) Are all partners sec 501(c)(3) orgs.?	(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partners sec	Share of	Share of	Disprop	corde V-UBI amount in box 2 of Schedule K- (Form 1065)	General	or Percentage
of entity		(state or foreign	lexcluded from tax under	501(c)(3) orgs.?	total	end-of-year	allocatio	of Schedule K-	partner	ownership
		country)	sections 512-514)	Yes No	income	assets	Yes N	(Form 1065)	Yes N	0
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	<b>Y</b>									
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Part VII Supplemental Information  Provide additional information for responses to questions on Schedule R. See instructions.
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 REAL PROPERTY. SINCE THE PARENT
ORGANIZATION IS PAYING THE RENT TO THE SUBSIDIARY, THE RENTAL INCOME IS
NOT CONSIDERED UNRELATED BUSINESS TAXABLE INCOME.
PART V, LINES N AND O:
ALL ACTIVITY FOR SUNCOAST CENTER PROPERTIES IS RUN BY SUNCOAST CENTER,
INC. EMPLOYEES IN THEIR FACILITIES.
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