

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.

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

OMB No. 1545-0047
2021
Open to Public Inspection

A For the 2021 calendar year, or tax year beginning 07-01-2021, and ending 06-30-2022

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

C Name of organization
CENTRAL FLORIDA BEHAVIORAL HEALTH NETWORK INC

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
719 US HWY 301 SOUTH

City or town, state or province, country, and ZIP or foreign postal code
TAMPA, FL 33619

D Employer identification number
59-3467610

E Telephone number
(813) 740-4811

G Gross receipts \$ 223,880,870

F Name and address of principal officer:
LINDA MCKINNON
719 US HWY 301 SOUTH
TAMPA, FL 33619

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.

H(c) Group exemption number ▶

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ WWW.CFBHN.ORG

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1998 **M** State of legal domicile: FL

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
CFBHN DEVELOPS AND MANAGES A TOTAL BEHAVIORAL HEALTH SYSTEM OF CARE IN 14 COUNTIES.THE 12-YEAR SERVICE CONTRACT BEGINNING JUNE 1, 2010, TOTALS \$2,206,607,160.CFBHN IS THE CARF INTERNATIONAL ACCREDITED SERVICES MANAGEMENT NETWORK IN FLORIDA. STATE AND FEDERAL FUNDS ARE USED TO PROVIDE SERVICES FOR INDIVIDUALS UNDER ELIGIBILITY GUIDELINES - ANNUALLY SERVING APPROXIMATELY 64,180 INDIVIDUALS IN TREATMENT AND 248,009 INDIVIDUALS IN PREVENTION SERVICES. CFBHN PROVIDES A FULL CONTINUUM OF CARE, FULLY ENGAGES WITH COMMUNITY PARTNERS AND STAKEHOLDERS, OPERATES AT A 3.4% COST OF OPERATIONS, AND HAS A 99.4% EXPENDITURE RATE ON SERVICES.

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)	3	18
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	18
5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	72
6 Total number of volunteers (estimate if necessary)	6	26
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	208,986,173	223,880,870
9 Program service revenue (Part VIII, line 2g)	0	0
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	500	0
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	208,986,673	223,880,870
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	202,178,868	214,042,657
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	5,187,776	5,265,148
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,811,137	4,620,834
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	209,177,781	223,928,639
19 Revenue less expenses. Subtract line 18 from line 12	-191,108	-47,769

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	29,153,585	56,426,395
21 Total liabilities (Part X, line 26)	27,180,388	54,500,967
22 Net assets or fund balances. Subtract line 21 from line 20	1,973,197	1,925,428

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: 2023-02-24

JULIE PATEL CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00100222
Firm's name ▶ CBIZ MHM LLC			Firm's EIN ▶ 27-3605969	
Firm's address ▶ 140 FOUNTAIN PKWY N STE 410 ST PETERSBURG, FL 33716			Phone no. (727) 572-1400	

Part 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:

MANAGING A QUALITY BEHAVIORAL HEALTH SYSTEM OF CARE THAT BRINGS HELP AND HOPE TO INDIVIDUALS, FAMILIES, AND COMMUNITIES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$) including grants of \$ (Revenue \$)
See Additional Data

4b (Code:) (Expenses \$ 128,787,095 including grants of \$ 125,245,313) (Revenue \$)
See Additional Data

4c (Code:) (Expenses \$ 86,685,189 including grants of \$ 86,662,764) (Revenue \$)
See Additional Data

(Code:) (Expenses \$ 2,134,580 including grants of \$ 2,134,580) (Revenue \$)

SCHOOL PROJECTS: HILLSBOROUGH & PASCO COUNTY SCHOOLS FOLLOWING THE TRAGIC SHOOTING AT MARJORY STONEMAN DOUGLAS HIGH SCHOOL IN FEBRUARY 2018, GOVERNOR SCOTT ISSUED EXECUTIVE ORDER 18-81. THE ORDER DIRECTS THE LOCAL BEHAVIORAL HEALTH MANAGING ENTITY TO MEET WITH LOCAL AUTHORITIES, INCLUDING THE SCHOOL DISTRICTS, WITH THE GOALS OF IMPROVING COMMUNICATION, COLLABORATION AND COORDINATION OF SERVICES. IN ADDITION TO THE EXECUTIVE ORDER, THE FLORIDA STATE LEGISLATURE PASSED THE MARJORY STONEMAN DOUGLAS SCHOOL PUBLIC SAFETY ACT THAT PROVIDED FUNDING FOR THE RECOMMENDATIONS IN THE GOVERNOR'S MAJOR ACTION PLAN. IN IMPLEMENTING THE RECOMMENDATIONS SET FORTH IN THE ACT, THE HILLSBOROUGH SCHOOL DISTRICT BEGAN MEETING WITH CFBHN TO FIND WAYS TO USE THE ADDITIONAL FUNDING TO HELP MEET THE NEEDS OF STUDENTS AND THE COMMUNITY WHO ARE FALLING THROUGH THE GAPS. THE PASCO COUNTY SCHOOL SYSTEM BEHAVIORAL HEALTH PROGRAM (PCS SBHP) AND THE HILLSBOROUGH COUNTY PUBLIC SCHOOL INITIATIVE PROGRAM (HCPSMHIP) ASSUMED THE CURRENT MOU THAT THE SCHOOL BOARD HAD WITH COMMUNITY PROVIDERS AND ENHANCED THE EXPECTATION AND ACCOUNTABILITY OF THE PROVIDERS THROUGH CREATING SUBCONTRACTS AND VETTING THE PROVIDERS INTO A NETWORK IN SEPTEMBER 2018. THE HILLSBOROUGH COUNTY PUBLIC SCHOOL DISTRICT BEGAN RECEIVING REFERRALS FROM THE DISTRICT MENTAL HEALTH CLINICIANS AS WELL. DUE TO THE COVID-19 STATE OF EMERGENCY, ALL PARTNERING AGENCIES CONTINUED WITH TELEHEALTH SERVICES.

4d Other program services (Describe in Schedule O.)
(Expenses \$ 2,134,580 including grants of \$ 2,134,580) (Revenue \$)

4e Total program service expenses 217,606,864

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response columns. Rows include questions 1 through 21, with sub-questions a through f for items 11 and 14.

Part IV Checklist of Required Schedules (continued)

Table with 3 main columns: Question/Description, Yes, No. Rows 22-38 covering various organizational requirements and reporting obligations.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 main columns: Question/Description, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with multiple rows (2a-17) and columns for question text, response boxes (e.g., 2a, 2b, 3a, 3b), and Yes/No indicators. Includes sections for organizations with annual gross receipts > \$100,000, organizations receiving deductible contributions, and various other IRS filing requirements.

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



Section A. Governing Body and Management

Table with 5 columns: Question ID, Question Text, Yes, No. Rows include 1a (governing body members), 1b (independent members), 2-9 (various governance and management questions).

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

Table with 5 columns: Question ID, Question Text, Yes, No. Rows include 10a-16b (policies on chapters, conflict of interest, whistleblower, document retention, compensation, and joint ventures).

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed (FL)
18 Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
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: JULIE PATEL CFO 719 US HWY 301 SOUTH TAMPA, FL 33619 (813) 740-4811

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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.

See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)	649,276	0	64,898

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 4

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
JRP GLOBAL ENTERPRISES LLC 1950 LEE RD STE 204B WINTER PARK, FL 32789	ADVERTISING AND PROMOTION	887,907
LIGHTWAVE MANAGEMENT RESOURCES 37 THURBER BLVD STE 108 SMITHFIELD, RI 02917	COMPUTER LICENSURE & SUPPORT	124,388

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

Part VIII Statement of Revenue

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

Table with columns (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include Contributions, Gifts, Grants and Other Similar Amounts (1a-1g), Program Service Revenue (2a-2f), Other Revenue (3-11d), and Total Revenue (12).

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	214,042,657	214,042,657		
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	675,080		675,080	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	3,582,711		3,582,711	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	156,560		156,560	
9 Other employee benefits	538,818		538,818	
10 Payroll taxes	311,979		311,979	
11 Fees for services (non-employees):				
a Management				
b Legal	30,725		30,725	
c Accounting	58,350		58,350	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	86,515	22,425	64,090	
12 Advertising and promotion	3,541,782	3,541,782		
13 Office expenses	225,912		225,912	
14 Information technology	254,636		254,636	
15 Royalties				
16 Occupancy	273,317		273,317	
17 Travel	45,899		45,899	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	13,741		13,741	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	44,798		44,798	
23 Insurance	45,095		45,095	
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				
b				
c				
d				
e All other expenses	64		64	
25 Total functional expenses. Add lines 1 through 24e	223,928,639	217,606,864	6,321,775	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 <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	14,213,862	1	52,594,971
	2 Savings and temporary cash investments	1,000,000	2	1,000,000
	3 Pledges and grants receivable, net	13,806,914	3	2,717,128
	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% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	29,253	9	37,692
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,635,167		
	b Less: accumulated depreciation	10b 2,568,936	93,183	10c 66,231
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	10,373	15	10,373
16 Total assets. Add lines 1 through 15 (must equal line 33)	29,153,585	16	56,426,395	
Liabilities	17 Accounts payable and accrued expenses	27,082,914	17	54,499,767
	18 Grants payable		18	
	19 Deferred revenue	97,474	19	1,200
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		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		25	
	26 Total liabilities. Add lines 17 through 25	27,180,388	26	54,500,967
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	1,973,197	27	1,925,428
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	1,973,197	32	1,925,428	
33 Total liabilities and net assets/fund balances	29,153,585	33	56,426,395	

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	223,880,870
2	Total expenses (must equal Part IX, column (A), line 25)	2	223,928,639
3	Revenue less expenses. Subtract line 2 from line 1	3	-47,769
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,973,197
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 in 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	1,925,428

Part XII Financial Statements and Reporting

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

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

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

Additional Data

Software ID:

Software Version:

EIN: 59-3467610

Name: CENTRAL FLORIDA BEHAVIORAL
HEALTH NETWORK INC

Form 990 (2021)

Form 990, Part III, Line 4a:

CFBHN IS THE MANAGING ENTITY FOR A NETWORK OF PUBLICLY FUNDED, LICENSED SUBSTANCE ABUSE PROVIDERS AND MENTAL HEALTH PROVIDERS WHO COLLECTIVELY OPERATE A RANGE OF BEHAVIORAL HEALTH SERVICES TO FORM AN INTEGRATED SYSTEM OF CARE. CFBHN NETWORK PROVIDERS OFFER PREVENTION, INTERVENTION, TREATMENT AND SUPPORTIVE SERVICES TO CLIENTS RESIDING THROUGHOUT CENTRAL AND SOUTHWEST FLORIDA (14 COUNTIES, WE EXTEND INTO POLK, HIGHLANDS AND HARDEE). THESE PROGRAMS ARE LISTED IN LINES 4B THROUGH 4D BELOW.(CONTINUED ON SCHEDULE O)ACCOMPLISHMENTS FOR THE YEAR ENDED JUNE 30, 2022 ARE AS FOLLOWS:- 93,908 CLIENTS SERVED- 108 CLIENTS DISCHARGED FROM THE FACT TEAM- 14 INDIVIDUALS WERE DIVERTED FROM THE STATE HOSPITAL (14 WERE ADMITTED TO FACT AS PART OF THE DIVERSION)- CFBHN TEAM PARTICIPATED IN 711 TOTAL CALLS WITH 294 BEING INTERAGENCY/CRITICAL SETTING CALLS- 281 CHILDREN WERE DIVERTED FROM THE CHILD WELFARE SYSTEM

Form 990, Part III, Line 4b:

MENTAL HEALTH (SEE SCHEDULE O FOR DETAILED DESCRIPTIONS - PROGRAM NUMBERS CORRELATE WITH THE PROGRAM NUMBERS OF THE DETAILED PROGRAM SERVICE DESCRIPTIONS IN SCHEDULE O): 1. AFTERCARE 2. ASSESSMENT 3. CASE MANAGEMENT 4. CRISIS STABILIZATION 5. CRISIS SUPPORT/EMERGENCY 6. CCST 7. DAY-NIGHT 8. DROP-IN/SELF-HELP CENTERS 9. FLORIDA ASSERTIVE COMMUNITY TREATMENT (FACT) TEAM 10. INCIDENTAL EXPENSES 11. INFORMATION AND REFERRAL 12. IN-HOME AND ON-SITE 13. INPATIENT 14. INTENSIVE CASE MANAGEMENT 15. INTERVENTION 16. MEDICAL SERVICES 17. MENTAL HEALTH CLUBHOUSE SERVICES 18. OUTPATIENT 20. OUTREACH 22. RESIDENTIAL LEVEL I 23. RESIDENTIAL LEVEL II 24. RESIDENTIAL LEVEL III 25. RESIDENTIAL LEVEL IV 26. ROOM AND BOARD WITH SUPERVISION LEVEL I 27. ROOM AND BOARD WITH SUPERVISION LEVEL II 28. ROOM AND BOARD WITH SUPERVISION LEVEL III 30. SUPPORTED EMPLOYMENT 31. SUPPORTIVE HOUSING/LIVING 32. RECOVERY & RESILIENCY - SDC

Form 990, Part III, Line 4c:

SUBSTANCE ABUSE (SEE SCHEDULE O FOR DETAILED DESCRIPTIONS - PROGRAM NUMBERS CORRELATE WITH THE PROGRAM NUMBERS OF THE DETAILED PROGRAM SERVICE DESCRIPTIONS IN SCHEDULE O): 1. AFTERCARE 2. ASSESSMENT 3. CASE MANAGEMENT 5. CRISIS SUPPORT/EMERGENCY 7. DAY-NIGHT 10. INCIDENTAL EXPENSES 11. INFORMATION AND REFERRAL 12. IN-HOME AND ON-SITE 15. INTERVENTION 16. MEDICAL SERVICES 18. OUTPATIENT 19. OUTPATIENT DETOXIFICATION 20. OUTREACH 21. PREVENTION 22. RESIDENTIAL LEVEL I 23. RESIDENTIAL LEVEL II 24. RESIDENTIAL LEVEL III 25. RESIDENTIAL LEVEL IV 26. ROOM AND BOARD WITH SUPERVISION LEVEL I 27. ROOM AND BOARD WITH SUPERVISION LEVEL II 28. ROOM AND BOARD WITH SUPERVISION LEVEL III 29. SUBSTANCE ABUSE DETOXIFICATION 30. SUPPORTED EMPLOYMENT 31. SUPPORTIVE HOUSING/LIVING 33. RECOVERY AND SUPPORT 34. METHADONE MAINTENANCE

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
NANCY HAMILTON CHAIR	2.00	X		X				0	0	0
AYESHA JOHNSON PHD VICE CHAIR	1.00	X		X				0	0	0
CRAIG LATIMER TREASURER	2.00	X		X				0	0	0
RAY GADD SECRETARY	1.00	X		X				0	0	0
BRENA SLATER DIRECTOR	1.00	X						0	0	0
CAPTAIN TONI ROACH DIRECTOR	1.00	X						0	0	0
DR JOE BOHN DIRECTOR	1.00	X						0	0	0
BENNIE ALLRED DIRECTOR	1.00	X						0	0	0
TERRI CASSIDY DIRECTOR	1.00	X						0	0	0
LIEUTENANT SAMUEL ROJKA DIRECTOR	1.00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
JEANNIE SUTTON DIRECTOR	1.00	X						0	0	0
DR JEROME JORDAN DIRECTOR	1.00	X						0	0	0
JOSH DILLINGER DIRECTOR	1.00	X						0	0	0
NATHAN L SCOTT III DIRECTOR	1.00	X						0	0	0
RAY FISCHER DIRECTOR	1.00	X						0	0	0
MASTER DEPUTY STEPHANIE KRAGER DIRECTOR	1.00	X						0	0	0
PASTOR DOUGLAS WALKER DIRECTOR	1.00	X						0	0	0
VICTOR E AVILA DIRECTOR	1.00	X						0	0	0
GUY BLANCHETTE DIRECTOR (7/1/21-12/17/21)	1.00	X						0	0	0
J SCOTT ELLER DIRECTOR (7/1/21-12/17/21)	0.00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
TRACEY KALY DIRECTOR (7/1/21-12/17/21)	0.00	X						0	0	0
KATHLEEN PETERS DIRECTOR (7/1/21-12/17/21)	0.00	X						0	0	0
CLARA REYNOLDS DIRECTOR (7/1/21-12/17/21)	0.00	X						0	0	0
BOB RIHN DIRECTOR (7/1/21-12/17/21)	0.00	X						0	0	0
VICTORIA SCANLON DIRECTOR (7/1/21-12/17/21)	0.00	X						0	0	0
THOMAS STORMANNS DIRECTOR (7/1/21-12/17/21)	0.00	X						0	0	0
LINDA J MCKINNON CEO	40.00			X				250,412	0	23,678
LAWRENCE ALLEN COO (UNTIL 4/4/22)	40.00			X				146,970	0	17,987
JULIE PATEL CFO	40.00			X				144,345	0	17,856
ALAN DAVIDSON COO (BEGAN 3/27/22)	40.00			X				107,549	0	5,377

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization CENTRAL FLORIDA BEHAVIORAL HEALTH NETWORK INC	Employer identification number 59-3467610
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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).)
- 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 **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 on 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) and 170(b)(1)(A)(vi)

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	190,352,829	201,856,186	210,816,045	208,986,173	223,880,870	1,035,892,103
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	190,352,829	201,856,186	210,816,045	208,986,173	223,880,870	1,035,892,103
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.						1,035,892,103

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4. . . .	190,352,829	201,856,186	210,816,045	208,986,173	223,880,870	1,035,892,103
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						1,035,892,103

12 Gross receipts from related activities, etc. (see instructions) **12** 24,883

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f)) **14** 100.000 %

15 Public support percentage for 2020 Schedule A, Part II, line 14 **15** 100.000 %

16a **33 1/3% support test—2021.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b **33 1/3% support test—2020.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a **10%-facts-and-circumstances test—2021.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b **10%-facts-and-circumstances test—2020.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►		(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
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						
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						
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.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6.						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c	Add lines 10a and 10b.						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.						
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.)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2021 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2020 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2021 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2020 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 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.		
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).		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.		
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.		
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.		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.		
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.		
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.		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
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?		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
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 .		
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).		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).		
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 .		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
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.		
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).		

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 on lines 11b and 11c below, the governing body of a supported organization?		
b	A family member of a person described on 11a above?		
c	A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the officers, 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 line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

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 lines 2a and 2b 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 on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations. Answer lines 3a and 3b 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>If "Yes" or "No," 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 (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035	6	
7	Recoveries of prior-year distributions	7	
8	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	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (<i>prior IRS approval required - provide details in Part VI</i>)	5	
6 Other distributions (<i>describe in Part VI</i>). See instructions	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions	8	
9 Distributable amount for 2021 from Section C, line 6	9	
10 Line 8 amount divided by Line 9 amount	10	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required-- <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2021:			
a From 2016.			
b From 2017.			
c From 2018.			
d From 2019.			
e From 2020.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017.			
b Excess from 2018.			
c Excess from 2019.			
d Excess from 2020.			
e Excess from 2021.			

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

Facts And Circumstances Test

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047
2021
Open to Public Inspection

▶ 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.

Name of the organization
CENTRAL FLORIDA BEHAVIORAL HEALTH NETWORK INC

Employer identification number
59-3467610

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? Yes 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? Yes 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 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 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 FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

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

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

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

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

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

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

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that 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:

- c** Beginning balance
- d** Additions during the year
- e** Distributions during the year
- f** Ending balance

	Amount
1c	
1d	
1e	
1f	

- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . **Yes** **No**

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided 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					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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 ▶
- c** Term 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:

- (i)** Unrelated organizations
- (ii)** Related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		88,498	78,073	10,425
d Equipment		931,492	878,758	52,734
e Other		1,615,177	1,612,105	3,072
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				66,231

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)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	▶	

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)		
(10)		
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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	▶

Part X Other Liabilities.

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

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

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	223,863,024
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		3	223,863,024
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	17,846	
c	Add lines 4a and 4b		4c	17,846
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	223,880,870

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	223,928,639
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		3	223,928,639
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		
c	Add lines 4a and 4b		4c	0
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	223,928,639

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: 59-3467610

Name: CENTRAL FLORIDA BEHAVIORAL
HEALTH NETWORK INC

Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	CFBHN HAS BEEN RECOGNIZED AS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. THEREFORE, NO PROVISION FOR INCOME TAXES HAS BEEN PRESENTED IN THESE FINANCIAL STATEMENTS. CFBHN HAS NOT REPORTED ANY UNRELATED BUSINESS INCOME; HOWEVER, SUCH STATUS IS SUBJECT TO FINAL DETERMINATION UPON EXAMINATION, IF ANY, OF THE RELATED INCOME TAX RETURNS BY THE APPROPRIATE TAXING AUTHORITIES. CFBHN IS NOT AWARE OF ANY TAX POSITIONS IT HAS TAKEN THAT ARE SUBJECT TO A SIGNIFICANT DEGREE OF UNCERTAINTY. TAX FILINGS FOR FISCAL YEARS AFTER 2018 REMAIN SUBJECT TO EXAMINATION BY FEDERAL AND STATE TAXING AUTHORITIES.

Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS:	FEDERAL, STATE, AND LOCAL GRANTS TO ACQUIRE AND IMPROVE CAPITAL ASSETS 17,846.

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

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.

Attach to Form 990.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization CENTRAL FLORIDA BEHAVIORAL HEALTH NETWORK INC

Employer identification number

59-3467610

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to 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.

Table with 8 columns: (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, (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 60
3 Enter total number of other organizations listed in the line 1 table 0

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)					
(2)					
(3)					
(4)					
(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
PART I, LINE 2:	MONTHLY, THE CFO COMPLETES THE "SUBCONTRACTOR STATUS REPORT" WHICH TRACKS GRANTEE'S USAGE OF FUNDS. THE CFO THEN PASSES THE DOCUMENT TO THE CONTRACT MANAGERS WHO THEN COMPARES THE MONTHLY INVOICES FROM THE GRANTEES WITH THE DATA BACKUP THAT THE GRANTEES ARE REQUIRED TO SUBMIT. IN ADDITION TO THE FISCAL MONITORING, THE QI TEAM MAKES SITE VISITS ANNUALLY TO CONDUCT REVIEWS ENSURING THAT FUNDS ARE BEING USED AS INTENDED.
PART II:	THE NONPROFIT ORGANIZATIONS THAT COMPRISE THE MEMBERSHIP OF CENTRAL FLORIDA BEHAVIORAL HEALTH NETWORK, INC. (CFBHN) ARE AMONG THE SUBSTANCE ABUSE AND MENTAL HEALTH PROVIDERS WHO PERFORM SERVICES UNDER CFBHN'S MASTER CONTRACTS. FOR THE YEAR ENDED JUNE 30, 2022, SUBRECIPIENT PAYMENTS OF \$40,515,247 WERE PAID TO CFBHN MEMBERS.

Additional Data

Software ID:
Software Version:
EIN: 59-3467610
Name: CENTRAL FLORIDA BEHAVIORAL
HEALTH NETWORK INC

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	(h) Purpose of grant or assistance
211 TAMPA BAY CARES INC 14155 58TH STREET NORTH CLEARWATER, FL 33760	59-3355555	501C(3)	288,625	0	N/A	N/A	MENTAL HEALTH DCF SUNCOAST REGION
AGENCY FOR COMMUNITY TREATMENT SERVICES INC (ACTS) 4612 NORTH 56TH STREET TAMPA, FL 33610	59-1860626	501C(3)	12,857,617	0	N/A	N/A	SUBSTANCE ABUSE/MENTAL HEALTH DCF SUNCOAST REGION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	(h) Purpose of grant or assistance
BAYCARE BEHAVIORAL HEALTH INC PO BOX 428 NEW PORT RICHEY, FL 34656	59-1371752	501C(3)	16,736,680	0	N/A	N/A	SUBSTANCE ABUSE/MENTAL HEALTH DCF SUNCOAST REGION
BOLEY CENTER PO BOX 11389 ST PETERSBURG, FL 33733	59-1290089	501C(3)	5,242,152	0	N/A	N/A	MENTAL HEALTH DCF SUNCOAST REGION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	(h) Purpose of grant or assistance
CE MENDEZ FOUNDATION 601 S MAGNOLIA AVE TAMPA, FL 33606	59-1086491	501C(3)	19,398	0	N/A	N/A	SUBSTANCE ABUSE DCF SUNCOAST REGION
CENTER FOR PROGRESS AND EXCELLENCE INC 6360 TECHSTER BLVD STE 1 FT MYERS, FL 33966	47-4810710	501C(3)	1,577,023	0	N/A	N/A	MENTAL HEALTH DCF SUNCOAST REGION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	(h) Purpose of grant or assistance
CENTERSTONE OF FLORIDA INC 379 SIXTH AVENUE W BRADENTON, FL 34205	59-1009537	501C(3)	19,859,162	0	N/A	N/A	SUBSTANCE ABUSE/MENTAL HEALTH DCF SUNCOAST REGION
CHARLOTTE BEHAVIORAL 1700 EDUCATION AVE PUNTA GORDA, FL 33950	59-1234922	501C(3)	9,152,124	0	N/A	N/A	SUBSTANCE ABUSE/MENTAL HEALTH DCF SUNCOAST REGION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY ASSISTANCE AND SUPPORTIVE LIVING 7810 TAMIAMI TRIAL STE A14 VENICE, FL 34293	65-0869993	501C(3)	2,643,151	0	N/A	N/A	MENTAL HEALTH DCF SUNCOAST REGION
CRISIS CENTER OF TAMPA BAY ONE CRISIS CENTER PLAZA TAMPA, FL 33613	59-1785265	501C(3)	650,336	0	N/A	N/A	SUBSTANCE ABUSE DCF SUNCOAST REGION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	(h) Purpose of grant or assistance
DRUG ABUSE COMPREHENSIVE COORDINATING OFFICE INC (DACCO) 4422 E COLUMBUS AVE TAMPA, FL 33605	59-1514993	501C(3)	8,502,970	0	N/A	N/A	SUBSTANCE ABUSE/MENTAL HEALTH DCF SUNCOAST REGION
DAVID LAWRENCE CENTER 6075 GOLDEN GATE PARKWAY NAPLES, FL 34116	59-2206025	501C(3)	10,674,173	0	N/A	N/A	SUBSTANCE ABUSE/MENTAL HEALTH DCF SUNCOAST REGION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	(h) Purpose of grant or assistance
DIRECTIONS FOR MENTAL HEALTH INC 1437 SOUTH BELCHER ROAD CLEARWATER, FL 33764	59-2092715	501C(3)	3,684,980	0	N/A	N/A	SUBSTANCE ABUSE/MENTAL HEALTH DCF SUNCOAST REGION
DRUG FREE CHARLOTTE 1445 EDUCATION WAY PORT CHARLOTTE, FL 33948	02-0683619	501C(3)	549,263	0	N/A	N/A	SUBSTANCE ABUSE DCF SUNCOAST REGION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	(h) Purpose of grant or assistance
DRUG FREE COLLIER PO BOX 770759 NAPLES, FL 34107	02-3455197	501C(3)	159,112	0	N/A	N/A	SUBSTANCE ABUSE DCF SUNCOAST REGION
DRUG FREE DESOTO 530 LASOLONA AVE ARCADIA, FL 34266	47-3817677	501C(3)	92,542	0	N/A	N/A	SUBSTANCE ABUSE DCF SUNCOAST REGION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	(h) Purpose of grant or assistance
DRUG FREE HARDEE PO BOX 1765 WAUCHULA, FL 33873	45-2278786	501C(3)	116,234	0	N/A	N/A	SUBSTANCE ABUSE DCF SUNCOAST REGION
FIRST STEP OF SARASOTA INC 1970 MAIN ST 5TH FLOOR SARASOTA, FL 34236	59-1304472	501C(3)	11,860,253	0	N/A	N/A	SUBSTANCE ABUSE/MENTAL HEALTH DCF SUNCOAST REGION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	(h) Purpose of grant or assistance
GLADES COUNTY SCHOOL DISTRICT PO BOX 459 MOORE HAVEN, FL 33471	59-6000624	501C(3)	92,760	0	N/A	N/A	MENTAL HEALTH DCF SUNCOAST REGION
GRACEPOINT (MHC) 5707 N 22ND ST TAMPA, FL 33610	59-0747306	501C(3)	20,424,347	0	N/A	N/A	MENTAL HEALTH DCF SUNCOAST REGION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	(h) Purpose of grant or assistance
HANLEY CENTER FOUNDATION 900 54TH ST W PALM BEACH, FL 33407	20-2871945	501C(3)	1,900,643	0	N/A	N/A	SUBSTANCE ABUSE DCF SUNCOAST REGION
HENDRY COUNTY SCHOOL DISTRICT 300 W COWBOY WAY LABELLE, FL 33935		501C(3)	133,105	0	N/A	N/A	SUBSTANCE ABUSE DCF SUNCOAST REGION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	(h) Purpose of grant or assistance
HILLSBOROUGH COUNTY ANTI DRUG ALLIANCE 2815 E HENRY AVE STE B-1 TAMPA, FL 33610	71-0950570	501C(3)	335,536	0	N/A	N/A	SUBSTANCE ABUSE DCF SUNCOAST REGION
HOPE CLUBHOUSE OF SOUTHWEST FLORIDA 3602 BROADWAY AVE FT MYERS, FL 33901	30-0437443	501C(3)	341,307	0	N/A	N/A	MENTAL HEALTH DCF SUNCOAST REGION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	(h) Purpose of grant or assistance
IMPOWER 111 W MAGNOLIA AVE LONGWOOD, FL 32750	65-0439778	501C(3)	159,922	0	N/A	N/A	SUBSTANCE ABUSE/MENTAL HEALTH DCF SUNCOAST REGION
INNER ACT ALLIANCE 621 S FLORIDA AVE LAKELAND, FL 33801	59-2844663	501C(3)	959,206	0	N/A	N/A	SUBSTANCE ABUSE/MENTAL HEALTH DCF SUNCOAST REGION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	(h) Purpose of grant or assistance
LEE COUNTY COALITION PO BOX 61688 FT MYERS, FL 33906	59-3052892	501C(3)	68,511	0	N/A	N/A	SUBSTANCE ABUSE DCF SUNCOAST REGION
LEE HEALTH 12550 NEW BRITTANY FT MYERS, FL 33907	59-0714812	501C(3)	209,430	0	N/A	N/A	MENTAL HEALTH DCF SUNCOAST REGION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	(h) Purpose of grant or assistance
MANATEE COUNTY SUBSTANCE ABUSE COALITION PO BOX 1000 BRADENTON, FL 34206	27-1254684	501C(3)	362,769	0	N/A	N/A	SUBSTANCE ABUSE DCF SUNCOAST REGION
MENTAL HEALTH RESOURCE CENTER INC PO BOX 19249 JACKSONVILLE, FL 32245	59-1905344	501C(3)	1,923,099	0	N/A	N/A	MENTAL HEALTH DCF SUNCOAST REGION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	(h) Purpose of grant or assistance
NAMI COLLIER COUNTY INC 6216 TRAIL BLVD BLD C NAPLES, FL 34108	65-0047747	501C(3)	783,346	0	N/A	N/A	MENTAL HEALTH DCF SUNCOAST REGION
NAMI LEE COUNTY INC PO BOX 50816 FT MYERS, FL 33994	65-0122844	501C(3)	112,745	0	N/A	N/A	MENTAL HEALTH DCF SUNCOAST REGION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	(h) Purpose of grant or assistance
NAMI PINELLAS COUNTY INC PO BOX 12773 ST PETERSBURG, FL 33733	59-2819044	501C(3)	98,489	0	N/A	N/A	SUBSTANCE ABUSE/MENTAL HEALTH DCF SUNCOAST REGION
NORTHSIDE MENTAL HEALTH CENTER 12512 BRUCE B DOWNS BLVD TAMPA, FL 33612	59-1641327	501C(3)	7,517,708	0	N/A	N/A	MENTAL HEALTH DCF SUNCOAST REGION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	(h) Purpose of grant or assistance
OPERATION PAR 6655 66TH ST NORTH PINELLAS PARK, FL 33781	59-1349234	501C(3)	13,758,556	0	N/A	N/A	SUBSTANCE ABUSE DCF SUNCOAST REGION
PEACE RIVER CENTER 1239 E MAIN ST BARTOW, FL 33830	59-0818924	501C(3)	12,331,322	0	N/A	N/A	MENTAL HEALTH DCF SUNCOAST REGION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	(h) Purpose of grant or assistance
PERSONAL ENRICHMENT THROUGH MENTAL HEALTH SERVICES INC 11254 58TH ST NORTH PINELLAS PARK, FL 33782	59-3153549	501C(3)	10,081,759	0	N/A	N/A	SUBSTANCE ABUSE/MENTAL HEALTH DCF SUNCOAST REGION
PHOENIX PROGRAMS OF FLORIDA INC DBA PHOENIX HOUSE 510 VONDERBURG DR STE 301 BRANDON, FL 33511	59-3172948	501C(3)	814,538	0	N/A	N/A	SUBSTANCE ABUSE DCF SUNCOAST REGION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	(h) Purpose of grant or assistance
POLK COUNTY BOCC 255 N BROADWAY AVE DRAWER J-150 BARTOW, FL 33830	59-3000809	501C(3)	144,534	0	N/A	N/A	SUBSTANCE ABUSE/MENTAL HEALTH DCF SUNCOAST REGION
PROJECT RETURN INC 303 W WATERS AVE TAMPA, FL 33604	59-2612753	501C(3)	262,723	0	N/A	N/A	MENTAL HEALTH DCF SUNCOAST REGION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	(h) Purpose of grant or assistance
RECOVERY EPICENTER 1270 ROGERS STREET CLEARWATER, FL 33756	46-5272217	501C(3)	186,607	0	N/A	N/A	SUBSTANCE ABUSE/MENTAL HEALTH DCF SUNCOAST REGION
SALUSCARE 3763 EVANS AVE FT MYERS, FL 33901	59-1965829	501C(3)	13,401,745	0	N/A	N/A	SUBSTANCE ABUSE/MENTAL HEALTH DCF SUNCOAST REGION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	(h) Purpose of grant or assistance
THE SALVATION ARMY 10291 MCGREGOR BLVD FT MYERS, FL 33919	58-0660607	501C(3)	66,614	0	N/A	N/A	MENTAL HEALTH DCF SUNCOAST REGION
SCHOOL DISTRICT- HIGHLANDS 426 SCHOOL STREET SEBRING, FL 33870	59-6000654	501C(3)	32,676	0	N/A	N/A	SUBSTANCE ABUSE/MENTAL HEALTH DCF SUNCOAST REGION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	(h) Purpose of grant or assistance
SCHOOL DISTRICT-DESOTO 530 LASOLONA AVE ARCADIA, FL 34266	59-6000580	501C(3)	187,916	0	N/A	N/A	SUBSTANCE ABUSE/MENTAL HEALTH DCF SUNCOAST REGION
SUCCESS 4 KIDS AND FAMILIES 1311 N WESTSHORE BLVD STE 302 TAMPA, FL 33607	14-1933532	501C(3)	2,323,513	0	N/A	N/A	MENTAL HEALTH DCF SUNCOAST REGION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	(h) Purpose of grant or assistance
SUNCOAST CENTER 4024 CENTRAL AVE ST PETERSBURG, FL 33711	59-2092717	501C(3)	3,604,603	0	N/A	N/A	SUBSTANCE ABUSE/MENTAL HEALTH DCF SUNCOAST REGION
TRI-COUNTY HUMAN SERVICES INC 1815 CRYSTAL LAKE DR LAKELAND, FL 33801	59-1708182	501C(3)	10,927,555	0	N/A	N/A	MENTAL HEALTH DCF SUNCOAST REGION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF LEE COUNTY 7273 CONCOURSE DR FORT MYERS, FL 33908	59-1005169	501C(3)	63,547	0	N/A	N/A	SUBSTANCE ABUSE DCF SUNCOAST REGION
VAN GOGHS PALATTE DBA VINCENT HOUSE 4801 78TH AVE NORHT PINELLAS PARK, FL 33781	59-3720139	501C(3)	883,547	0	N/A	N/A	MENTAL HEALTH DCF SUNCOAST REGION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	(h) Purpose of grant or assistance
VOLUNTEERS OF AMERICA 1205 E 8TH AVE TAMPA, FL 33605	58-1856992	501C(3)	1,644,190	0	N/A	N/A	MENTAL HEALTH DCF SUNCOAST REGION
WESTCARE FLORIDA INC PO BOX 12019 ST PETERSBURG, FL 33733	59-3714627	501C(3)	1,431,512	0	N/A	N/A	SUBSTANCE ABUSE/MENTAL HEALTH DCF SUNCOAST REGION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	(h) Purpose of grant or assistance
YOUTH AND FAMILY ALTERNATIVES 7524 PLATHE RD NEW PORT RICHEY, FL 34653	59-1545990	501C(3)	370,765	0	N/A	N/A	SUBSTANCE ABUSE DCF SUNCOAST REGION
CHILDREN'S HOME SOCIETY OF FLORIDA 1515 MICHELIN CT LUTZ, FL 33549	59-0192430	501C(3)	20,728	0	N/A	N/A	BEHAVIORAL HEALTH HILLSBOROUGH COUNTY PUBLIC SCHOOLS/PASCO COUNTY SCHOOLS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	(h) Purpose of grant or assistance
CHRYSALIS CENTER INC 3800 W BROWARD BLVD SUITE 100 FT LAUDERDALE, FL 33312	20-1966531	501C(3)	860,291	0	N/A	N/A	BEHAVIORAL HEALTH HILLSBOROUGH COUNTY PUBLIC SCHOOLS/PASCO COUNTY SCHOOLS
ELITE DNA 4310 METRO PARKWAY FORT MYERS, FL 33916	46-3863542	501C(3)	30,788	0	N/A	N/A	BEHAVIORAL HEALTH HILLSBOROUGH COUNTY PUBLIC SCHOOLS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	(h) Purpose of grant or assistance
GULFCOAST JEWISH FAMILY & CHILDREN'S SERVICES 14041 ICOT BLVD CLEARWATER, FL 33760	59-1229354	501C(3)	45,985	0	N/A	N/A	SUBSTANCE ABUSE/MENTAL HEALTH DCF SUNCOAST REGION
HEALING EDUCATIONAL ALTERNATIVES FOR DESERVING STUDENTS (HEADS) 1001 E BAKER ST 100 PLANT CITY, FL 33563	45-4924934	501C(3)	456,792	0	N/A	N/A	BEHAVIORAL HEALTH HILLSBOROUGH COUNTY PUBLIC SCHOOLS/PASCO COUNTY SCHOOLS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	(h) Purpose of grant or assistance
LIFESPAN SERVICES INC 7701 MASSACHUSETTS AVE NEW PORT RICHEY, FL 34653	59-2939922	501C(3)	11,970	0	N/A	N/A	BEHAVIORAL HEALTH PASCO COUNTY SCHOOLS
TRAUMA TREATMENT OF PASCO DBA MERIDIAN COUSELING CTR 38052 MERIDIAN AVE DADE CITY, FL 33525	83-3451982	501C(3)	8,623	0	N/A	N/A	BEHAVIORAL HEALTH PASCO COUNTY SCHOOLS

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization
CENTRAL FLORIDA BEHAVIORAL
HEALTH NETWORK INC

Employer identification number
59-3467610

Part I Questions Regarding Compensation

		Yes	No		
<p>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.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account </td> <td style="width: 50%; vertical-align: top;"> <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) </td> </tr> </table>	<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification 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)			
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification 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)				
<p>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</p>	1b				
<p>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 on Line 1a?</p>	2				
<p>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.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee </td> </tr> </table>	<input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee			
<input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee				
<p>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:</p>					
<p>a Receive a severance payment or change-of-control payment?</p>	4a		No		
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	4b		No		
<p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4c		No		
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p>					
<p>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:</p>					
<p>a The organization?</p>	5a		No		
<p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5b		No		
<p>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:</p>					
<p>a The organization?</p>	6a		No		
<p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6b		No		
<p>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</p>	7		No		
<p>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</p>	8		No		
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9				

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

For each individual whose compensation must be reported 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 are not listed on Form 990, Part VII.

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

(A) Name and Title		(B) Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 LINDA J MCKINNON CEO	(i)	228,712	21,700	0	12,521	11,157	274,090	0
	(ii)	0	0	0	0	0	0	0
2 LAWRENCE ALLEN COO (UNTIL 4/4/22)	(i)	140,970	6,000	0	7,348	10,639	164,957	0
	(ii)	0	0	0	0	0	0	0
3 JULIE PATEL CFO	(i)	138,345	6,000	0	7,217	10,639	162,201	0
	(ii)	0	0	0	0	0	0	0

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 O
(Form 990)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization
CENTRAL FLORIDA BEHAVIORAL
HEALTH NETWORK INC

Employer identification number

59-3467610

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4:	<p>PROGRAM SERVICE DETAIL 1. AFTERCARE - AFTERCARE SERVICES, INCLUDING BUT NOT LIMITED TO RELAPSE PREVENTION, ARE A VITAL PART OF RECOVERY IN EVERY TREATMENT LEVEL. AFTERCARE ACTIVITIES INCLUDE CLIENT PARTICIPATION IN DAILY ACTIVITY FUNCTIONS THAT WERE ADVERSELY AFFECTED BY MENTAL ILLNESS AND/OR SUBSTANCE ABUSE IMPAIRMENTS. NEW DIRECTIONAL GOALS SUCH AS VOCATIONAL EDUCATION OR REBUILDING RELATIONSHIPS ARE OFTEN PRIORITIES. RELAPSE PREVENTION ISSUES ARE KEY IN ASSISTING THE CLIENT'S RECOGNITION OF TRIGGERS AND WARNING SIGNS OF REGRESSION. AFTERCARE SERVICES HELP FAMILIES AND PRO-SOCIAL SUPPORT SYSTEMS REINFORCE A HEALTHY LIVING ENVIRONMENT. 2. ASSESSMENT - ASSESSMENT SERVICES ASSESS, EVALUATE, AND PROVIDE ASSISTANCE TO INDIVIDUALS AND FAMILIES TO DETERMINE LEVEL OF CARE, MOTIVATION, AND THE NEED FOR SERVICES AND SUPPORTS TO ASSIST INDIVIDUALS AND FAMILIES IDENTIFY THEIR STRENGTHS. 3. CASE MANAGEMENT - CASE MANAGEMENT SERVICES CONSIST OF ACTIVITIES AIMED AT IDENTIFYING THE RECIPIENT'S NEEDS, PLANNING SERVICES, LINKING THE SERVICE SYSTEM WITH THE PERSON, COORDINATING THE VARIOUS SYSTEM COMPONENTS, MONITORING SERVICE DELIVERY, AND EVALUATING THE EFFECT OF THE SERVICES RECEIVED. 4. CRISIS STABILIZATION - THESE ACUTE CARE SERVICES, ON A TWENTY-FOUR (24) HOURS PER DAY, SEVEN (7) DAYS PER WEEK BASIS, PROVIDE BRIEF, INTENSIVE MENTAL HEALTH RESIDENTIAL TREATMENT SERVICES. THESE SERVICES MEET THE NEEDS OF INDIVIDUALS WHO ARE EXPERIENCING AN ACUTE CRISIS AND WHO, IN THE ABSENCE OF A SUITABLE ALTERNATIVE, WOULD REQUIRE HOSPITALIZATION. 5. CRISIS SUPPORT/EMERGENCY - THESE NON-RESIDENTIAL CARE SERVICES ARE GENERALLY AVAILABLE TWENTY-FOUR (24) HOURS PER DAY, SEVEN (7) DAYS PER WEEK, OR SOME OTHER SPECIFIC TIME PERIOD, TO INTERVENE IN A CRISIS OR PROVIDE EMERGENCY CARE. EXAMPLES INCLUDE: MOBILE CRISIS, CRISIS SUPPORT, CRISIS/EMERGENCY SCREENING, CRISIS TELEPHONE, AND EMERGENCY WALK-IN. 6. CCST - SERVICES PROVIDED INCLUDE ASSESSMENT, CASE MANAGEMENT, INTENSIVE CASE MANAGEMENT, SUPPORTED HOUSING, AFTERCARE, SUPPORTED EMPLOYMENT, OUTREACH, OUTPATIENT, IN-HOME/ON-SITE, INTERVENTION, INFORMATION AND REFERRAL, PREVENTION, PREVENTION/INTERVENTION AND OTHER TRANSITION AND NON-TRADITIONAL SUPPORT SERVICES AS NEGOTIATED BY THE DEPARTMENT AND THE PROVIDER. THE SERVICES ARE DESIGNED TO ASSIST AND GUIDE INDIVIDUALS IN RECONNECTING WITH SOCIETY AND REBUILDING SKILLS IN IDENTIFIED ROLES IN THEIR ENVIRONMENT. 7. DAY-NIGHT - DAY-NIGHT SERVICES PROVIDE A STRUCTURED SCHEDULE OF NON-RESIDENTIAL SERVICES FOR FOUR (4) OR MORE CONSECUTIVE HOURS PER DAY. ACTIVITIES FOR CHILDREN AND ADULT MENTAL HEALTH PROGRAMS ARE DESIGNED TO ASSIST INDIVIDUALS TO ATTAIN SKILLS AND BEHAVIORS NEEDED TO FUNCTION SUCCESSFULLY IN LIVING, LEARNING, WORK, AND SOCIAL ENVIRONMENTS. GENERALLY, A PERSON RECEIVES THREE (3) OR MORE SERVICES A WEEK. ACTIVITIES FOR SUBSTANCE ABUSE PROGRAMS EMPHASIZE REHABILITATION, TREATMENT, AND EDUCATION SERVICES, USING MULTIDISCIPLINARY TEAMS TO PROVIDE INTEGRATED PROGRAMS OF ACADEM</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>FORM 990, PART III, LINE 4:</p>	<p>IC, THERAPEUTIC, AND FAMILY SERVICES. 8. DROP-IN/SELF-HELP CENTERS - THESE CENTERS ARE INT ENDED TO PROVIDE A RANGE OF OPPORTUNITIES FOR PERSONS WITH SEVERE AND PERSISTENT MENTAL ILLNESS TO INDEPENDENTLY DEVELOP, OPERATE, AND PARTICIPATE IN SOCIAL, RECREATIONAL, AND NETWORKING ACTIVITIES. 9. FLORIDA ASSERTIVE COMMUNITY TREATMENT (FACT) TEAM - THESE NON-RESIDENTIAL CARE SERVICES ARE AVAILABLE TWENTY-FOUR (24) HOURS PER DAY, SEVEN (7) DAYS PER WEEK, AND INCLUDE COMMUNITY-BASED TREATMENT, REHABILITATION, AND SUPPORT SERVICES PROVIDED BY A MULTIDISCIPLINARY TEAM TO PERSONS WITH SEVERE AND PERSISTENT MENTAL ILLNESS. 10. INCIDENTAL EXPENSES - THIS COST CENTER PROVIDES FOR INCIDENTAL EXPENSES, SUCH AS CLOTHING, MEDICAL CARE, EDUCATIONAL NEEDS, DEVELOPMENTAL SERVICES, FACT TEAM HOUSING SUBSIDIES AND PHARMACEUTICALS (IF NOT REQUIRED BY THE RFP TO BE REIMBURSED THROUGH A SEPARATE COST REIMBURSEMENT CONTRACT), AND OTHER APPROVED COSTS. ALL INCIDENTAL EXPENSES MUST HAVE PRIOR WRITTEN AUTHORIZATION BY THE DEPARTMENT'S AUTHORIZED STAFF MEMBER OR BE AUTHORIZED IN THE CONTRACT. 11 . INFORMATION AND REFERRAL - THESE SERVICES MAINTAIN INFORMATION ABOUT RESOURCES IN THE COMMUNITY, LINK PEOPLE WHO NEED ASSISTANCE WITH APPROPRIATE SERVICE PROVIDERS, AND PROVIDE INFORMATION ABOUT AGENCIES AND ORGANIZATIONS THAT OFFER SERVICES. THE INFORMATION AND REFERRAL PROCESS INVOLVES: BEING READILY AVAILABLE FOR CONTACT BY THE INDIVIDUAL; ASSISTING THE INDIVIDUAL WITH DETERMINING WHICH RESOURCES ARE NEEDED; PROVIDING REFERRAL TO APPROPRIATE RESOURCES; AND FOLLOWING UP TO ENSURE THE INDIVIDUAL'S NEEDS HAVE BEEN MET, IF THE INDIVIDUAL AGREES TO SUCH FOLLOW-UP ACTIVITIES. 12. IN-HOME AND ON-SITE - THERAPEUTIC SERVICES AND SUPPORTS ARE RENDERED IN NON-PROVIDER SETTINGS SUCH AS NURSING HOMES, ALTERNATIVE LIVING FACILITIES (ALF), RESIDENCES, SCHOOL, DETENTION CENTERS, COMMITMENT SETTINGS, FOSTER HOMES, AND OTHER COMMUNITY SETTINGS. 13. INPATIENT - INPATIENT SERVICES ARE PROVIDED IN HOSPITALS, LICENSED UNDER CHAPTER 395, FLORIDA STATUTES, AS GENERAL HOSPITALS AND PSYCHIATRIC SPECIALTY HOSPITALS. THEY ARE DESIGNED TO PROVIDE INTENSIVE TREATMENT TO PERSONS EXHIBITING VIOLENT BEHAVIORS, SUICIDAL BEHAVIORS, AND OTHER SEVERE DISTURBANCES DUE TO SUBSTANCE ABUSE OR MENTAL ILLNESS. 14. INTENSIVE CASE MANAGEMENT - CASE MANAGEMENT SERVICES CONSIST OF ACTIVITIES AIMED AT ASSESSING RECIPIENT NEEDS, PLANNING SERVICES, LINKING THE SERVICE SYSTEM TO A RECIPIENT, COORDINATING THE VARIOUS SYSTEM COMPONENTS, MONITORING SERVICE DELIVERY , AND EVALUATING THE EFFECT OF SERVICES RECEIVED. THESE SERVICES ARE TYPICALLY OFFERED TO PERSONS WHO ARE BEING DISCHARGED FROM A HOSPITAL OR CRISIS STABILIZATION UNIT WHO ARE IN NEED OF MORE PROFESSIONAL CARE AND WHO WILL HAVE CONTINGENCY NEEDS TO REMAIN IN A LESS RESTRICTIVE SETTING. 15. INTERVENTION - INTERVENTION SERVICES FOCUS ON REDUCING RISK FACTORS GENERALLY ASSOCIATED WITH THE PROGRESSION OF SUBSTANCE ABUSE AND MENTAL HEALTH PROBLEMS. INTERVENTION IS ACCOMPLISHED THRU</p>

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FORM 990, PART III, LINE 4:	<p>OUGH EARLY IDENTIFICATION OF PERSONS AT RISK, PERFORMING BASIC INDIVIDUAL ASSESSMENTS, AND PROVIDING SUPPORTIVE SERVICES, WHICH EMPHASIZE SHORT-TERM COUNSELING AND REFERRAL. THESE SERVICES ARE TARGETED TOWARD INDIVIDUALS AND FAMILIES. 16. MEDICAL SERVICES - MEDICAL SERVICES PROVIDE PRIMARY MEDICAL CARE, THERAPY, AND MEDICATION ADMINISTRATION TO IMPROVE THE FUNCTIONING OR PREVENT FURTHER DETERIORATION OF PERSONS WITH MENTAL HEALTH OR SUBSTANCE ABUSE PROBLEMS. INCLUDED IS PSYCHIATRIC MENTAL STATUS ASSESSMENT. FOR ADULTS WITH MENTAL ILLNESS, MEDICAL SERVICES ARE USUALLY PROVIDED ON A REGULAR SCHEDULE, WITH ARRANGEMENTS FOR NON-SCHEDULED VISITS DURING TIMES OF INCREASED STRESS OR CRISIS. THIS SERVICE INCLUDES MEDICATION ADMINISTRATION OF PSYCHOTROPIC DRUGS, INCLUDING CLOZARIL AND OTHER NEW MEDICATIONS, AND PSYCHIATRIC SERVICES. 17. MENTAL HEALTH CLUBHOUSE SERVICES - STRUCTURED, COMMUNITY-BASED SERVICES DESIGNED TO BOTH STRENGTHEN AND/OR REGAIN THE CLIENT'S INTERPERSONAL SKILLS, PROVIDE PSYCHO-SOCIAL THERAPY TOWARD REHABILITATION, DEVELOP THE ENVIRONMENTAL SUPPORTS NECESSARY TO HELP THE CLIENT THRIVE IN THE COMMUNITY AND MEET EMPLOYMENT AND OTHER LIFE GOALS AND PROMOTE RECOVERY FROM MENTAL ILLNESS. SERVICES ARE TYPICALLY PROVIDED IN A COMMUNITY-BASED PROGRAM WITH TRAINED STAFF AND MEMBERS WORKING AS TEAMS TO ADDRESS THE CLIENT'S LIFE GOALS AND TO PERFORM THE TASKS NECESSARY FOR THE OPERATIONS OF THE PROGRAM. THE EMPHASIS IS ON A HOLISTIC APPROACH FOCUSING ON THE CLIENT'S STRENGTHS AND ABILITIES WHILE CHALLENGING THE CLIENT TO PURSUE THOSE LIFE GOALS. THIS SERVICE WOULD INCLUDE, BUT NOT BE LIMITED TO, CLUBHOUSES CERTIFIED UNDER THE INTERNATIONAL CENTER FOR CLUBHOUSE DEVELOPMENT. 18. OUTPATIENT - OUTPATIENT SERVICES PROVIDE A THERAPEUTIC ENVIRONMENT, WHICH IS DESIGNED TO IMPROVE THE FUNCTIONING OR PREVENT FURTHER DETERIORATION OF PERSONS WITH MENTAL HEALTH AND/OR SUBSTANCE ABUSE PROBLEMS. THESE SERVICES ARE USUALLY PROVIDED ON A REGULARLY SCHEDULED BASIS BY APPOINTMENT, WITH ARRANGEMENTS MADE FOR NON-SCHEDULED VISITS DURING TIMES OF INCREASED STRESS OR CRISIS. OUTPATIENT SERVICES MAY BE PROVIDED TO AN INDIVIDUAL OR IN A GROUP SETTING. THE GROUP SIZE LIMITATIONS APPLICABLE TO THE MEDICAID PROGRAM SHALL APPLY TO ALL OUTPATIENT SERVICES FUNDED THROUGH A STATE SUBSTANCE ABUSE AND MENTAL HEALTH PROGRAM CONTRACT. 19. OUTPATIENT DETOXIFICATION - OUTPATIENT DETOXIFICATION SERVICES UTILIZE MEDICATION OR A PSYCHOSOCIAL COUNSELING REGIMEN THAT ASSISTS RECIPIENTS IN THEIR EFFORTS TO WITHDRAW FROM THE PHYSIOLOGICAL AND PSYCHOLOGICAL EFFECTS OF THE ABUSE OF ADDITIVE SUBSTANCES.</p>

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Return Reference	Explanation
FORM 990, PART III, LINE 4:	<p>20. OUTREACH - OUTREACH SERVICES ARE PROVIDED THROUGH A FORMAL PROGRAM TO BOTH INDIVIDUALS AND THE COMMUNITY. COMMUNITY SERVICES INCLUDE EDUCATION, IDENTIFICATION, AND LINKAGE WITH HIGH-RISK GROUPS. OUTREACH SERVICES FOR INDIVIDUALS ARE DESIGNED TO: ENCOURAGE, EDUCATE, AND ENGAGE PROSPECTIVE CLIENTS WHO SHOW AN INDICATION OF SUBSTANCE ABUSE AND MENTAL HEALTH PROBLEMS OR NEEDS. CLIENT ENROLLMENT IS NOT INCLUDED IN OUTREACH SERVICES. 21. PREVENTION - PREVENTION SERVICES ARE THOSE INVOLVING STRATEGIES THAT PRECLUDE, FORESTALL, OR IMPEDE THE DEVELOPMENT OF SUBSTANCE ABUSE AND MENTAL HEALTH PROBLEMS, AND INCLUDE INCREASING PUBLIC AWARENESS THROUGH INFORMATION, EDUCATION, AND ALTERNATIVE-FOCUSED ACTIVITIES. THESE SERVICES MAY BE DIRECTED EITHER AT A LEVEL II PREVENTION TARGET WHERE THE CLIENT HAS BEEN IDENTIFIED OR AT A LEVEL I PREVENTION TARGET WHERE THE CLIENT IS NOT IDENTIFIABLE. 22. RESIDENTIAL LEVEL I - THESE LICENSED SERVICES PROVIDE A STRUCTURED, LIVE-IN, NON-HOSPITAL SETTING WITH SUPERVISION ON A TWENTY-FOUR (24) HOUR, SEVEN (7) DAYS PER WEEK BASIS. A NURSE IS ON DUTY IN THESE FACILITIES AT ALL TIMES. FOR ADULT MENTAL HEALTH, THESE SERVICES INCLUDE GROUP HOMES. GROUP HOMES ARE FOR LONGER-TERM RESIDENTS. THESE FACILITIES OFFER NURSING SUPERVISION PROVIDED BY, AT A MINIMUM, LICENSED PRACTICAL NURSES ON A TWENTY-FOUR (24) HOURS A DAY, SEVEN (7) DAYS PER WEEK BASIS. FOR CHILDREN WITH SERIOUS EMOTIONAL DISTURBANCES, LEVEL 1 SERVICES ARE THE MOST INTENSIVE AND RESTRICTIVE LEVEL OF RESIDENTIAL THERAPEUTIC INTERVENTION PROVIDED IN A NON-HOSPITAL OR NON-CRISIS SUPPORT UNIT SETTING, INCLUDING RESIDENTIAL TREATMENT CENTERS. MEDICAID RESIDENTIAL TREATMENT CENTERS (MRTC) AND RESIDENTIAL TREATMENT CENTERS (RTC) ARE REPORTED UNDER THIS COST CENTER. ON-CALL MEDICAL CARE MUST BE AVAILABLE FOR SUBSTANCE ABUSE PROGRAMS. LEVEL 1 PROVIDES A RANGE OF ASSESSMENT, TREATMENT, REHABILITATION, AND ANCILLARY SERVICES IN AN INTENSIVE THERAPEUTIC ENVIRONMENT, WITH AN EMPHASIS ON TREATMENT, AND MAY INCLUDE FORMAL SCHOOL AND ADULT EDUCATION PROGRAMS. 23. RESIDENTIAL LEVEL II - LEVEL II FACILITIES ARE LICENSED, STRUCTURED REHABILITATION-ORIENTED GROUP FACILITIES THAT HAVE TWENTY-FOUR (24) HOURS PER DAY, SEVEN (7) DAYS PER WEEK, SUPERVISION. LEVEL II FACILITIES HOUSE PERSONS WHO HAVE SIGNIFICANT DEFICITS IN INDEPENDENT LIVING SKILLS AND NEED EXTENSIVE SUPPORT AND SUPERVISION. FOR CHILDREN WITH SERIOUS EMOTIONAL DISTURBANCES, LEVEL II SERVICES ARE PROGRAMS SPECIFICALLY DESIGNED FOR THE PURPOSE OF PROVIDING INTENSIVE THERAPEUTIC BEHAVIORAL AND TREATMENT INTERVENTIONS. THERAPEUTIC GROUP HOME (TGH), SPECIALIZED THERAPEUTIC FOSTER HOME (STFH) - LEVEL II AND THERAPEUTIC FOSTER HOME (TFH) - LEVEL 2 ARE REPORTED UNDER THIS COST CENTER. FOR SUBSTANCE ABUSE, LEVEL II SERVICES PROVIDE A RANGE OF ASSESSMENT, TREATMENT, REHABILITATION, AND ANCILLARY SERVICES IN A LESS INTENSIVE THERAPEUTIC ENVIRONMENT WITH AN EMPHASIS ON REHABILITATION, AND MAY INCLUDE FORMAL SCHOOL AND ADULT EDUCATIONAL PRO</p>

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<p>FORM 990, PART III, LINE 4:</p>	<p>GRAMS. 24. RESIDENTIAL LEVEL III - THESE LICENSED FACILITIES PROVIDE TWENTY-FOUR (24) HOURS PER DAY, SEVEN (7) DAYS PER WEEK SUPERVISED RESIDENTIAL ALTERNATIVES TO PERSONS WHO HAVE DEVELOPED A MODERATE FUNCTIONAL CAPACITY FOR INDEPENDENT LIVING. FOR CHILDREN WITH SERIOUS EMOTIONAL DISTURBANCES, LEVEL III SERVICES ARE SPECIFICALLY DESIGNED TO PROVIDE SPARSE THERAPEUTIC BEHAVIORAL AND TREATMENT INTERVENTIONS. THERAPEUTIC GROUP HOME (TGH), SPECIALIZED THERAPEUTIC FOSTER HOME (STFH) - LEVEL I AND THERAPEUTIC FOSTER HOME (TFH) - LEVEL 1 ARE REPORTED UNDER THIS COST CENTER. FOR ADULTS WITH SERIOUS MENTAL ILLNESS, THIS COST CENTER CONSISTS OF SUPERVISED APARTMENTS. FOR SUBSTANCE ABUSE, LEVEL III PROVIDES A RANGE OF ASSESSMENT, REHABILITATION, TREATMENT AND ANCILLARY SERVICES ON A LONG-TERM, CONTINUING CARE BASIS WHERE, DEPENDING UPON THE CHARACTERISTICS OF THE CLIENTS SERVED, THE EMPHASIS IS ON REHABILITATION OR TREATMENT. 25. RESIDENTIAL LEVEL IV - THIS TYPE OF FACILITY MAY HAVE LESS THAN TWENTY-FOUR (24) HOURS PER DAY, SEVEN (7) DAYS PER WEEK ON-PREMISE SUPERVISION. RESIDENTIAL LEVEL IV SERVICES ARE THE LEAST INTENSIVE LEVEL OF RESIDENTIAL CARE. IT IS PRIMARILY A SUPPORT SERVICE AND, AS SUCH, TREATMENT SERVICES ARE NOT INCLUDED IN THIS COST CENTER, ALTHOUGH SUCH TREATMENT SERVICES MAY BE PROVIDED AS NEEDED THROUGH OTHER COST CENTERS. LEVEL IV INCLUDES SATELLITE APARTMENTS, SATELLITE GROUP HOMES, AND THERAPEUTIC FOSTER HOMES. FOR CHILDREN WITH SERIOUS EMOTIONAL DISTURBANCES, LEVEL IV SERVICES ARE THE LEAST INTENSIVE AND RESTRICTIVE LEVEL OF RESIDENTIAL CARE PROVIDED IN GROUP OR FOSTER HOME SETTINGS, THERAPEUTIC FOSTER HOMES, AND GROUP CARE. NOTE: REGULAR THERAPEUTIC FOSTER CARE CAN BE PROVIDED EITHER THROUGH RESIDENTIAL LEVEL IV "DAY OF CARE: TFH OR BY BILLING IN-HOME/NON-PROVIDER SETTING FOR A CHILD IN A FOSTER HOME. 26. ROOM AND BOARD WITH SUPERVISION LEVEL I - THIS COST CENTER SOLELY PROVIDES FOR ROOM AND BOARD WITH SUPERVISION ON A TWENTY-FOUR (24) HOURS PER DAY, SEVEN (7) DAYS PER WEEK BASIS. IT CORRESPONDS TO RESIDENTIAL LEVEL I. THIS COST CENTER IS NOT APPLICABLE FOR PROVIDER FACILITIES WHICH MEET THE DEFINITION OF AN INSTITUTION FOR MENTAL DISEASE (IMD) AS DEFINED IN THE CENTER FOR MEDICAID SERVICES' STATE MEDI CAID MANUAL, SECTION 4, MARCH 1994. 27. ROOM AND BOARD WITH SUPERVISION LEVEL II - CORRESPONDS TO RESIDENTIAL LEVEL II. SAME PROGRAMS, UNITS, AND DATA ELEMENTS AS ROOM AND BOARD WITH SUPERVISION LEVEL I. 28. ROOM AND BOARD WITH SUPERVISION LEVEL III - CORRESPONDS TO RESIDENTIAL LEVEL III. SAME PROGRAMS, UNITS, AND DATA ELEMENTS AS ROOM AND BOARD WITH SUPERVISION LEVEL I. 29. SUBSTANCE ABUSE DETOXIFICATION - DETOXIFICATION PROGRAMS THAT UTILIZE MEDICAL AND CLINICAL PROCEDURES TO ASSIST ADULTS, CHILDREN, AND ADOLESCENTS WITH SUBSTANCE ABUSE PROBLEMS IN THEIR EFFORTS TO WITHDRAW FROM THE PHYSIOLOGICAL AND PSYCHOLOGICAL EFFECTS OF SUBSTANCE ABUSE. RESIDENTIAL DETOXIFICATION AND ADDICTION RECEIVING FACILITIES PROVIDE EMERGENCY SCREENING, EVALUAT</p>

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Return Reference	Explanation
FORM 990, PART III, LINE 4:	<p>ION, SHORT-TERM STABILIZATION, AND TREATMENT IN A SECURE ENVIRONMENT. THE MAXIMUM UNIT COST RATE FOR A JUVENILE ADDICTION RECEIVING FACILITY THAT IS INTEGRATED WITH A CHILDREN'S CRISIS STABILIZATION UNIT SHALL BE THE MAXIMUM UNIT COST RATE FOR THE CRISIS STABILIZATION COST CENTER RATHER THAN FOR THE SUBSTANCE ABUSE DETOXIFICATION COST CENTER. 30. SUPPORTED EMPLOYMENT - SUPPORTED EMPLOYMENT SERVICES ARE COMMUNITY-BASED EMPLOYMENT SERVICES IN AN INTEGRATED WORK SETTING WHICH PROVIDES REGULAR CONTACT WITH NON-DISABLED CO-WORKERS OR THE PUBLIC. A JOB COACH PROVIDES LONG-TERM, ONGOING SUPPORT FOR AS LONG AS IT IS NEEDED TO ENABLE THE RECIPIENT TO MAINTAIN EMPLOYMENT. 31. SUPPORTIVE HOUSING/LIVING - SUPPORTED HOUSING /LIVING SERVICES ASSIST PERSONS WITH SUBSTANCE ABUSE AND PSYCHIATRIC DISABILITIES IN THE SELECTION OF HOUSING OF THEIR CHOICE. THESE SERVICES ALSO PROVIDE THE NECESSARY SERVICES AND SUPPORTS TO ASSURE THEIR CONTINUED SUCCESSFUL LIVING IN THE COMMUNITY AND TRANSITIONING INTO THE COMMUNITY. FOR CHILDREN WITH MENTAL HEALTH PROBLEMS, SUPPORTED LIVING SERVICES ARE A PROCESS WHICH ASSISTS ADOLESCENTS IN HOUSING ARRANGEMENTS AND PROVIDES SERVICES TO ASSURE SUCCESSFUL TRANSITION TO INDEPENDENT LIVING OR WITH ROOMMATES IN THE COMMUNITY. SERVICES INCLUDE TRAINING IN INDEPENDENT LIVING SKILLS. FOR SUBSTANCE ABUSE, SERVICES PROVIDE FOR THE PLACEMENT AND MONITORING OF: RECIPIENTS WHO ARE PARTICIPATING IN NON-RESIDENTIAL SERVICES; RECIPIENTS WHO HAVE COMPLETED OR ARE COMPLETING SUBSTANCE ABUSE TREATMENT; AND THOSE RECIPIENTS WHO NEED ASSISTANCE AND SUPPORT IN INDEPENDENT OR SUPERVISED LIVING WITHIN A "LIVE-IN" ENVIRONMENT. 32. RECOVERY AND RESILIENCY - SDC - FLORIDA SELF-DIRECTED CARE (SDC) IS AN INNOVATIVE SERVICE DELIVERY PARADIGM PLACING INDIVIDUALS WITH MENTAL ILLNESSES SQUARELY AT THE CENTER OF DECISION-MAKING THAT AFFECTS THEM. FLORIDASDC PARTICIPANTS CAN USE THEIR BUDGETS TO PURCHASE MENTAL WELLNESS SERVICES FROM ANY MEMBER OF THE FLORIDASDC NETWORK THAT PROVIDES SERVICES WITHIN THE DISTRICT IN WHICH THE PARTICIPANT RESIDES. THE PRIMARY PURPOSE OF THESE FUNDS IS TO PURCHASE PSYCHIATRIC AND MENTAL WELLNESS CARE. HOWEVER, A UNIQUE OPTION WITHIN THE PROGRAM IS THE OPPORTUNITY FOR PARTICIPANTS TO ACCESS ALTERNATIVE AND NON-TRADITIONAL SERVICES THAT RESULT IN THE SAME OUTCOMES AS TRADITIONAL MENTAL HEALTH SERVICES. FOR EXAMPLE, INSTEAD OF ATTENDING PSYCHOTHERAPY GROUP FOR DEPRESSION AT A LOCAL MENTAL HEALTH PROFESSIONAL'S OFFICE, A FLORIDASDC PARTICIPANT MAY ELECT TO PARTICIPATE IN A COMMUNITY-BASED SUPPORT GROUP.</p>

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FORM 990, PART III, LINE 4:	<p>33. RECOVERY AND SUPPORT - THESE SERVICES ARE DESIGNED TO STRENGTHEN AND/OR REGAIN THE CLIENT'S SKILLS, DEVELOP THE ENVIRONMENTAL SUPPORT NECESSARY TO HELP THE CLIENT THRIVE IN THE COMMUNITY AND MEET LIFE GOALS WHICH PROMOTE RECOVERY AND RESILIENCY. SERVICES PROVIDED INCLUDE SUBSTANCE ABUSE EDUCATION, COORDINATION OF MEDICAL OR HEALTH ISSUES, EMPLOYMENT OR EDUCATIONAL COORDINATION AND SUPPORT, FAMILY/ MARITAL/PARENTING GUIDANCE, LIFE SKILLS, ANGER/STRESS MANAGEMENT COPING SKILLS, SUPPORT COUNSELING AND OTHER APPLICABLE SERVICES, APPROVED BY THE DEPARTMENT WHICH ARE DESIGNED TO FACILITATE RECOVERY AND RESILIENCY. 34. METHADONE MAINTENANCE - METHADONE MEDICATION MAINTENANCE CONSISTS OF A GROUP OF OUTPATIENT SERVICES WHICH UTILIZE METHADONE AND OTHER OPIOID REPLACEMENT THERAPIES, WHERE PERMITTED, IN CONJUNCTION WITH ASSESSMENT, REHABILITATION AND TREATMENT SERVICES. 35. B-NET - THIS PROGRAM PROVIDES BEHAVIORAL HEALTH SERVICES TO CHILDREN WITH SEVERE EMOTIONAL OR SUBSTANCE-RELATED DISORDERS WHO ARE ALSO ELIGIBLE FOR SERVICES AND ARE ENROLLED UNDER THE FLORIDA KIDCARE PROGRAM. ENROLLED CHILDREN SHALL BE PROVIDED ANY OF THE MEDICALLY NECESSARY BEHAVIORAL HEALTH SERVICES THAT ARE AVAILABLE TO MEDICAID ELIGIBLE CHILDREN.</p>

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Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1A	THE EXECUTIVE COMMITTEE HAS THE ABILITY TO ACT ON BEHALF OF THE BOARD OF DIRECTORS. ALL MEMBERS OF THE EXECUTIVE COMMITTEE HAVE VOTING RIGHTS AND ARE PART OF THE BOARD OF DIRECTORS.

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Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4	THE ORGANIZATION'S BYLAWS WERE AMENDED APRIL 29, 2022. SECTION 3.1.2 WAS REVISED TO STATE THAT A FUNDED PROVIDER REPRESENTATIVE MAY NOT BE A DIRECTOR OF THE CORPORATION. EFFECTIVE DECEMBER 31, 2021 ALL FUNDED PROVIDER REPRESENTATIVES SHALL NO LONGER BE DIRECTORS OF THE CORPORATION.

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Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THE MEMBERSHIP OF CENTRAL FLORIDA BEHAVIORAL HEALTH NETWORK, INC. (CFBHN) IS COMPRISED OF 501(C)(3) AGENCIES ACCEPTED INTO THE NETWORK BY THE BOARD OF DIRECTORS. THE MEMBER AGENCIES ARE AMONG THE SUBSTANCE ABUSE AND MENTAL HEALTH PROVIDERS WHO PERFORM SERVICES UNDER CFBHN'S MASTER CONTRACTS. MEMBERS MUST AGREE TO BE BOUND AND ADHERE TO THE ARTICLES OF INCORPORATION, BYLAWS, BOARD APPROVED POLICIES, THE AFFILIATE PARTICIPATION AGREEMENT, THIRD PARTY PAYOR AGREEMENTS, AND PROGRAMS FOR THE DELIVERY OF SERVICE.

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Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	EACH MEMBER AGENCY HAS THE RIGHT TO APPOINT ONE DIRECTOR TO REPRESENT THE AGENCY ON CFBHN'S BOARD OF DIRECTORS.

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Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	EACH MEMBER HAS THE RIGHT TO ONE (1) VOTE ON ALL CFBHN'S BUSINESS THAT IS SUBJECT TO A VOTE OF THE MEMBERS, PURSUANT TO APPLICABLE LAW, THE ARTICLES OF INCORPORATION, BYLAWS AND/OR OTHER GOVERNING POLICY.

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Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE EXECUTIVE COMMITTEE REVIEWS FORM 990 AND MAKES A RECOMMENDATION TO THE BOARD OF DIRECTORS PRIOR TO FILING WITH THE IRS. THE EXECUTIVE COMMITTEE PACKET IS MADE AVAILABLE TO ALL BOARD MEMBERS.

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Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	ALL BOARD MEMBERS ANNUALLY HAVE TO SIGN A CONFLICT OF INTEREST FORM. NONE OF THE BOARD OR EXECUTIVE COMMITTEE MEMBERS ARE PROVIDER REPRESENTATIVES. ALL ARE COMMUNITY MEMBERS, WHO ARE ON THE BOARD FOR THE INTEREST OF THE COMMUNITY. IF A BOARD MEMBER DOES NOT FEEL HE OR SHE CAN VOTE ON A CONSENT ITEM, THE MEMBER RECUSES THEMSELVES FROM THE VOTE.

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Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	CENTRAL FLORIDA BEHAVIORAL HEALTH NETWORK, INC. ENGAGES AN INDEPENDENT COMPENSATION CONSULTING FIRM TO CONDUCT A SALARY STUDY AND SURVEY FOR ALL POSITIONS. THE STUDY IS CONDUCTED EVERY THREE YEARS. THE LAST STUDY WAS COMPLETED MARCH 3, 2021. A SALARY PLAN IS DEVELOPED FROM THE RESULTS OF THE COMPENSATION STUDY. ANNUAL SALARY/BENEFIT CHANGES ARE DICTATED BY THE ANNUAL BUDGET APPROVED BY THE BOARD OF DIRECTORS AND DOCUMENTED IN THE BOARD MINUTES. THE EXECUTIVE COMMITTEE RECOMMENDS AND APPROVES COMPENSATION CHANGES FOR THE CEO.

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Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION'S FORM 990, CONFLICT OF INTEREST POLICY, AND GOVERNING DOCUMENTS WILL BE MADE AVAILABLE UPON REQUEST.

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Return Reference	Explanation
FORM 990, PART XII, LINE 2C:	THE FINANCE COMMITTEE IS COMPRISED OF THREE MEMBERS FROM THE BOARD OF DIRECTORS AND ONE CFO FROM OUR PROVIDER AGENCIES. CFOS FROM OUR PROVIDER AGENCIES ARE ENCOURAGED TO PARTICIPATE IN THE MEETINGS. THE FINANCE COMMITTEE HOLDS THE RESPONSIBILITY OF REVIEWING MONTHLY INTERNAL FINANCIAL STATEMENTS TO STAY APPRAISED OF THE NETWORK'S FINANCIAL POSITION. THEY ARE THE FIRST TO REVIEW ALL BUDGETS, AUDITS, AND THE SELECTION OF AN INDEPENDENT AUDIT FIRM. AFTER REVIEWING THESE ITEMS, THE COMMITTEE MAKES A RECOMMENDATION TO THE BOARD OF DIRECTORS, WHO HOLD ALL DECISION-MAKING POWERS. THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.