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Form 990
2011Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

A For the 2011 calendar year, or tax year beginning 07-01-2011 and ending 06-30-2012

B Check if applicable

 Address change Name change Initial return Terminated Amended return Application pending

C Name of organization

Manatee Glens Corporation

Doing Business As

Number and street (or P O box if mail is not delivered to street address) Room/suite

PO Box 9478

City or town, state or country, and ZIP + 4

Bradenton, FL 34206

D Employer identification number

59-1009537

E Telephone number

(941) 782-4299

G Gross receipts \$ 26,253,775

F Name and address of principal officer

Mary Ruiz
PO Box 9478
Bradenton, FL 34206H(a) Is this a group return for
affiliates? Yes NoH(b) Are all affiliates 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.manateeglens.org

K Form of organization Corporation Trust Association Other ►

L Year of formation 1962

M State of legal domicile FL

Part I Summary

1 Briefly describe the organization's mission or most significant activities
manatee glens helps families in crisis by providing mental health and addiction services and supports the community through prevention and recovery

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 16

4 Number of independent voting members of the governing body (Part VI, line 1b)

4 16

5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)

5 571

6 Total number of volunteers (estimate if necessary)

6 31

7a Total unrelated business revenue from Part VIII, column (C), line 12

7a 0

b Net unrelated business taxable income from Form 990-T, line 34

7b

| | | Prior Year | Current Year |
|----|--|------------|--------------|
| 8 | Contributions and grants (Part VIII, line 1h) | 16,322,089 | 16,130,455 |
| 9 | Program service revenue (Part VIII, line 2g) | 9,561,566 | 9,991,629 |
| 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 34,659 | 43,520 |
| 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 211,975 | 57,589 |
| 12 | Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 26,130,289 | 26,223,193 |

| | | Prior Year | Current Year |
|-----|---|------------|--------------|
| 8 | Contributions and grants (Part VIII, line 1h) | 16,322,089 | 16,130,455 |
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| 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 34,659 | 43,520 |
| 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 211,975 | 57,589 |
| 12 | Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 26,130,289 | 26,223,193 |
| 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | 0 |
| 14 | Benefits paid to or for members (Part IX, column (A), line 4) | | 0 |
| 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 18,775,159 | 19,827,163 |
| 16a | Professional fundraising fees (Part IX, column (A), line 11e) | | 0 |
| b | Total fundraising expenses (Part IX, column (D), line 25) ► 130,482 | | |
| 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 6,401,733 | 7,231,400 |
| 18 | Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) | 25,176,892 | 27,058,563 |
| 19 | Revenue less expenses Subtract line 18 from line 12 | 953,397 | -835,370 |

| | | Beginning of Current Year | End of Year |
|----|---|------------------------------|-------------|
| 20 | Total assets (Part X, line 16) | 17,069,784 | 14,790,959 |
| 21 | Total liabilities (Part X, line 26) | 5,966,598 | 4,525,393 |
| 22 | Net assets or fund balances Subtract line 21 from line 20 | 11,103,186 | 10,265,566 |

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 | 2013-05-06 |
| | Mary Ruiz CEO Type or print name and title | Date |

| | | | | |
|--------------------------------|---|---------------------|---------------------------------|---|
| Paid Preparer's Use Only | Preparer's signature ► Robert E Stanell | Date | Check if self- employed ► | Preparer's taxpayer identification number (see instructions) |
| | Firm's name (or yours if self-employed), address, and ZIP + 4 ► ChristopherSmithLeonard Etal 1001 3rd Ave W Suite 700 | Bradenton, FL 34205 | EIN ► | Phone no ► (941) 748-1040 |

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III **1** Briefly describe the organization's mission

manatee glens helps families in crisis by providing mental health and addiction services and supports the community through prevention and recovery

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 and section 4947(a)(1) trusts 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 \$ 10,006,002 including grants of \$) (Revenue \$ 4,246,684)

Outpatient programs - With a dedicated network of licensed psychiatrists and counselors, Manatee Glens offers extensive outpatient mental health services to adults and children up to age 18. When life just can't be put on hold, Manatee Glens offers a way for adults to get the help they need for alcohol and drug addiction while continuing to maintain employment and live at home with loved ones. Our Intensive Outpatient Treatment (IOT) program is designed to assist in continued recovery from alcohol and drugs with services that include group counseling, medication detox, family counseling and education, marital/couples counseling and suboxone treatment. For those suffering from severe and persistent mental health issues, the Manatee Glens Florida Assertive Community Treatment (FACT) Team delivers comprehensive treatment, rehabilitation and support services that allow individuals to live successfully in the community. The team provides a "hospital without walls" utilizing a positive, persistent and practical approach in providing immediate crisis response, medication management, assistance with household tasks and supportive therapy. Almost one third of our clients are children and adolescents. With that in mind and in keeping with our commitment to helping children in crisis, Manatee Glens offers services designed to work with families and schools to support a child's success and prevent future need for mental health services. Outpatient Services are provided by licensed child psychiatrists and youth counselors to fit the needs of each child and their family. For children experiencing severe emotional issues, the Manatee Glens Children's Community Action Treatment (CAT) Team provides services including assessment and case management, therapy, crisis intervention, respite services for the child, parent and siblings, parenting skills, family support network development, family education and education system advocacy.

4b (Code) (Expenses \$ 7,182,722 including grants of \$) (Revenue \$ 5,837,010)

Inpatient & residential program - Manatee Glens is a specialty hospital and outpatient practice for mental health and addictions. Manatee Glens Hospital and Addiction Center provides state-of-the-art care for children, adults and seniors. Our hospital is a 27-bed, private behavioral health facility providing brief inpatient stays during an emotional crisis. Hospital services include effective treatment for anxiety disorders and phobias, alcohol and substance abuse, schizophrenia, post-traumatic stress and acute stress disorders, obsessive compulsive disorders and major depressive disorders. Our 24-bed Addiction Center gives individualized care to men and women in a safe, serene environment. The program provides interventions, detox services, 12-step integration, psychiatric services, art and music therapy, and family recovery groups. Residents are offered the chance to learn, reflect and find serenity in an atmosphere that also includes loved ones in the treatment process.

4c (Code) (Expenses \$ 5,257,931 including grants of \$) (Revenue \$ 428,213)

OTHER SERVICES mental health supervised release - we review court cases to address mental health needs of those arrested. We offer a treatment alternative to incarceration. manatee glens provides training programs necessary for state licensure for psychiatrists, psychologists, registered nurses, licensed practical nurses and social workers. manatee glens provided over \$500,000 of assistance to individuals in the form of pharmaceuticals, medical expenses, labs, xrays, shelter, dental, and transportation.

4d Other program services (Describe in Schedule O)

(Expenses \$ 2,332,638 including grants of \$) (Revenue \$)

4e Total program service expenses \$ 24,779,293

Part IV Checklist of Required Schedules

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A.

2 Is the organization required to complete Schedule B, *Schedule of Contributors* (see instructions)?

3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.

4 **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II.

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III.

6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.

7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II.

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.

9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.

10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.

11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.

b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.

c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.

d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.

e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.

f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.

12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.

b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States?

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I

15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U.S.? If "Yes," complete Schedule F, Part II and IV

16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U.S.? If "Yes," complete Schedule F, Part III and IV

17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I.

18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.

19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.

20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H.

b If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** All Form 990 filers that operated one or more hospitals must attach audited financial statements.

| | Yes | No |
|-----|-----|----|
| 1 | Yes | |
| 2 | Yes | |
| 3 | | No |
| 4 | Yes | |
| 5 | | No |
| 6 | | No |
| 7 | | No |
| 8 | | No |
| 9 | | No |
| 10 | | No |
| 11a | Yes | |
| 11b | | No |
| 11c | | No |
| 11d | | No |
| 11e | Yes | |
| 11f | Yes | |
| 12a | Yes | |
| 12b | | No |
| 13 | | No |
| 14a | | No |
| 14b | | No |
| 15 | | No |
| 16 | | No |
| 17 | | No |
| 18 | Yes | |
| 19 | | No |
| 20a | Yes | |
| 20b | Yes | |

Part IV Checklist of Required Schedules (continued)

21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III

23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J

24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?

25a **Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I

26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II

27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III

28 Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV

29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M

30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M

31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II

33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I

34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1

35a Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?

b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

36 **Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2

37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O

| | | |
|------------|-----|----|
| 21 | | No |
| 22 | | No |
| 23 | Yes | |
| 24a | Yes | |
| 24b | | No |
| 24c | | No |
| 24d | | No |
| 25a | | No |
| 25b | | No |
| 26 | | No |
| 27 | | No |
| 28a | | No |
| 28b | | No |
| 28c | | No |
| 29 | Yes | |
| 30 | | No |
| 31 | | No |
| 32 | | No |
| 33 | | No |
| 34 | | No |
| 35a | | No |
| 35b | | No |
| 36 | | No |
| 37 | | No |
| 38 | Yes | |

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

| | | Yes | No |
|---|---|-----|-----|
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | 1a | 85 |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 1b | 0 |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c | No |
| 2a | Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return | 2a | 571 |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | Yes |
| <p>Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</p> | | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | No |
| b | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | 3b | No |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)? | 4a | No |
| b | If "Yes," enter the name of the foreign country ► See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | No |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | No |
| c | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | No |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? | 6a | No |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | No |
| 7 | Organizations that may receive deductible contributions under section 170(c). | 7a | No |
| a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7b | No |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7c | No |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7d | 0 |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7e | No |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7f | No |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7g | No |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7h | No |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 8 | No |
| 8 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | 9a | No |
| 9 | Sponsoring organizations maintaining donor advised funds. | 9b | No |
| a | Did the organization make any taxable distributions under section 4966? | 10a | |
| b | Did the organization make a distribution to a donor, donor advisor, or related person? | 10b | |
| 10 | Section 501(c)(7) organizations. Enter | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 | 11a | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 11b | |
| 11 | Section 501(c)(12) organizations. Enter | | |
| a | Gross income from members or shareholders | 12a | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) | 12b | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 13a | No |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 13b | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | 13c | |
| a | Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state | 14a | No |
| b | Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | 14b | |
| c | Enter the aggregate amount of reserves on hand | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | | |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | | |

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

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

Section A. Governing Body and Management

| | | Yes | No |
|--|-----------|-----|----|
| 1a Enter the number of voting members of the governing body at the end of the tax year | 1a | 16 | |
| b Enter the number of voting members included in line 1a, above, who are independent | 1b | 16 | |
| 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | 2 | | No |
| 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | 3 | | No |
| 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | No |
| 5 Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | No |
| 6 Did the organization have members or stockholders? | 6 | | No |
| 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | 7a | | No |
| b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | 7b | | No |
| 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | | |
| a The governing body? | 8a | Yes | |
| b Each committee with authority to act on behalf of the governing body? | 8b | Yes | |
| 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | No |

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

| | | Yes | No |
|---|------------|-----|----|
| 10a Did the organization have local chapters, branches, or affiliates? | 10a | | No |
| b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | No |
| 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | Yes | |
| b Describe in Schedule O the process, if any, used by the organization to review the Form 990 | | | |
| 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | Yes | |
| b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Yes | |
| c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | 12c | Yes | |
| 13 Did the organization have a written whistleblower policy? | 13 | Yes | |
| 14 Did the organization have a written document retention and destruction policy? | 14 | Yes | |
| 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| a The organization's CEO, Executive Director, or top management official | 15a | Yes | |
| b Other officers or key employees of the organization | 15b | Yes | |
| If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions) | | | |
| 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 16a | | No |
| b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | 16b | | No |

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
 Own website Another's website Upon request

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. See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization
 Sean Gingras Dir of Finance
 PO Box 9478
 Bradenton, FL 34206
 (941) 782-4299

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

 Check if Schedule O contains a response to any question in this Part VII
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

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

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

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

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

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

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

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

| (A) Name and Title | (B) Average hours per week (describe hours for related organizations in Schedule O) | (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 |
|-------------------------------------|---|---|-----------------------|--------------------------|---------|-----------------|---|--|---|
| | | Or Director | Individual trustee | Institutional Trustee | Officer | Key Employee | | | |
| (1) Paul M Duck President | 3 00 | X | | | | | 0 | 0 | 0 |
| (2) Carlos Cardenas Director | 2 00 | X | | | | | 0 | 0 | 0 |
| (3) David Wilcox Director | 4 00 | X | | | | | 0 | 0 | 0 |
| (4) Priscilla Parrish Secretary | 5 00 | X | | | | | 0 | 0 | 0 |
| (5) Thomas Nolan Director | 4 00 | X | | | | | 0 | 0 | 0 |
| (6) Luan Morrow Director | 3 00 | X | | | | | 0 | 0 | 0 |
| (7) Steven W Prouty Director | 2 00 | X | | | | | 0 | 0 | 0 |
| (8) Timothy McGonegal Director | 4 00 | X | | | | | 0 | 0 | 0 |
| (9) Patricia Lucas Director | 5 00 | X | | | | | 0 | 0 | 0 |
| (10) Andy Gregory Director | 3 00 | X | | | | | 0 | 0 | 0 |
| (11) Gail Sullivan Director | 2 00 | X | | | | | 0 | 0 | 0 |
| (12) James Golden Director | 3 00 | X | | | | | 0 | 0 | 0 |
| (13) James Alderman Treasurer | 4 00 | X | | | | | 0 | 0 | 0 |
| (14) Linda O'Brien Director | 3 00 | X | | | | | 0 | 0 | 0 |
| (15) Marc Simms Director | 2 00 | X | | | | | 0 | 0 | 0 |
| (16) Michael Corley Chair | 4 00 | X | | | | | 0 | 0 | 0 |
| (17) Sean Gingras Dir of Finance | 40 00 | | | X | | | 76,841 | 0 | 1,427 |

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

| (A) Name and Title | (B) Average hours per week (describe hours for related organizations in Schedule O) | (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 |
|--|--|---|--------------------------|---------|-----------------|------------------------------------|---|--|---|
| | | Or individual trustee | Institutional Trustee | Officer | Key employee | Highest compensated employee | | | |
| (18) Deborah Kostroun COO | 40 00 | | | X | | | 133,162 | 0 | 11,571 |
| (19) Mary Ruiz CEO | 40 00 | | | X | | | 176,492 | 0 | 23,915 |
| (20) Jose Zaglul CMO | 16 00 | | | X | | | 133,627 | 0 | 1,021 |
| (21) Ranjay Halder Psychiatrist | 40 00 | | | | X | | 211,856 | 0 | 11,532 |
| (22) Mark Hager Psychiatrist | 40 00 | | | | X | | 227,779 | 0 | 17,660 |
| (23) Amit Desai Psychiatrist | 40 00 | | | | X | | 249,978 | 0 | 14,914 |
| (24) William Crockett Psychiatrist | 39 00 | | | | X | | 162,124 | 0 | 10,356 |
| (25) Thomas Lustberg Psychiatrist | 38 00 | | | | X | | 157,889 | 0 | 14,949 |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 1b Sub-Total | | | | | | | | | |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | | |
| d Total (add lines 1b and 1c) | | | | | | | 1,529,748 | | 107,345 |

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 **►8**

| | 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 | 3 | 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 | 4 | 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 | 5 | 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 |
|---|--------------------------------|---------------------|
| PJ Hayes Inc 5391 Lakewood Ranch Blvd N 200 Sarasota, FL 34240 | Construction | 194,459 |
| Netsmart Technologies PO Box 823519 Philadelphia, PA 191823519 | Professional Service | 133,464 |
| Coastal Care Nursing Association 871 Venetia Bay Blvd STE 230 Venice, FL 34285 | Temporary Help | 141,047 |
| Cardinal Health 21377 Network Place Chicago, IL 60673 | Pharmacy Management | 344,425 |
| 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 ►4 | | |

Part VIII Statement of Revenue

| | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 | | |
|---|--|----------------------|--|---|---|-----------|--|
| Contributions, gifts, grants and other similar amounts | 1a Federated campaigns | 1a | | | | | |
| | b Membership dues | 1b | | | | | |
| | c Fundraising events | 1c | 58,549 | | | | |
| | d Related organizations | 1d | | | | | |
| | e Government grants (contributions) | 1e | 15,426,396 | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 645,510 | | | | |
| | g Noncash contributions included in lines 1a-1f \$ | | 562,238 | | | | |
| | h Total. Add lines 1a-1f | | 16,130,455 | | | | |
| Program Service Revenue | Business Code | | | | | | |
| | | | 2a Rental Income | 532000 | 120,508 | 120,508 | |
| | | | b Refunds & Rebates | 623990 | 3,507 | 3,507 | |
| | | | c Patient Service Revenue | 623990 | 9,823,474 | 9,823,474 | |
| | | | d Dining Room | 623990 | 44,140 | 44,140 | |
| | | | e | | | | |
| | f All other program service revenue | | | | | | |
| | g Total. Add lines 2a-2f | | 9,991,629 | | | | |
| 3 Investment income (including dividends, interest and other similar amounts) | | 33,055 | | | 33,055 | | |
| 4 Income from investment of tax-exempt bond proceeds | | 0 | | | | | |
| 5 Royalties | | 0 | | | | | |
| 6a Gross rents | (I) Real | | | | | | |
| b Less rental expenses | | | | | | | |
| c Rental income or (loss) | | | | | | | |
| d Net rental income or (loss) | | 0 | | | | | |
| 7a Gross amount from sales of assets other than inventory | (I) Securities | | | | | | |
| | 10,465 | | | | | | |
| b Less cost or other basis and sales expenses | | | | | | | |
| c Gain or (loss) | 10,465 | | | | | | |
| d Net gain or (loss) | | 10,465 | | | 10,465 | | |
| 8a Gross income from fundraising events (not including \$ 58,549 of contributions reported on line 1c) See Part IV, line 18 | | | | | | | |
| a | 33,390 | | | | | | |
| b Less direct expenses | b 30,582 | | | | | | |
| c Net income or (loss) from fundraising events | | 2,808 | | | 2,808 | | |
| 9a Gross income from gaming activities See Part IV, line 19 | | | | | | | |
| a | | | | | | | |
| b Less direct expenses | b | | | | | | |
| c Net income or (loss) from gaming activities | | 0 | | | | | |
| 10a Gross sales of inventory, less returns and allowances | | | | | | | |
| a | | | | | | | |
| b Less cost of goods sold | b | | | | | | |
| c Net income or (loss) from sales of inventory | | 0 | | | | | |
| Miscellaneous Revenue | | Business Code | | | | | |
| 11a Miscellaneous Revenue | | 623990 | 54,781 | 54,781 | | | |
| b | | | | | | | |
| c | | | | | | | |
| d All other revenue | | | | | | | |
| e Total. Add lines 11a-11d | | 54,781 | | | | | |
| 12 Total revenue. See Instructions | | 26,223,193 | 10,046,410 | | 46,328 | | |

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) but are not required to complete columns (B), (C), and (D)

Check if Schedule O contains a response to any question in this Part IX **Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

| | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|-----------------------|------------------------------------|---|--------------------------------|
| 1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21 | 0 | | | |
| 2 Grants and other assistance to individuals in the United States See Part IV, line 22 | 0 | | | |
| 3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 | 0 | | | |
| 4 Benefits paid to or for members | 0 | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 462,678 | 231,339 | 198,115 | 33,224 |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 0 | | | |
| 7 Other salaries and wages | 16,232,101 | 15,094,553 | 1,071,696 | 65,852 |
| 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | 300,341 | 279,786 | 19,327 | 1,228 |
| 9 Other employee benefits | 1,464,659 | 1,296,301 | 162,377 | 5,981 |
| 10 Payroll taxes | 1,367,384 | 1,262,627 | 101,832 | 2,925 |
| 11 Fees for services (non-employees) | | | | |
| a Management | 0 | | | |
| b Legal | 58,221 | | 58,221 | |
| c Accounting | 100,819 | 28,880 | 71,939 | |
| d Lobbying | 20,000 | | 20,000 | |
| e Professional fundraising See Part IV, line 17 . . . | 0 | | | |
| f Investment management fees | 0 | | | |
| g Other | 809,628 | 708,469 | 94,025 | 7,134 |
| 12 Advertising and promotion | 95,464 | 42,757 | 52,150 | 557 |
| 13 Office expenses | 73,403 | 47,228 | 24,497 | 1,678 |
| 14 Information technology | 18,067 | 15,259 | -2,467 | 5,275 |
| 15 Royalties | 0 | | | |
| 16 Occupancy | 719,989 | 708,888 | 10,940 | 161 |
| 17 Travel | 209,037 | 206,873 | 1,617 | 547 |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | 0 | | | |
| 19 Conferences, conventions, and meetings | 79,954 | 57,717 | 21,576 | 661 |
| 20 Interest | 97,928 | 10,826 | 87,102 | |
| 21 Payments to affiliates | 0 | | | |
| 22 Depreciation, depletion, and amortization | 950,889 | 910,756 | 38,887 | 1,246 |
| 23 Insurance | 412,828 | 389,044 | 21,751 | 2,033 |
| 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O) | | | | |
| a FOOD SERVICES | 310,987 | 310,987 | | |
| b SPECIFIC ASSISTANCE TO INDIV | 456,890 | 456,890 | | |
| c MEDICAL & PHARMACY | 909,342 | 909,342 | | |
| d BAD DEBT | 1,222,078 | 1,222,078 | | |
| e | | | | |
| f All other expenses | 685,876 | 588,693 | 95,203 | 1,980 |
| 25 Total functional expenses. Add lines 1 through 24f | 27,058,563 | 24,779,293 | 2,148,788 | 130,482 |
| 26 Joint costs. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation | | | | |

Part X Balance Sheet

| | | (A) Beginning of year | (B) End of year |
|-----------------------------|--|---------------------------------|---------------------------|
| Assets | 1 Cash—non-interest-bearing | 2,970 | 1 2,595 |
| | 2 Savings and temporary cash investments | 3,155,087 | 2 803,961 |
| | 3 Pledges and grants receivable, net | 2,750,101 | 3 1,463,030 |
| | 4 Accounts receivable, net | 2,436,201 | 4 2,455,878 |
| | 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L | | 5 0 |
| | 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L | | 6 0 |
| | 7 Notes and loans receivable, net | | 7 0 |
| | 8 Inventories for sale or use | 201,227 | 8 179,950 |
| | 9 Prepaid expenses and deferred charges | 362,994 | 9 338,687 |
| | 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D | 10a | 18,016,466 |
| | b Less accumulated depreciation | 10b | 8,595,178 |
| | | 8,044,965 | 10c 9,421,288 |
| | 11 Investments—publicly traded securities | | 11 0 |
| | 12 Investments—other securities See Part IV, line 11 | | 12 0 |
| | 13 Investments—program-related See Part IV, line 11 | | 13 0 |
| | 14 Intangible assets | | 14 0 |
| | 15 Other assets See Part IV, line 11 | 116,239 | 15 125,570 |
| | 16 Total assets. Add lines 1 through 15 (must equal line 34) | 17,069,784 | 16 14,790,959 |
| Liabilities | 17 Accounts payable and accrued expenses | 2,770,610 | 17 1,991,373 |
| | 18 Grants payable | | 18 |
| | 19 Deferred revenue | 270,707 | 19 137,634 |
| | 20 Tax-exempt bond liabilities | 2,275,918 | 20 2,057,814 |
| | 21 Escrow or custodial account liability Complete Part IV of Schedule D | | 21 |
| | 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L | | 22 |
| | 23 Secured mortgages and notes payable to unrelated third parties | | 23 |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D | 649,363 | 25 338,572 |
| | 26 Total liabilities. Add lines 17 through 25 | 5,966,598 | 26 4,525,393 |
| Net Assets or Fund Balances | Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | |
| | 27 Unrestricted net assets | 9,398,196 | 27 9,850,648 |
| | 28 Temporarily restricted net assets | 1,269,252 | 28 |
| | 29 Permanently restricted net assets | 435,738 | 29 414,918 |
| | Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34. | | |
| | 30 Capital stock or trust principal, or current funds | | 30 |
| | 31 Paid-in or capital surplus, or land, building or equipment fund | | 31 |
| | 32 Retained earnings, endowment, accumulated income, or other funds | | 32 |
| | 33 Total net assets or fund balances | 11,103,186 | 33 10,265,566 |
| | 34 Total liabilities and net assets/fund balances | 17,069,784 | 34 14,790,959 |

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI

| | | | |
|---|---|---|------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 26,223,193 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 27,058,563 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | -835,370 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 11,103,186 |
| 5 | Other changes in net assets or fund balances (explain in Schedule O) | 5 | -2,250 |
| 6 | Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) | 6 | 10,265,566 |

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII

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

2011

Open to Public
Inspection**SCHEDULE A**
(Form 990 or 990EZ)**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. ► See separate instructions.

Department of the Treasury
Internal Revenue Service
Name of the organization
Manatee Glens CorporationEmployer identification number
59-1009537**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions

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

1 A church, convention of churches, or association of churches **section 170(b)(1)(A)(i)**.

2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)

3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.

4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state

5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)

6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.

7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)

10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.

11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h

e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii) a family member of a person described in (i) above?

(iii) a 35% controlled entity of a person described in (i) or (ii) above?

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

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

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

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
|---|------------|------------|------------|------------|------------|------------|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") | 17,914,957 | 17,105,946 | 16,439,035 | 16,322,089 | 16,130,455 | 83,912,482 |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | 0 |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | 0 |
| 4 Total. Add lines 1 through 3 | 17,914,957 | 17,105,946 | 16,439,035 | 16,322,089 | 16,130,455 | 83,912,482 |
| 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) | | | | | | 0 |
| 6 Public Support. Subtract line 5 from line 4 | | | | | | 83,912,482 |

Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
|---|------------|------------|------------|------------|------------|-------------|
| 7 Amounts from line 4 | 17,914,957 | 17,105,946 | 16,439,035 | 16,322,089 | 16,130,455 | 83,912,482 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 128,992 | 36,026 | 47,900 | 39,466 | 33,055 | 285,439 |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | 0 |
| 10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets | 7,782,979 | 7,956,808 | 8,396,941 | 9,767,654 | 10,046,410 | 43,950,792 |
| 11 Total support (Add lines 7 through 10) | | | | | | 128,148,713 |
| 12 Gross receipts from related activities, etc (See instructions) | | | | | 12 | |
| 13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here | | | | | | ► |

Section C. Computation of Public Support Percentage

| | | |
|--|----|----------|
| 14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f)) | 14 | 65 480 % |
| 15 Public Support Percentage for 2010 Schedule A, Part II, line 14 | 15 | 70 490 % |
| 16a 33 1/3% support test—2011. 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—2010. If the organization did not check the 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—2011. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here . Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization | | ► |
| b 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here . Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization | | ► |
| 18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions | | ► |

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (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) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (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 in 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 IV) | | | | | | |
| 13 Total support (Add lines 9, 10c, 11 and 12) | | | | | | |
| 14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here | | | | | | |

Section C. Computation of Public Support Percentage

| | |
|---|----|
| 15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) | 15 |
| 16 Public support percentage from 2010 Schedule A, Part III, line 15 | 16 |

Section D. Computation of Investment Income Percentage

| | |
|---|----|
| 17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f)) | 17 |
| 18 Investment income percentage from 2010 Schedule A, Part III, line 17 | 18 |
| 19a 33 1/3% support tests—2011. 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—2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization | |
| 20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions | |

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

SCHEDULE C
(Form 990 or 990-EZ)**Political Campaign and Lobbying Activities****2011****For Organizations Exempt From Income Tax Under section 501(c) and section 527**

► Complete if the organization is described below.
► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

**Open to Public
Inspection**

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35c (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

| | |
|---|--|
| Name of the organization Manatee Glens Corporation | Employer identification number 59-1009537 |
|---|--|

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities on behalf of or in opposition to candidates for public office in Part IV
- 2 Political expenditures ► \$ _____
- 3 Volunteer hours

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ► \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ► \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ► \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ► \$ _____
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ► \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds If none, enter -0- | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0- |
|----------|-------------|---------|---|--|
| | | | | |
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| | | | | |

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check if the filing organization checked box A and "limited control" provisions apply

| Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) | | (a) Filing Organization's Totals | (b) Affiliated Group Totals |
|--|---|---|------------------------------------|
| 1a Total lobbying expenditures to influence public opinion (grass roots lobbying) | | | |
| b Total lobbying expenditures to influence a legislative body (direct lobbying) | | 20,000 | |
| c Total lobbying expenditures (add lines 1a and 1b) | | 20,000 | |
| d Other exempt purpose expenditures | | 27,829,571 | |
| e Total exempt purpose expenditures (add lines 1c and 1d) | | 27,849,571 | |
| f Lobbying nontaxable amount Enter the amount from the following table in both columns | | 1,000,000 | |
| If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | | |
| Not over \$500,000 | 20% of the amount on line 1e | | |
| Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000 | | |
| Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000 | | |
| Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000 | | |
| Over \$17,000,000 | \$1,000,000 | | |
| g Grassroots nontaxable amount (enter 25% of line 1f) | | 250,000 | |
| h Subtract line 1g from line 1a If zero or less, enter -0- | | | |
| i Subtract line 1f from line 1c If zero or less, enter -0- | | | |
| j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

| Lobbying Expenditures During 4-Year Averaging Period | | | | | |
|--|-----------------|-----------------|-----------------|-----------------|------------------|
| Calendar year (or fiscal year beginning in) | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) Total |
| 2a Lobbying non-taxable amount | 1,000,000 | 1,000,000 | 1,000,000 | 1,000,000 | 4,000,000 |
| b Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | 6,000,000 |
| c Total lobbying expenditures | 26,699 | 8,000 | 24,000 | 20,000 | 78,699 |
| d Grassroots non-taxable amount | 250,000 | 250,000 | 250,000 | 250,000 | 1,000,000 |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | 1,500,000 |
| f Grassroots lobbying expenditures | | | | | |

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

| | (a) | | (b) | |
|---|-----|----|--------|--|
| | Yes | No | Amount | |
| 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of | | | | |
| a Volunteers? | | | | |
| b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | | | |
| c Media advertisements? | | | | |
| d Mailings to members, legislators, or the public? | | | | |
| e Publications, or published or broadcast statements? | | | | |
| f Grants to other organizations for lobbying purposes? | | | | |
| g Direct contact with legislators, their staffs, government officials, or a legislative body? | | | | |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | | | |
| i Other activities? If "Yes," describe in Part IV | | | | |
| j Total lines 1c through 1i | | | | |
| 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | | | |
| b If "Yes," enter the amount of any tax incurred under section 4912 | | | | |
| c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | | |
| d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | | |

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

| | | |
|---|-----|----|
| 1 Were substantially all (90% or more) dues received nondeductible by members? | Yes | No |
| 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? | 1 | |
| 3 Did the organization agree to carryover lobbying and political expenditures from the prior year? | 2 | |
| | 3 | |

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

| | | |
|---|----|--|
| 1 Dues, assessments and similar amounts from members | 1 | |
| 2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid) | 2a | |
| a Current year | 2b | |
| b Carryover from last year | 2c | |
| c Total | 3 | |
| 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues | 4 | |
| 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? | 5 | |
| 5 Taxable amount of lobbying and political expenditures (see instructions) | | |

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 11. Also, complete this part for any additional information

| Identifier | Return Reference | Explanation |
|------------|------------------|-------------|
| | | |

SCHEDULE D
(Form 990)**Supplemental Financial Statements****2011****Open to Public
Inspection**Department of the Treasury
Internal Revenue Service

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

Name of the organization
Manatee Glens Corporation**Employer identification number**

59-1009537

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

| | (a) Donor advised funds | (b) Funds and other accounts |
|--|-------------------------|------------------------------|
| 1 Total number at end of year | | |
| 2 Aggregate contributions to (during year) | | |
| 3 Aggregate 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 may 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" to 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 pleasure) Preservation of an historically importantly land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a-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 |
|----|-----------------------------|
| 2a | |
| 2b | |
| 2c | |
| 2d | |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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 and enforcing conservation easements during the year ► _____

7 Amount of expenses incurred in monitoring, inspecting, 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 170(h)(4)(B)(ii)? Yes No

9 In Part XIV, 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" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, 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) Revenues included in Form 990, Part VIII, line 1 ► \$ _____

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

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

a Revenues included in 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 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 d Loan or exchange programs
 b Scholarly research e Other
 c Preservation for future generations

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

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

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table

| | Amount |
|----|--------|
| 1c | |
| 1d | |
| 1e | |
| 1f | |

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

b If "Yes," explain the arrangement in Part XIV

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

| | (a) Current Year | (b) Prior Year | (c) Two Years Back | (d) Three Years Back | (e) Four Years Back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | | | | | |
| b Contributions | | | | | |
| c Investment earnings or 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 year end balance held as

a Board designated or quasi-endowment ►

b Permanent endowment ►

c Term endowment ►

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

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

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

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

| | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | | | |
| b Buildings | | 13,614,814 | 5,585,187 | 8,029,627 |
| c Leasehold improvements | | | | |
| d Equipment | | 700,380 | 361,241 | 339,139 |
| e Other | | 3,701,272 | 2,648,750 | 1,052,522 |
| Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) | | | | 9,421,288 |

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation Cost or end-of-year market value |
|--|----------------|---|
| (1) Financial derivatives | | |
| (2) Closely-held equity interests | | |
| Other | | |
| | | |
| | | |
| | | |
| | | |
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| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total. (Column (b) should equal Form 990, Part X, col (B) line 12.) ► | | |

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

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

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

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

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

| (a) Description of Liability | (b) Amount | |
|--|------------|--|
| Federal Income Taxes | | |
| Interest rate swap | 40,429 | |
| Equipment purchase agreement | 298,143 | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total. (Column (b) should equal Form 990, Part X, col (B) line 25.) ► | 338,572 | |

2. FIN 48 (ASC 740) Footnote In Part XIV, 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 (ASC740)

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

| | | | |
|----|---|----|------------|
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | 1 | 26,223,193 |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 2 | 27,058,563 |
| 3 | Excess or (deficit) for the year Subtract line 2 from line 1 | 3 | -835,370 |
| 4 | Net unrealized gains (losses) on investments | 4 | |
| 5 | Donated services and use of facilities | 5 | |
| 6 | Investment expenses | 6 | |
| 7 | Prior period adjustments | 7 | |
| 8 | Other (Describe in Part XIV) | 8 | -2,250 |
| 9 | Total adjustments (net) Add lines 4 - 8 | 9 | -2,250 |
| 10 | Excess or (deficit) for the year per financial statements Combine lines 3 and 9 | 10 | -837,620 |

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

| | | | |
|---|--|----|------------|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 26,633,988 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | |
| a | Net unrealized gains on investments | 2a | |
| b | Donated services and use of facilities | 2b | 380,213 |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIV) | 2d | 30,582 |
| e | Add lines 2a through 2d | 2e | 410,795 |
| 3 | Subtract line 2e from line 1 | 3 | 26,223,193 |
| 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 XIV) | 4b | |
| c | Add lines 4a and 4b | 4c | |
| 5 | Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) | 5 | 26,223,193 |

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

| | | | |
|---|---|----|------------|
| 1 | Total expenses and losses per audited financial statements | 1 | 27,469,358 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | |
| a | Donated services and use of facilities | 2a | 380,213 |
| b | Prior year adjustments | 2b | |
| c | Other losses | 2c | |
| d | Other (Describe in Part XIV) | 2d | 30,582 |
| e | Add lines 2a through 2d | 2e | 410,795 |
| 3 | Subtract line 2e from line 1 | 3 | 27,058,563 |
| 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 XIV) | 4b | |
| c | Add lines 4a and 4b | 4c | |
| 5 | Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18) | 5 | 27,058,563 |

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information

| Identifier | Return Reference | Explanation |
|--------------------|--|---|
| Part X | Part X FIN48 Footnote | The Organization is exempt from income taxes under Section 501(c)(3) of Internal Revenue Code. The Organization is not a private foundation. Accordingly, no provision has been made for income taxes in the accompanying financial statements. The Organization applies guidance issued by the FASB on accounting for uncertainty in tax positions. Management believes the Organization has no material unrecognized income tax liabilities, including any potential loss of its tax exempt status. The Organization has no ongoing federal, state or local tax audits, however, the Organization's tax returns for fiscal year end 2007 and subsequent years remain open to examination. |
| Part XIII, Line 2d | Part XIII, Line 2d Other expenses and losses per audited F/S | Special event expense \$30582 |
| Part XII, Line 2d | Part XII, Line 2d Other revenue amounts included in F/S but not included on form 990 | special event expense \$30582 |
| Part XI, Line 8 | Part XI, Line 8 Other Changes in Net Assets or Fund Balances | Change in FMV of Interest SWAP \$ -2250 |

Supplemental Information Regarding Fundraising or Gaming Activities

2011

**Open to Public
Inspection**

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

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

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

F Attach to Form 990 or Form 990 EZ. **F** See separate instructions.

Employer identification number

59-1009537

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

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

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

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

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

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

| | | (a) Event #1 | (b) Event #2 | (c) Other Events | (d) Total Events (Add col (a) through col (c)) |
|-----------------|---|--------------------------------------|--|------------------|--|
| | | <u>Walk for Life</u> (event type) | <u>Champ. for Children</u> (event type) | (total number) | |
| Revenue | 1 Gross receipts . . . | 46,941 | 44,998 | | 91,939 |
| | 2 Less Charitable contributions . . . | 16,551 | 41,998 | | 58,549 |
| | 3 Gross income (line 1 minus line 2) . . . | 30,390 | 3,000 | | 33,390 |
| Direct Expenses | 4 Cash prizes . . . | | | | |
| | 5 Non-cash prizes . . . | | | | |
| | 6 Rent/facility costs . . . | | | | |
| | 7 Food and beverages . . . | | | | |
| | 8 Entertainment . . . | | | | |
| | 9 Other direct expenses . . . | 22,237 | 8,345 | | 30,582 |
| | 10 Direct expense summary Add lines 4 through 9 in column (d) | | | | (30,582) |
| | 11 Net income summary Combine lines 3 and 10 in column (d) | | | | 2,808 |

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

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

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

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

b If "No," Explain _____

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

b If "Yes," Explain _____

11 Does the organization operate gaming activities with nonmembers? Yes No

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

13 Indicate the percentage of gaming activity operated in

| |
|-----|
| 13a |
| 13b |

a The organization's facility

b An outside facility

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

Name ►

Address ►

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

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

c If "Yes," enter name and address

Name ►

Address ►

16 Gaming manager information

Name ►

Gaming manager compensation ► \$ _____

Description of services provided ►

 Director/officer Employee Independent contractor**17** Mandatory distributions

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

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

Part IV Complete this part to provide additional information for responses to questions on Schedule G (see instructions.)

Identifier

ReturnReference

Explanation

2011

Open to Public
InspectionSCHEDULE H
(Form 990)Department of the Treasury
Internal Revenue Service

Hospitals

► Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
► Attach to Form 990. ► See separate instructions.Name of the organization
Manatee Glens CorporationEmployer identification number
59-1009537

Part I Charity Care and Certain Other Community Benefits at Cost

1a Did the organization have a charity care policy? If "No," skip to question 6a

b If "Yes," is it a written policy?

2 If the organization had multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals

Applied uniformly to all hospitals Applied uniformly to most hospitals
 Generally tailored to individual hospitals

3 Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients during the tax year

a Did the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing *free* care? If "Yes," indicate which of the following is the FPG family income limit for eligibility for free care

100% 150% 200% Other _____%

b Did the organization use FPG to determine eligibility for providing *discounted* care? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care

200% 250% 300% 350% 400% Other _____%

c If the organization did not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care

4 Did the organization's policy provide free or discounted care to the "medically indigent"?

5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?

b If "Yes," did the organization's charity care expenses exceed the budgeted amount?

c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?

6a Did the organization prepare a community benefit report during the tax year?

6b If "Yes," did the organization make it available to the public?

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H

| | Yes | No |
|-----------|-----|----|
| 1a | Yes | |
| 1b | Yes | |
| 3a | | No |
| 3b | Yes | |
| 4 | Yes | |
| 5a | Yes | |
| 5b | Yes | |
| 5c | | No |
| 6a | | No |
| 6b | | No |

7 Charity Care and Certain Other Community Benefits at Cost

| Charity Care and Means-Tested Government Programs | (a) Number of activities or programs (optional) | (b) Persons served (optional) | (c) Total community benefit expense | (d) Direct offsetting revenue | (e) Net community benefit expense | (f) Percent of total expense |
|--|---|-------------------------------|-------------------------------------|-------------------------------|-----------------------------------|------------------------------|
| a Charity care at cost (from Worksheet 1) | 14 | | 20,160,634 | 7,929,807 | 12,230,827 | 45 200 % |
| b Medicaid (from Worksheet 3, column a) | | | | | | |
| c Costs of other means-tested government programs (from Worksheet 3, column b) | | | | | | |
| d Total Charity Care and Means-Tested Government Programs | 14 | | 20,160,634 | 7,929,807 | 12,230,827 | 45 200 % |
| Other Benefits | | | | | | |
| e Community health improvement services and community benefit operations (from Worksheet 4) | 2 | | 2,220,053 | 211,446 | 2,008,607 | 7 420 % |
| f Health professions education (from Worksheet 5) | | | | | | |
| g Subsidized health services (from Worksheet 6) | 1 | | 385,922 | 38,658 | 347,264 | 1 280 % |
| h Research (from Worksheet 7) | | | | | | |
| i Cash and in-kind contributions for community benefit (from Worksheet 8) | | | | | | |
| j Total Other Benefits | 3 | | 2,605,975 | 250,104 | 2,355,871 | 8 700 % |
| k Total Add lines 7d and 7j | 17 | | 22,766,609 | 8,179,911 | 14,586,698 | 53 900 % |

Part II Community Building Activities Complete this table if the organization conducted any community building activities.

| | (a) Number of activities or programs (optional) | (b) Persons served (optional) | (c) Total community building expense | (d) Direct offsetting revenue | (e) Net community building expense | (f) Percent of total expense |
|---|---|-------------------------------|--------------------------------------|-------------------------------|------------------------------------|------------------------------|
| 1 Physical improvements and housing | | | | | | |
| 2 Economic development | | | | | | |
| 3 Community support | 1 | | 2,790,427 | 43 | 2,790,384 | 10 310 % |
| 4 Environmental improvements | | | | | | |
| 5 Leadership development and training for community members | | | | | | |
| 6 Coalition building | | | | | | |
| 7 Community health improvement advocacy | | | | | | |
| 8 Workforce development | | | | | | |
| 9 Other | | | | | | |
| 10 Total | 1 | | 2,790,427 | 43 | 2,790,384 | 10 310 % |

Part III Bad Debt, Medicare, & Collection Practices
Section A. Bad Debt Expense

1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No 15?

2 Enter the amount of the organization's bad debt expense

3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's charity care policy

4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including a portion of bad debt amounts as community benefit

| | Yes | No |
|----|-----------|----|
| 1 | Yes | |
| 2 | 1,222,078 | |
| 3 | | |
| 5 | 1,147,279 | |
| 6 | 1,214,974 | |
| 7 | -67,695 | |
| 9a | Yes | |
| 9b | | No |

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)

6 Enter Medicare allowable costs of care relating to payments on line 5

7 Subtract line 6 from line 5 This is the surplus or (shortfall)

8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used

Cost accounting system Cost to charge ratio Other

Section C. Collection Practices

9a Did the organization have a written debt collection policy during the tax year?

b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI

Part IV Management Companies and Joint Ventures (see instructions)

| (a) Name of entity | (b) Description of primary activity of entity | (c) Organization's profit % or stock ownership % | (d) Officers, directors, trustees, or key employees' profit % or stock ownership% | (e) Physicians' profit % or stock ownership % |
|--------------------|---|--|---|---|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |
| 7 | | | | |
| 8 | | | | |
| 9 | | | | |
| 10 | | | | |
| 11 | | | | |
| 12 | | | | |
| 13 | | | | |

Part V Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest)

How many hospital facilities did the organization operate during the tax year? 2

Name and address

Part V Facility Information (continued)**Section B. Facility Policies and Practices.**

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

MANATEE GLENS CRISIS CENTER

Name of Hospital Facility: _____

Line Number of Hospital Facility (from Schedule H, Part V, Section A): _____ 2

| | Yes | No |
|---|----------|-----|
| Community Health Needs Assessment (Lines 1 through 7 are optional for 2011) | | |
| 1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8 | 1 | No |
| If "Yes," indicate what the Needs Assessment describes (check all that apply) | | |
| a <input type="checkbox"/> A definition of the community served by the hospital facility | | |
| b <input type="checkbox"/> Demographics of the community | | |
| c <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community | | |
| d <input type="checkbox"/> How data was obtained | | |
| e <input type="checkbox"/> The health needs of the community | | |
| f <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups | | |
| g <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet those needs | | |
| h <input type="checkbox"/> The process for consulting with persons representing the community's interests | | |
| i <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs | | |
| j <input type="checkbox"/> Other (describe in Part VI) | | |
| 2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ____ | | |
| 3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted | 3 | |
| 4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI | 4 | |
| 5 Did the hospital facility make its Needs Assessment widely available to the public? | 5 | |
| If "Yes," indicate how the Needs Assessment was made widely available (check all that apply) | | |
| a <input type="checkbox"/> Hospital facility's website | | |
| b <input type="checkbox"/> Available upon request from the hospital facility | | |
| c <input type="checkbox"/> Other (describe in Part VI) | | |
| 6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply) | | |
| a <input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community | | |
| b <input type="checkbox"/> Execution of the implementation strategy | | |
| c <input type="checkbox"/> Development of a community-wide community benefit plan for the facility | | |
| d <input type="checkbox"/> Participation in community-wide community benefit plan | | |
| e <input type="checkbox"/> Inclusion of a community benefit section in operational plans | | |
| f <input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA | | |
| g <input type="checkbox"/> Prioritization of health needs in the community | | |
| h <input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community | | |
| i <input type="checkbox"/> Other (describe in Part VI) | | |
| 7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs | 7 | |
| Financial Assistance Policy | | |
| Did the hospital facility have in place during the tax year a written financial assistance policy that | | |
| 8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care? | 8 | Yes |
| 9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care? | 9 | No |
| If "Yes," indicate the FPG family income limit for eligibility for free care ____% | | |
| If "No," explain in Part VI the criteria the hospital facility used | | |

Part V Facility Information (continued)

| | Yes | No |
|---|-----------|-----|
| 10 Used FPG to determine eligibility for providing discounted care? | 10 | Yes |
| If "Yes," indicate the FPG family income limit for eligibility for discounted care <u>300 0000%</u> If "No," explain in Part VI the criteria the hospital facility used | | |
| 11 Explained the basis for calculating amounts charged to patients? | 11 | Yes |
| If "Yes," indicate the factors used in determining such amounts (check all that apply) | | |
| a <input checked="" type="checkbox"/> Income level | | |
| b <input checked="" type="checkbox"/> Asset level | | |
| c <input type="checkbox"/> Medical indigency | | |
| d <input checked="" type="checkbox"/> Insurance status | | |
| e <input type="checkbox"/> Uninsured discount | | |
| f <input checked="" type="checkbox"/> Medicaid/Medicare | | |
| g <input checked="" type="checkbox"/> State regulation | | |
| h <input type="checkbox"/> Other (describe in Part VI) | | |
| 12 Explained the method for applying for financial assistance? | 12 | Yes |
| 13 Included measures to publicize the policy within the community served by the hospital facility? | 13 | Yes |
| If "Yes," indicate how the hospital facility publicized the policy (check all that apply) | | |
| a <input type="checkbox"/> The policy was posted at all times on the hospital facility's web site | | |
| b <input type="checkbox"/> The policy was attached to all billing invoices | | |
| c <input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms | | |
| d <input type="checkbox"/> The policy was posted in the hospital facility's admissions offices | | |
| e <input checked="" type="checkbox"/> The policy was provided, in writing, to patients upon admission to the hospital facility | | |
| f <input checked="" type="checkbox"/> The policy was available upon request | | |
| g <input type="checkbox"/> Other (describe in Part VI) | | |
| Billing and Collections | | |
| 14 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment? | 14 | Yes |
| 15 Check all of the following collection actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP | | |
| a <input type="checkbox"/> Reporting to credit agency | | |
| b <input type="checkbox"/> Lawsuits | | |
| c <input type="checkbox"/> Liens on residences | | |
| d <input type="checkbox"/> Body attachments or arrests | | |
| e <input type="checkbox"/> Other similar actions (describe in Part VI) | | |
| 16 Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP? | 16 | No |
| If "Yes," check all actions in which the hospital facility or a third party engaged | | |
| a <input type="checkbox"/> Reporting to credit agency | | |
| b <input type="checkbox"/> Lawsuits | | |
| c <input type="checkbox"/> Liens on residences | | |
| d <input type="checkbox"/> Body attachments | | |
| e <input type="checkbox"/> Other similar actions (describe in Part VI) | | |
| 17 Indicate which efforts the hospital facility made before initiating any of the actions checked in question 16 (check all that apply) | | |
| a <input type="checkbox"/> Notified patients of the financial assistance policy upon admission | | |
| b <input type="checkbox"/> Notified patients of the financial assistance policy prior to discharge | | |
| c <input type="checkbox"/> Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills | | |
| d <input type="checkbox"/> Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy | | |
| e <input type="checkbox"/> Other (describe in Part VI) | | |

Part V Facility Information (continued)**Policy Relating to Emergency Medical Care**

18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?

If "No," indicate why

- a** The hospital facility did not provide care for any emergency medical conditions
- b** The hospital facility's policy was not in writing
- c** The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)
- d** Other (describe in Part VI)

| | Yes | No |
|-----------|-----|----|
| 18 | Yes | |

Individuals Eligible for Financial Assistance

19 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a** The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged
- b** The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged
- c** The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged
- d** Other (describe in Part VI)

| | | |
|-----------|--|----|
| | | |
| 20 | | No |
| 21 | | No |

20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Part VI

21 Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for services provided to that patient?

If "Yes," explain in Part VI

Part V Facility Information (continued)**Section B. Facility Policies and Practices.**

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

Manatee Glens Hospital

Name of Hospital Facility: _____**Line Number of Hospital Facility (from Schedule H, Part V, Section A):** _____ 1

| | Yes | No |
|---|------------|-----------|
| Community Health Needs Assessment (Lines 1 through 7 are optional for 2011) | | |
| 1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8 | 1 | |
| If "Yes," indicate what the Needs Assessment describes (check all that apply) | | |
| a <input type="checkbox"/> A definition of the community served by the hospital facility | | |
| b <input type="checkbox"/> Demographics of the community | | |
| c <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community | | |
| d <input type="checkbox"/> How data was obtained | | |
| e <input type="checkbox"/> The health needs of the community | | |
| f <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups | | |
| g <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet those needs | | |
| h <input type="checkbox"/> The process for consulting with persons representing the community's interests | | |
| i <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs | | |
| j <input type="checkbox"/> Other (describe in Part VI) | | |
| 2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ____ | | |
| 3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted | 3 | |
| 4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI | 4 | |
| 5 Did the hospital facility make its Needs Assessment widely available to the public? | 5 | |
| If "Yes," indicate how the Needs Assessment was made widely available (check all that apply) | | |
| a <input type="checkbox"/> Hospital facility's website | | |
| b <input type="checkbox"/> Available upon request from the hospital facility | | |
| c <input type="checkbox"/> Other (describe in Part VI) | | |
| 6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply) | | |
| a <input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community | | |
| b <input type="checkbox"/> Execution of the implementation strategy | | |
| c <input type="checkbox"/> Development of a community-wide community benefit plan for the facility | | |
| d <input type="checkbox"/> Participation in community-wide community benefit plan | | |
| e <input type="checkbox"/> Inclusion of a community benefit section in operational plans | | |
| f <input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA | | |
| g <input type="checkbox"/> Prioritization of health needs in the community | | |
| h <input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community | | |
| i <input type="checkbox"/> Other (describe in Part VI) | | |
| 7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs | 7 | |
| Financial Assistance Policy | | |
| Did the hospital facility have in place during the tax year a written financial assistance policy that | | |
| 8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care? | 8 | Yes |
| 9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care? | 9 | No |
| If "Yes," indicate the FPG family income limit for eligibility for free care ____% | | |
| If "No," explain in Part VI the criteria the hospital facility used | | |

Part V Facility Information (continued)

| | Yes | No |
|---|------------|-----------|
| 10 Used FPG to determine eligibility for providing discounted care? | 10 | Yes |
| If "Yes," indicate the FPG family income limit for eligibility for discounted care <u>300 0000%</u> If "No," explain in Part VI the criteria the hospital facility used | | |
| 11 Explained the basis for calculating amounts charged to patients? | 11 | Yes |
| If "Yes," indicate the factors used in determining such amounts (check all that apply) | | |
| a <input checked="" type="checkbox"/> Income level | | |
| b <input checked="" type="checkbox"/> Asset level | | |
| c <input type="checkbox"/> Medical indigency | | |
| d <input checked="" type="checkbox"/> Insurance status | | |
| e <input type="checkbox"/> Uninsured discount | | |
| f <input checked="" type="checkbox"/> Medicaid/Medicare | | |
| g <input checked="" type="checkbox"/> State regulation | | |
| h <input type="checkbox"/> Other (describe in Part VI) | | |
| 12 Explained the method for applying for financial assistance? | 12 | Yes |
| 13 Included measures to publicize the policy within the community served by the hospital facility? | 13 | Yes |
| If "Yes," indicate how the hospital facility publicized the policy (check all that apply) | | |
| a <input type="checkbox"/> The policy was posted at all times on the hospital facility's web site | | |
| b <input type="checkbox"/> The policy was attached to all billing invoices | | |
| c <input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms | | |
| d <input type="checkbox"/> The policy was posted in the hospital facility's admissions offices | | |
| e <input checked="" type="checkbox"/> The policy was provided, in writing, to patients upon admission to the hospital facility | | |
| f <input checked="" type="checkbox"/> The policy was available upon request | | |
| g <input type="checkbox"/> Other (describe in Part VI) | | |
| Billing and Collections | | |
| 14 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment? | 14 | Yes |
| 15 Check all of the following collection actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP | | |
| a <input type="checkbox"/> Reporting to credit agency | | |
| b <input type="checkbox"/> Lawsuits | | |
| c <input type="checkbox"/> Liens on residences | | |
| d <input type="checkbox"/> Body attachments or arrests | | |
| e <input type="checkbox"/> Other similar actions (describe in Part VI) | | |
| 16 Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP? | 16 | No |
| If "Yes," check all actions in which the hospital facility or a third party engaged | | |
| a <input type="checkbox"/> Reporting to credit agency | | |
| b <input type="checkbox"/> Lawsuits | | |
| c <input type="checkbox"/> Liens on residences | | |
| d <input type="checkbox"/> Body attachments | | |
| e <input type="checkbox"/> Other similar actions (describe in Part VI) | | |
| 17 Indicate which efforts the hospital facility made before initiating any of the actions checked in question 16 (check all that apply) | | |
| a <input type="checkbox"/> Notified patients of the financial assistance policy upon admission | | |
| b <input type="checkbox"/> Notified patients of the financial assistance policy prior to discharge | | |
| c <input type="checkbox"/> Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills | | |
| d <input type="checkbox"/> Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy | | |
| e <input type="checkbox"/> Other (describe in Part VI) | | |

Part V Facility Information (continued)**Policy Relating to Emergency Medical Care**

18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?

If "No," indicate why

- a** The hospital facility did not provide care for any emergency medical conditions
- b** The hospital facility's policy was not in writing
- c** The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)
- d** Other (describe in Part VI)

| | Yes | No |
|-----------|-----|----|
| 18 | Yes | |

Individuals Eligible for Financial Assistance

19 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a** The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged
- b** The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged
- c** The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged
- d** Other (describe in Part VI)

| | | |
|-----------|-----|----|
| | | |
| 20 | | No |
| 21 | Yes | |

20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Part VI

21 Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for services provided to that patient?

If "Yes," explain in Part VI

Part V Facility Information (continued)**Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**
(list in order of size from largest to smallest)How many non-hospital facilities did the organization operate during the tax year? 6

| Name and address | | Type of Facility (Describe) |
|------------------|--|--|
| 1 | Manatee Glens North Port 6950 Outreach Way North Port, FL 34287 | Outpatient mental health and addiction services for youth and adults |
| 2 | Manatee Glens East 5214 4th Ave Cir E Bradenton, FL 34208 | Outpatient mental health and addiction services for youth and adults |
| 3 | Manatee Glens Walk-In Center 371 6th Ave W Bradenton, FL 34205 | Outpatient mental health and addiction services for youth and adults |
| 4 | Manatee Glens Addiction Center 2020 26th Ave E Bradenton, FL 34208 | Residential Addiction Services |
| 5 | Safe Children Coalition 5729 Manatee Ave W Bradenton, FL 34204 | Case management for abused and neglected children |
| 6 | Manatee Glens West 379 Sixth Ave W Bradenton, FL 34205 | Outpatient mental health and addiction services for youth and adults |
| 7 | | |
| 8 | | |
| 9 | | |
| 10 | | |

Part VI Supplemental Information

Complete this part to provide the following information

- 1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II, Part III, lines 4, 8, and 9b, and Part V, Section B, lines 1j, 3, 4, 5c, 6l, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21
- 2 **Community health needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any community health needs assessments reported in Part V, Section B
- 3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.)
- 6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

| Identifier | ReturnReference | Explanation |
|------------|---|---|
| | Part VI - Explanation Of How Organization Furthers Its Exempt Purpose | Manatee Glens Access Center located at Manatee Glens Hospital and Addiction Center offers psychiatric emergency room services to about 500 families a month. Manatee Glens has never charged a client for Access Center emergency services. Manatee Glens Hospital and Addiction Center is the only nonprofit hospital in Manatee and Sarasota Counties and the only nonprofit psychiatric hospital in Manatee County. Manatee Glens Crisis Center is the last remaining children's unit in Manatee County. |

| Identifier | ReturnReference | Explanation |
|------------|---|--|
| | Part VI - Community Building Activities | Manatee Glens Corporation provides case management, prevention-diversion, and medical case management for foster care for the Safe Children Coalition of Manatee County. The Safe Children Coalition is a collaboration between the Sarasota Family YMCA and local community entities that together provide a continuum of child welfare services for dependent children who have been abused, neglected or abandoned. Alcohol and drug abuse are the number one reason children are removed from their homes. By supporting this program Manatee Glens further achieves its exempt purpose by helping families in crisis that have been affected by mental health and addition issues |

| Identifier | ReturnReference | Explanation |
|------------|---------------------------------|--|
| | Part VI - Community Information | Manatee Glens primarily serves individuals from Manatee County. Manatee County is one of 67 counties in Florida. It has 741 square miles in land area and a population density of 430 per square mile. The population of Manatee County in 2010 was 322,833. Manatee County's average median income was \$59,900 for calendar year 2012, however, 42% of households are considered Extremely-Low-Income, Very- Low-Income or Low-Income households, per the 2012/2017 Manatee County Florida Consolidated Plan. Between 2007 and 2010, Manatee County experienced nearly 275% increase in unemployment. Unemployment peaked at 12.7% in 2010 and has improved through January 2012 to 9.6%. Homelessness has been a continued problem due to home foreclosures. Per the 2012/2017 Manatee County Florida Consolidated Plan 2012, 29% of households in Manatee County had housing problems, whether cost burdened, overcrowded or lacking complete kitchen or plumbing facilities. In 2008, over 16,000 people in Manatee County were on Medicaid and over 53,000 were uninsured. Increases in unemployment over the past four years have increased both population groups in Manatee County. |

| Identifier | ReturnReference | Explanation |
|------------|---|---|
| | Part VI - Patient Education of Eligibility for Assistance | Part of the admissions process at Manatee Glens involves the client meeting with a trained financial in-take specialist. During the meeting the client is informed about our fee structure for each program and is given instructions explaining the documentation needed for us to determine eligibility for financial assistance. After conducting an interview and gathering financial documentation, it is determined if the client is eligible for financial assistance. |

Schedule H (Form 990) 2011

| Identifier | ReturnReference | Explanation |
|------------|----------------------------|---|
| | Part VI - Needs Assessment | In 2009, the Manatee County Health Department contracted with the Health Council of West Central Florida, Inc (HCWCF) to conduct a health needs assessment of local residents. Manatee Glens participated in and used this assessment to assess the health care needs of our community. |

Schedule H (Form 990) 2011

| Identifier | ReturnReference | Explanation |
|---------------------------------|--|---|
| Number of Hospital Facility - 1 | Part V, Line 21 - Charge Patients Amount Equal Gross Charge for Services | Manatee Glens allows patients and clients 30 days to provide requested financial information, which may include client's statement related to income and family size. If they do not provide Manatee Glens with their financial information within 30 days they will be charged the gross charge of services provided to them. Charges are adjusted once we receive the client's financial information. |

| Identifier | ReturnReference | Explanation |
|---------------------------------|---|---|
| Number of Hospital Facility - 1 | Part V, Line 19d - Other Billing Determination of Individuals Without Insurance | All uninsured patients and clients meet with a trained financial in-take specialist. Manatee Glen's staff request clients to provide proof of income and other financial information such as tax returns, bank statements, child support, etc. in order to determine their financial eligibility for discounted care at which time the amount billed to the client is determined. |

| Identifier | ReturnReference | Explanation |
|------------|---|---|
| | Part III, Line 9b - Provisions On Collection Practices For Qualified Patients | At Manatee Glens we earn money to provide health care, we do not provide health care to make money. We determine the level of assistance an individual is qualified for based on our client discount policy. The fees incurred, if any, are collected based on our fee collection policy that is applied universally to all clients |

Schedule H (Form 990) 2011

| Identifier | ReturnReference | Explanation |
|------------|--|---|
| | Part III, Line 8 - Explanation Of Shortfall As Community Benefit | The Medicare allowable costs were determined by the reporting requirements in the Medicare Cost Report. Medicare restricts the lifetime number of days for mental health/addiction services. When a patient is in this situation, Manatee Glens will still provide services and must cover the costs of the clients treatment with other community funding sources. |

Schedule H (Form 990) 2011

| Identifier | ReturnReference | Explanation |
|------------|-------------------------------------|--|
| | Part III, Line 4 - Bad Debt Expense | The amount of \$1,222,078 recorded in Line 2 is a valuation of bad debt expense based on the guidelines of HFMA Statement No 15. Manatee Glens considers this a conservative and appropriate valuation of bad debt expense. Manatee Glens reported zero in Line 3, because bad debt expense for individuals eligible for charity care under our charity care policy represents the amount of services that would not qualify for charity care. Per Manatee Glens' accounting policies, services provided to clients that qualify for charity care are recorded in charity care accounts for the amount of the service fee they qualify for. These fees are not recorded in Manatee Glens' accounts receivable or revenue under the charity classification of revenue, therefore, services for charity care are not recorded in bad debt expense. |

Schedule J
(Form 990)**Compensation Information**

OMB No 1545-0047

2011**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
► Attach to Form 990. ► See separate instructions.

Name of the organization
Manatee Glens Corporation**Employer identification number**

59-1009537

Part I Questions Regarding Compensation

Yes No

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

| | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply

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

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization

a Receive a severance payment or change-of-control payment?
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?
c Participate in, or receive payment from, an equity-based compensation arrangement?
 If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.

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

a The organization?

b Any related organization?

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

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

a The organization?

b Any related organization?

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

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53.4958-4(a)(3)? If "Yes," describe in Part III

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

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

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

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

Part III Supplemental Information

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

| Identifier | Return Reference | Explanation |
|------------|------------------|-------------|
|------------|------------------|-------------|

**Schedule K
(Form 990)****2011****Open to Public
Inspection****Supplemental Information on Tax Exempt Bonds**

► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).

► Attach to Form 990. ► See separate instructions.

Department of the Treasury
Internal Revenue ServiceName of the organization
Manatee Glens CorporationEmployer identification number
59-1009537**Part I Bond Issues**

| (a) Issuer Name | (b) Issuer EIN | (c) CUSIP # | (d) Date Issued | (e) Issue Price | (f) Description of Purpose | (g) Defeased | | (h) On Behalf of Issuer | | (i) Pool financing | |
|------------------------|----------------|-------------|-----------------|-----------------|-----------------------------------|--------------|----|-------------------------|----|--------------------|----|
| | | | | | | Yes | No | Yes | No | Yes | No |
| A CITY OF BRADENTON FL | 59-6000283 | | 12-28-2004 | 2,781,188 | purchase of building on 6th Ave W | | X | | X | | X |

Part II Proceeds

| 1 | Amount of bonds retired | A | | B | | C | | D | |
|----|--|------|-----------|-----|----|-----|----|-----|----|
| | | Yes | No | Yes | No | Yes | No | Yes | No |
| 2 | Amount of bonds defeased | | | | | | | | |
| 3 | Total proceeds of issue | | 2,781,188 | | | | | | |
| 4 | Gross proceeds in reserve funds | | | | | | | | |
| 5 | Capitalized interest from proceeds | | | | | | | | |
| 6 | Proceeds in refunding escrow | | | | | | | | |
| 7 | Issuance costs from proceeds | | 44,314 | | | | | | |
| 8 | Credit enhancement from proceeds | | | | | | | | |
| 9 | Working capital expenditures from proceeds | | | | | | | | |
| 10 | Capital expenditures from proceeds | | 2,781,188 | | | | | | |
| 11 | Other spent proceeds | | | | | | | | |
| 12 | Other unspent proceeds | | | | | | | | |
| 13 | Year of substantial completion | 2004 | | | | | | | |
| 14 | Were the bonds issued as part of a current refunding issue? | Yes | No | Yes | No | Yes | No | Yes | No |
| 15 | Were the bonds issued as part of an advance refunding issue? | | X | | | | | | |
| 16 | Has the final allocation of proceeds been made? | X | | | | | | | |
| 17 | Does the organization maintain adequate books and records to support the final allocation of proceeds? | X | | | | | | | |

Part III Private Business Use

| 1 | Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? | A | | B | | C | | D | |
|---|--|-----|----|-----|----|-----|----|-----|----|
| | | Yes | No | Yes | No | Yes | No | Yes | No |
| 2 | Are there any lease arrangements that may result in private business use of bond-financed property? | | X | | | | | | |

Part III Private Business Use (Continued)

| | A | | B | | C | | D | |
|---|---------|----|-----|----|-----|----|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 3a Are there any management or service contracts that may result in private business use? | | X | | | | | | |
| b If 'Yes' to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? | | | | | | | | |
| c Are there any research agreements that may result in private business use of bond-financed property? | | X | | | | | | |
| d If 'Yes' to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? | | X | | | | | | |
| 4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ► | 1 000 % | | | | | | | |
| 5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ► | | | | | | | | |
| 6 Total of lines 4 and 5 | 1 000 % | | | | | | | |
| 7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities? | X | | | | | | | |

Part IV Arbitrage

| | A | | B | | C | | D | |
|---|-----------------|----|-----|----|-----|----|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue? | | X | | | | | | |
| 2 Is the bond issue a variable rate issue? | X | | | | | | | |
| 3a Has the organization or the governmental issuer entered into a hedge with respect to the bond issue? | X | | | | | | | |
| b Name of provider | Bank of America | | | | | | | |
| c Term of hedge | 16 0000 | | | | | | | |
| d Was the hedge superintegrated? | | X | | | | | | |
| e Was a hedge terminated? | | X | | | | | | |
| 4a Were gross proceeds invested in a GIC? | | X | | | | | | |
| b Name of provider | | | | | | | | |
| c Term of GIC | | | | | | | | |
| d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? | | | | | | | | |
| 5 Were any gross proceeds invested beyond an available temporary period? | | | | | | | | |
| 6 Did the bond issue qualify for an exception to rebate? | | | | | | | | |

Part V Procedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations

Yes No

Part VI Supplemental Information

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

| Identifier | Return Reference | Explanation |
|------------|------------------|-------------|
| | | |

SCHEDULE M
(Form 990)

NonCash Contributions

OMB No 1545-0047

2011

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service►Complete if the organization answered "Yes" on Form
990, Part IV, lines 29 or 30.
► Attach to Form 990.Name of the organization
Manatee Glens Corporation

Employer identification number

59-1009537

Part I Types of Property

| | (a) Check if applicable | (b) Number of Contributions or items contributed | (c) Contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining contribution amounts |
|--|----------------------------------|--|---|--|
| 1 Art—Works of art | | | | |
| 2 Art—Historical treasures | | | | |
| 3 Art—Fractional interests | | | | |
| 4 Books and publications | | | | |
| 5 Clothing and household goods | | | | |
| 6 Cars and other vehicles | | | | |
| 7 Boats and planes | | | | |
| 8 Intellectual property | | | | |
| 9 Securities—Publicly traded | | | | |
| 10 Securities—Closely held stock | | | | |
| 11 Securities—Partnership, LLC, or trust interests | | | | |
| 12 Securities—Miscellaneous | | | | |
| 13 Qualified conservation contribution—Historic structures | | | | |
| 14 Qualified conservation contribution—Other | | | | |
| 15 Real estate—Residential | | | | |
| 16 Real estate—Commercial | | | | |
| 17 Real estate—Other | | | | |
| 18 Collectibles | | | | |
| 19 Food inventory | | | | |
| 20 Drugs and medical supplies | X | 1 | 284,608 | Cost |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| Games & | | | | |
| 25 Other ► (Toys) | X | 6 | 1,104 | cost |
| Hygiene | | | | |
| 26 Other ► (Supplie) | X | 7 | 1,398 | cost |
| Media | | | | |
| 27 Other ► (Misc In-kind) | X | 1 | 17,036 | cost |
| 28 Other ► (Donations) | X | 1 | 2,500 | cost |
| 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement | | | 29 | |

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

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

| Identifier | Return Reference | Explanation |
|------------|------------------|-------------|
|------------|------------------|-------------|

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**

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

2011**Open to Public
Inspection**Name of the organization
Manatee Glens Corporation**Employer identification number**

59-1009537

| Identifier | Return Reference | Explanation |
|-----------------------------------|---|---|
| Form 990, Part VI, Line 19 | Form 990, Part VI, Line 19 Other Organization Documents Publicly Available | ALL REQUIRED DISCLOSURES ARE MADE AVAILABLE UPON REQUEST OR AT WWW.GUIDESTAR.ORG |
| Form 990, Part VI, Line 15b | Form 990, Part VI, Line 15b Compensation Review and Approval Process for Officers and Key Employees | 1 Comparable non-profit agencies for the officers base salaries are surveyed using guidestar, nonprofit resource center, florida council on community mental health and modern healthcare surveys 2 An average for each position is determined and then compared with manatee glens' rates Salary adjustments are recommended accordingly 3 Recommendations for coo, cfo, and cmo are presented to the ceo for approval and to the budget committee for budget inclusion, consistent with staff compensation recommendations 4 COO, CFO, and CMO salary recommendations are presented to the executive committee for information and review 5 Recommendations for ceo salary are presented to the executive committee for discussion and recommendation to the full board |
| Form 990, Part VI, Line 12c | Form 990, Part VI, Line 12c Explanation of Monitoring and Enforcement of Conflicts | board conflict of interest policy 1a1 7 requires that board members file with the secretary of the board, a disclosure of interest from any business dealing, direct or indirect, of \$500 or more with a board member or immediate family member the disclosure must be reported to the finance committee and to the full board |
| Form 990, Part VI, Line 11 | Form 990, Part VI, Line 11 Form 990 Review Process | the cfo reviews the form 990 the 990 is then presented to the board of directors for their approval once the form is approved by the board it is filed with the irs |
| Form 990, Part III, Line 4d | Form 990, Part III, Line 4d Other Program Services Description | OTHER PROGRAM SERVICES 4 The rape crisis advocacy program provides 24 hour on call crisis intervention counseling We also provide individual, family, and group therapy, while providing educational information and support to promote recovery from the trauma of sexual assault Staff work in collaboration with local law enforcement and are available to go to the crime scene, hospital, victim's home or other designated point at the time the crime is reported We are available 365 days a year OTHER PROGRAM SERVICES 5 human services & case management programs- community rehabilitation program provides independent living, community based employment, support services and aftercare services to patients to assist these individuals in reaching self-sufficiency the case management program provides assessment, service planning, linkage, monitoring and advocacy activities on behalf of the individual that directly facilitates attainment of their treatment and recovery goals OTHER PROGRAM SERVICES 6 OTHER SERVICES mental health supervised release - we review court cases to address mental health needs of those arrested We offer a treatment alternative to incarceration manatee glens provides training programs necessary for state licensure for psychiatrists, psychologists, registered nurses, licensed practical nurses and social workers manatee glens provided over \$500,000 of assistance to individuals in the form of pharmaceuticals, medical expenses, labs, x-rays, shelter, dental, and transportation |

MANATEE GLENS CORPORATION

BRADENTON, FLORIDA

AUDITED FINANCIAL STATEMENTS

AND SUPPLEMENTAL INFORMATION

JUNE 30, 2012

MANATEE GLENS CORPORATION
AUDITED FINANCIAL STATEMENTS
JUNE 30, 2012

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Christopher, Smith, Leonard,
Bristow & Stanell, P.A.
CERTIFIED PUBLIC ACCOUNTANTS & CONSULTANTS

INDEPENDENT AUDITORS' REPORT

Board of Directors
Manatee Glens Corporation
Bradenton, Florida

We have audited the accompanying statement of financial position of Manatee Glens Corporation (a non-profit organization) as of June 30, 2012 and the related statements of activities, cash flows, and functional expenses for the year then ended. These financial statements are the responsibility of the Organization's management. Our responsibility is to express an opinion on these financial statements based on our audit. The prior year summarized comparative information has been derived from the Organization's 2011 financial statements, and in our report dated November 15, 2011, we expressed an unqualified opinion on those financial statements.

We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States and chapter 10.650, Rules of the Auditor General. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and the significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audit provides a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Manatee Glens Corporation as of June 30, 2012 and the changes in its net assets, and cash flows for the year then ended in conformity with accounting principles generally accepted in the United States of America.

In accordance with *Government Auditing Standards*, we have also issued our report dated November 16, 2012 on our consideration of Manatee Glens Corporation's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing and not to provide an opinion on the internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* and should be considered in assessing the results of our audit.

Our audit was conducted for the purpose of forming an opinion on the basic financial statements taken as a whole. The accompanying schedule of expenditures of federal awards and state financial assistance is presented for purposes of additional analysis as required by the U.S. Office of Management and Budget.

Circular A-133, *Audits of States, Local Governments, and Non-Profit Organizations*, and Chapter 10.650 of the Rules of the Auditor General of the State of Florida and the Florida Single Audit Act and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

*Christopher, Smith, Leonard,
Bristow & Stanell, P.A.*

CHRISTOPHER, SMITH, LEONARD,
BRISTOW & STANELL, P.A.

November 16, 2012
Bradenton, Florida

MANATEE GLENS CORPORATION
STATEMENT OF FINANCIAL POSITION
JUNE 30, 2012
(With summarized financial information as of June 30, 2011)

| | <u>2012</u> | <u>Summarized 2011</u> |
|---|--------------------------|----------------------------|
| <u>ASSETS</u> | | |
| Cash and cash equivalents | \$ 341,711 | \$ 2,495,491 |
| Investments | 456,668 | 654,468 |
| Net interest in foundation | 8,177 | 8,098 |
| Accounts and grants receivable, net | 2,240,329 | 2,158,380 |
| Estimated third party payor receivable, net | 215,549 | 277,821 |
| Contracts receivable | 1,463,030 | 1,480,849 |
| Inventories | 179,950 | 201,227 |
| Prepaid expenses | 338,687 | 362,994 |
| Contributions receivable | - | 1,269,252 |
| Other assets | 125,570 | 116,239 |
| Net property and equipment | <u>9,421,288</u> | <u>8,044,965</u> |
| TOTAL ASSETS | <u>\$ 14,790,959</u> | <u>\$ 17,069,784</u> |
| <u>LIABILITIES AND NET ASSETS</u> | | |
| Liabilities | | |
| Accounts payable | \$ 445,325 | \$ 460,162 |
| Accrued salaries and fringes | 691,571 | 1,383,737 |
| Accrued sick and annual leave | 507,322 | 456,232 |
| Other accrued liabilities | 347,155 | 470,479 |
| Deferred revenue | 137,634 | 270,707 |
| Interest rate swap | 40,429 | 38,179 |
| Long-term debt | <u>2,355,957</u> | <u>2,887,102</u> |
| Total Liabilities | <u>4,525,393</u> | <u>5,966,598</u> |
| Net Assets | | |
| Unrestricted-plant assets | 6,609,983 | 4,683,947 |
| Unrestricted-operations | 3,240,665 | 4,714,249 |
| Temporarily restricted | - | 1,269,252 |
| Permanently restricted | <u>414,918</u> | <u>435,738</u> |
| Total Net Assets | <u>10,265,566</u> | <u>11,103,186</u> |
| TOTAL LIABILITIES AND NET ASSETS | <u>\$ 14,790,959</u> | <u>\$ 17,069,784</u> |

The accompanying notes are an integral part of these financial statements

MANATEE GLENS CORPORATION
STATEMENT OF ACTIVITIES
FOR THE YEAR ENDED JUNE 30, 2012
(With summarized financial information for the year ended June 30, 2011)

| | 2012 | Summarized 2011 |
|--|-------------------|--------------------|
| Changes in Unrestricted Net Assets | | |
| Public Support and Revenues | | |
| Public Support | | |
| State contracts | \$ 10,138,593 | \$ 10,224,875 |
| Board of county commissioners | 2,436,720 | 2,486,977 |
| Other local funds | 341,320 | 224,037 |
| Child welfare Services | 2,509,763 | 2,610,419 |
| Contributions | 430,803 | 456,280 |
| In-Kind contributions | 686,859 | 698,435 |
| Total Public Support | <u>16,544,058</u> | <u>16,701,023</u> |
| Revenues | | |
| Net patient service revenues | 9,823,474 | 9,381,660 |
| Interest income | 33,055 | 39,466 |
| Leasing income | 120,508 | 140,565 |
| Miscellaneous | 102,428 | 245,429 |
| Gain (loss) on disposal of assets | 10,465 | (4,807) |
| Total Revenues | <u>10,089,930</u> | <u>9,802,313</u> |
| Total Public Support and Revenues | <u>26,633,988</u> | <u>26,503,336</u> |
| Net Assets released from restrictions | | |
| Satisfaction of restrictions | <u>1,290,072</u> | <u>151,299</u> |
| Total Unrestricted Revenues | <u>27,924,060</u> | <u>26,654,635</u> |
| Expenses | | |
| Program Services | | |
| Aftercare | 5,815 | 11,633 |
| BNET | 291,340 | 212,704 |
| Case management | 83,138 | 51,862 |
| Crisis stabilization | 3,395,241 | 3,210,282 |
| Crisis support | 2,062,083 | 1,796,138 |
| Comprehensive community service team | 2,445,820 | 2,114,879 |
| Day/Night | 730,326 | 227,850 |
| Detox JARF | 203,687 | 164,776 |
| Florida assertive community treatment | 954,816 | 885,225 |
| Fact enhancement | 272,938 | 258,477 |
| Indigent drug program | 124,696 | 127,844 |
| Incidental | 64,101 | 242,964 |
| In Home/On Site | 7,831 | 16,940 |
| Inpatient | 104,031 | 131,688 |
| Intervention | 346,400 | 249,685 |

| | 2012 | Summarized 2011 |
|---|----------------------|----------------------|
| Expenses (continued) | | |
| Outpatient medical | 1,863,498 | 1,303,564 |
| Outpatient/residential detox | 595,669 | 611,687 |
| Outpatient | 398,284 | 232,392 |
| Outreach | 207,610 | 252,497 |
| Prevention | 204,920 | 54,210 |
| Prevention/Intervention | - | 192,972 |
| Recovery | 44,607 | 42,694 |
| Residential level II | 1,427,752 | 1,054,020 |
| Non-SAMH | 9,124,146 | 8,426,556 |
| | 24,958,749 | 21,873,539 |
| Administrative Services | | |
| Administration | 2,510,609 | 4,009,211 |
| | 27,469,358 | 25,882,750 |
| Increase in Unrestricted Net Assets | 454,702 | 771,885 |
| Changes in Temporarily Restricted Net Assets | | |
| Assets released from restriction | (1,269,252) | (128,269) |
| | (1,269,252) | (128,269) |
| Changes in Permanently Restricted Net Assets | | |
| Assets released from restriction | (20,820) | (23,030) |
| | (20,820) | (23,030) |
| Change in net assets before swap adjustment | (835,370) | 620,586 |
| Change in fair value of interest rate swap | (2,250) | 60,128 |
| Net assets at beginning of year | 11,103,186 | 10,422,472 |
| Net assets at end of year | \$ 10,265,566 | \$ 11,103,186 |

MANATEE GLENS CORPORATION
STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED JUNE 30, 2012
(With summarized financial information for the year ended June 30, 2011)

| | <u>2012</u> | <u>2011</u> |
|---|-------------------|---------------------|
| CASH FLOWS FROM OPERATING ACTIVITIES | | |
| Change in net assets before swap adjustment | \$ (835,370) | \$ 620,586 |
| Adjustments to reconcile change in net assets before swap adjustment to net cash provided by operating activities | | |
| Depreciation and amortization | 950,890 | 932,110 |
| Bad debt expense | 1,222,078 | 475,064 |
| (Gain) Loss on disposal of assets | (10,465) | 4,806 |
| Contribution for use of facilities | 1,269,252 | 128,269 |
| Non cash contribution of property | (1,457,500) | (293,764) |
| (AIncrease)Decrease in assets | | |
| Accounts receivable | (1,304,027) | (1,728,237) |
| Estimated third party payor receivable | 62,272 | (12,192) |
| Contracts receivable | 17,819 | 32,603 |
| Inventories | 21,277 | (20,203) |
| Prepaid expenses and other assets | 14,976 | 71,221 |
| Increase(Decrease) in liabilities | | |
| Accounts payable | (14,837) | 167,596 |
| Accrued salaries and fringes | (692,166) | 344,981 |
| Accrued sick and annual leave | 51,090 | (6,932) |
| Deferred revenue | (133,073) | 132,910 |
| Other accrued liabilities | (123,324) | 232,770 |
| Net cash (used) provided by operating activities | <u>(961,108)</u> | <u>1,081,588</u> |
| CASH FLOWS FROM INVESTING ACTIVITIES | | |
| Investment in foundation | (79) | (1,229) |
| (Purchase) sale of investments | 197,800 | (7,589) |
| Proceeds from sale of assets | 10,465 | - |
| Purchase of property and equipment | (869,713) | (374,436) |
| Net cash (used) by investing activities | <u>(661,527)</u> | <u>(383,254)</u> |
| CASH FLOWS FROM FINANCING ACTIVITIES | | |
| Principal payments on long-term debt | (531,145) | (533,595) |
| Net cash (used) by financing activities | <u>(531,145)</u> | <u>(533,595)</u> |
| Net Change in cash and cash equivalents | (2,153,780) | 164,739 |
| Cash and cash equivalents at beginning of year | <u>2,495,491</u> | <u>2,330,752</u> |
| Cash and cash equivalents at end of year | <u>\$ 341,711</u> | <u>\$ 2,495,491</u> |
| <u>SUPPLEMENTAL CASH FLOW DISCLOSURES</u> | | |
| Interest paid | \$ 93,661 | \$ 140,603 |
| Donations In-Kind (income) | <u>\$ 686,859</u> | <u>\$ 698,435</u> |
| Donations In-Kind (expense) | <u>\$ 779,643</u> | <u>\$ 808,273</u> |

The accompanying notes are an integral part of these financial statements

MANATEE GLENS CORPORATION
STATEMENT OF FUNCTIONAL EXPENSES
FOR THE YEAR ENDED JUNE 30, 2012
(With summarized financial information for the year ended June 30, 2011)

| | 2012 | | Total | |
|---------------------------------|------------------------|----------------------|----------------------|----------------------|
| | Supportive Services | Program Services | 2012 | (Summarized) 2011 |
| PERSONNEL SERVICES | | | | |
| Salaries | \$ 1,563,312 | \$ 15,094,553 | \$ 16,657,865 | \$ 15,590,770 |
| Fringe benefits | 308,985 | 2,860,314 | 3,169,299 | 3,184,390 |
| Total Personnel Services | 1,872,297 | 17,954,867 | 19,827,164 | 18,775,160 |
| OTHER EXPENSES | | | | |
| Building occupancy | 26,836 | 708,841 | 735,677 | 893,893 |
| Professional services | 248,375 | 772,288 | 1,020,663 | 964,354 |
| Travel | 2,163 | 108,119 | 110,282 | 85,504 |
| Equipment | 44,773 | 634,727 | 679,500 | 894,733 |
| Food services | – | 310,986 | 310,986 | 269,158 |
| Medical and pharmacy | – | 341,487 | 341,487 | 364,681 |
| Insurance | 23,783 | 275,867 | 299,650 | 262,911 |
| Interest paid | 87,102 | 10,826 | 97,928 | 143,945 |
| Operating expenses | 205,280 | 1,839,020 | 2,044,300 | 1,945,074 |
| Bad debt expense | – | 1,222,078 | 1,222,078 | 475,064 |
| Donated items | – | 779,643 | 779,643 | 808,273 |
| Total Other Expenses | 638,312 | 7,003,882 | 7,642,194 | 7,107,590 |
| TOTAL | \$ 2,510,609 | \$ 24,958,749 | \$ 27,469,358 | \$ 25,882,750 |

MANATEE GLENS CORPORATION
NOTES TO FINANCIAL STATEMENTS

NOTE 1 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

ORGANIZATION AND PURPOSE – Manatee Glens Corporation, (the Organization), is engaged in the business of aiding in the establishment of operations and maintenance of clinics or facilities for the diagnosis, prevention, treatment and care of mental and emotional disorders, alcohol abuse, drug abuse, sexual abuse, child welfare services, and the cure and treatment of persons affected therewith. The Organization serves Manatee and Sarasota Counties through various locations.

BASIS OF ACCOUNTING – The Organization follows standards of accounting and financial reporting prescribed for voluntary health and welfare agencies. The Organization follows the accrual basis of accounting, which recognizes revenue when earned and expenses as incurred. Federal, State and local government and public grants are recorded as support when performance occurs under the terms of the grant agreement.

The costs of providing the various programs and other activities have been detailed in the Statement of Functional Expenses and summarized on a program basis in the Statement of Activities. Salaries and other expenses which are associated with a specific program are charged directly to that program. Salaries and other expenses which benefit more than one program are allocated to the various programs based on the relative benefit provided. Administrative expenses are allocated to the various programs based on the relevant program's costs to the total.

FINANCIAL STATEMENT PRESENTATION – Financial statement presentation follows the recommendations of the Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) as it relates to the financial statements of not-for-profit organizations. The Organization reports information regarding its financial position and activities according to three classes of net assets – unrestricted net assets, temporarily restricted net assets, and permanently restricted net assets, as applicable.

CASH AND CASH EQUIVALENTS – For purposes of these financial statements, the Organization considers all highly liquid debt instruments purchased with a maturity of three months or less to be cash equivalents.

NET INTEREST IN FOUNDATION – In 2003, the Organization established a fund in the Manatee Community Foundation. The net interest in foundation at June 30, 2012 is \$8,177.

FAIR VALUE MEASUREMENTS – The FASB established a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurement) and the lowest priority to unobservable inputs (level 3 measurement).

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

MANATEE GLENS CORPORATION
NOTES TO FINANCIAL STATEMENTS

NOTE 1 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – CONTINUED

FAIR VALUE MEASUREMENTS – CONTINUED

The three levels of the fair value hierarchy used to measure fair value are described as follows

Level 1 inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Organization has the ability to access

Level 2 inputs to the valuation methodology include

- Quoted prices for similar assets or liabilities in active markets
- Quoted prices for identical or similar assets or liabilities in inactive markets
- Inputs other than quoted prices that are observable for the asset or liability
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means

Level 3 inputs to the valuation methodology are unobservable and significant to the fair value measurement

INVENTORIES – Inventories are stated at the lower of cost or market. Cost is determined on a first-in, first-out basis

ACCOUNTS RECEIVABLE – Accounts receivable are stated at the amount management expects to collect from outstanding balances. Management reviews each account individually for past due status and provides for probable uncollectible amounts through a provision based on its assessment of the current status of individual accounts and contracts. Balances that are still outstanding after management has used reasonable collection efforts are written off

PROPERTY AND EQUIPMENT – Buildings and equipment are recorded at cost and depreciated over their estimated useful lives using the straight-line method. The Organization capitalizes major improvements, property and equipment with a value of \$1,000 or greater. Estimated useful lives range from 5 to 45 years

Donations of property and equipment are recorded as support at their estimated fair value on the date of donation. Such donations are reported as unrestricted support unless the donor has restricted the donated asset to a specific purpose. Assets donated with explicit restrictions regarding their use and contributions of cash that must be used to acquire property and equipment are reported as restricted support. Absent donor stipulations regarding how long those donated assets must be maintained, the Organization reports expirations of donor restrictions when the donated or acquired assets are placed in service as instructed by the donor. The Organization reclassifies temporarily restricted net assets to unrestricted net assets at that time.

IN-KIND CONTRIBUTIONS AND CONTRIBUTED SERVICES – A substantial number of volunteers have donated significant amounts of their time in the Organization's program services. A substantial amount of space and supplies have been recorded as in-kind contributions. These services require specialized skills that would typically need to be purchased if not provided by donation. These services have been recorded as in-kind contributions and contributed services expense and are reflected in these financial statements. These services were recorded at the fair market value of similar services.

MANATEE GLENS CORPORATION
NOTES TO FINANCIAL STATEMENTS

NOTE 1 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – CONTINUED

NET PATIENT SERVICE REVENUE – The Organization has agreements with third-party payors that provide for payments to the Organization at amounts different from its established rates. Payment arrangements include prospectively determined rates per admission, reimbursed costs, discounted charges, and per diem payments. Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payors, and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payors. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined.

PREMIUM REVENUE – The Organization has agreements with various Health Maintenance Organizations (HMOs) to provide medical services to subscribing participants. Under these agreements, the Organization receives monthly capitation payments based on the number of each HMO's participants, regardless of services actually performed by the Organization.

THIRD-PARTY AGREEMENTS – The Organization has agreements with third-party payors that provide for payments to the Organization at amounts different from its established rates. A summary of the payment arrangements with major third-party payors follows:

- Medicare – Inpatient acute care services rendered to Medicare program beneficiaries, inpatient non-acute services, and defined capital costs related to Medicare beneficiaries are paid based on a prospective payment system. Outpatient services rendered to Medicare program beneficiaries are reimbursed under a fee for service reimbursement methodology.
- Medicaid – Outpatient services rendered to Medicaid program beneficiaries are reimbursed under a fee for service reimbursement methodology.

The Organization also has entered into payment agreements with certain commercial insurance carriers, health maintenance organizations, and preferred provider organizations. The basis for payment to the Organization under these agreements includes discounts from established charges, and prospectively determined daily rates.

DONOR-RESTRICTED GIFTS – Unconditional promises to give cash and other assets to the Organization are reported at fair value at the date the promise is received. Conditional promises to give and indications of intentions to give are reported at fair value at the date the gift is received. The gifts are reported as either temporarily or permanently restricted support if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified as unrestricted net assets and reported in the statement of activities as net assets released from restrictions. Donor-restricted contributions whose restrictions are met within the same year as received are reported as unrestricted contributions in the accompanying financial statements.

MANATEE GLENS CORPORATION
NOTES TO FINANCIAL STATEMENTS

NOTE 1 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – CONTINUED

PUBLIC SUPPORT AND REVENUES – The Organization receives significant grant and contract support from the State of Florida Department of Children and Families and other State agencies. Support received from those contracts is recognized on a “net funded” basis whereby State of Florida Department of Children and Families, Division of Alcohol, Drug and Mental Health Services funding is recognized on a last-dollar-in basis. Related expenses are netted by Medicaid income in determining grant funds to be recognized. The Organization receives client fees, Medicaid and Medicare income for billable client services and recognizes these fees and income when earned.

GRANTS AND DONATIONS – Grants and donations are considered to be available for unrestricted use unless specifically restricted by the grantor. The accounting system is designed to allocate funds to specific programs.

CHARITY CARE – The Organization provides care to patients who meet certain criteria under its charity care policy without charge or at amounts less than its established rates. Because the Organization does not pursue collection of amounts determined to qualify as charity care, they are not reported as revenue.

The Organization determines the costs of providing charity care using its direct and indirect costs associated with providing charity care services. During 2012, the costs associated with providing charity care services were \$16,690,596. The Organization received \$15,385,440 in grant and contractual funding to offset its costs for providing charity care to patients.

TEMPORARILY AND PERMANENTLY RESTRICTED NET ASSETS – Temporarily restricted net assets are those whose use by the Organization has been limited by donors to a specific time period or purpose. Permanently restricted net assets have been restricted by donors to be maintained by the Organization in perpetuity.

ADVERTISING COSTS – Advertising costs are generally charged to operations in the year incurred. For the year ended June 30, 2012, advertising costs totaled \$42,963.

FUNDRAISING COSTS – For the year ended June 30, 2012, fundraising costs totaled \$10,073.

ESTIMATES – The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

INCOME TAXES – The Organization is exempt from income taxes under Section 501(c)(3) of Internal Revenue Code. Accordingly, no provision has been made for income taxes in the accompanying financial statements. The Organization is not a private foundation. The Organization applies guidance issued by the FASB on accounting for uncertainty in tax positions. Management believes the Organization has no material unrecognized income tax liabilities, including any potential loss of its tax exempt status. The Organization has no ongoing federal, state or local tax audits, however, the Organization’s tax returns for fiscal year end 2008 and subsequent years remain open to examination.

MANATEE GLENS CORPORATION
NOTES TO FINANCIAL STATEMENTS

NOTE 1 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – CONTINUED

SUMMARIZED FINANCIAL INFORMATION – The financial statements include certain prior-year summarized comparative information in the financial statements. Such information does not include sufficient detail to constitute a presentation in conformity with accounting principles generally accepted in the United States of America. Accordingly, such information should be read in conjunction with the Organization's financial statements for the year ended June 30, 2011, from which the summarized information was derived.

Financial Instruments Not Measured at Fair Value – The Organization does not measure certain financial instruments at fair value on a recurring basis, however, these financial instruments are recorded at amounts that approximate fair value due to their liquid or short-term nature. Such financial assets and financial liabilities include cash and cash equivalents, accounts receivable, prepaid expenses, accounts payable and accrued expenses.

NOTE 2 – FAIR VALUE MEASUREMENTS

The Organization measured the following assets and liabilities at fair value on a recurring basis using inputs described in Note 1. There have been no changes in the methodologies used at June 30, 2012. In addition, there were no significant transfers between levels 1 or 2 for the year ended June 30, 2012.

| | Fair Value Measurements at June 30, 2012 | | | |
|---|---|-------------------|---------------|-------------------|
| | Level 1 | Level 2 | Level 3 | Total |
| Certificates of Deposit | \$ -0- | \$ 456,668 | \$ -0- | \$ 456,668 |
| Interest in Foundation | \$ -0- | 8,177 | \$ -0- | 8,177 |
| Total Assets | <u>\$ -0-</u> | <u>\$ 464,845</u> | <u>\$ -0-</u> | <u>\$ 464,845</u> |
| Interest Rate SWAP (Derivative Financial Instrument) | \$ -0- | \$ 40,429 | \$ -0- | \$ 40,429 |
| Total Liabilities | <u>\$ -0-</u> | <u>\$ 40,429</u> | <u>\$ -0-</u> | <u>\$ 40,429</u> |

Certificates of deposit are valued at fair value by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the credit-worthiness of the issuer.

The interest in the Foundation is measured using the Organization's interest in the Foundation investments, using a market approach.

The fair value of the interest rate swap contract is determined by the counterparty by means of calculating the present value of the anticipated cash flows from the transaction, typically using the income approach.

The preceding methods may produce a fair value calculation that may not be indicative or reflective of future fair values. Furthermore, although the Organization believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at reporting date.

MANATEE GLENS CORPORATION
NOTES TO FINANCIAL STATEMENTS

NOTE 3 – PROPERTY AND EQUIPMENT

Property and equipment consisted of the following at June 30, 2012

| | |
|--|---------------------|
| Land and buildings | \$ 13,614,814 |
| Construction in Progress | 435,617 |
| Vehicles | 700,380 |
| Furniture, fixtures, and equipment | <u>3,265,655</u> |
| | 18,016,466 |
| Less accumulated depreciation and amortization | <u>(8,595,178)</u> |
| Net Property and Equipment | <u>\$ 9,421,288</u> |

Depreciation expense was \$950,890 for the year ended June 30, 2012

NOTE 4 – LEASE COMMITMENTS

The Organization conducts a part of its program and supportive services from leased facilities. Management expects that in the normal course of business, leases will be renewed or replaced by other leases. Such facility leases are classified as operating leases. In addition, the Organization has entered into operating leases for various equipment rentals.

The following is a schedule by years of future minimum lease payments required under operating leases that have initial or noncancelable lease terms in excess of one year

| <u>Year Ending June 30,</u> | |
|-----------------------------|-----------|
| 2013 | \$ 75,124 |
| 2014 | \$ 8,301 |
| 2015 | \$ 6,000 |
| 2016 | \$ 5,000 |

Rental expense for operating leases was \$94,006 for the year ended June 30, 2012

NOTE 5 – LINE OF CREDIT

The Organization has a revolving line-of-credit in the amount of \$1,500,000, secured by receivables with a financial institution at the greater of the Bank's prime rate or 4.5%. The line-of-credit matures June 2013. There was no outstanding balance on the line-of-credit at June 30, 2012.

NOTE 6 – LONG-TERM DEBT

The following is a description of long-term debt at June 30, 2012,

| | |
|--|--------------|
| Tax exempt industrial revenue bonds Series 2004 dated 12/28/04, variable interest rate effectively fixed through an interest rate swap Matures January 2020 | \$ 2,057,814 |
|--|--------------|

| | |
|--|---------------------------------------|
| Equipment Purchase Agreement dated 6/19/08 Interest rate at 4.06% Matures June 2013 | <u>298,143</u> <u>\$ 2,355,957</u> |
|--|---------------------------------------|

MANATEE GLENS CORPORATION
NOTES TO FINANCIAL STATEMENTS

NOTE 6 – LONG-TERM DEBT – CONTINUED

Maturities on long-term debt are as follows

| <u>Year Ending June 30,</u> | |
|-----------------------------|---------------------|
| 2013 | \$ 527,800 |
| 2014 | 241,180 |
| 2015 | 253,287 |
| 2016 | 265,850 |
| 2017 | 279,367 |
| Thereafter | <u>788,473</u> |
| | <u>\$ 2,355,957</u> |

City of Bradenton, Florida – Tax-Exempt Industrial Development Revenue Bonds Series 2004

On December 28, 2004, the Organization borrowed \$2,781,188 from the City of Bradenton, Florida through the issuance of a tax-exempt Industrial Development Revenue Bond, Series 2004 (Manatee Glen's Corporation Project) The Bond carries an interest rate of 64% of LIBOR Rate plus 1.55% per annum Interest shall be paid monthly in arrears starting on February 1, 2005 The principal amount shall be payable in monthly installments, as predetermined in the Bond documents starting on December 1, 2008 with final payment on January 1, 2020

The loan proceeds of the Bond were used to provide funds to finance the cost of acquisition of condominium units and appurtenant common areas at 6th Avenue West, Bradenton, Florida for the operation of healthcare facilities The loan is evidenced by a Loan Agreement and Promissory Note dated December 31, 2004 Loan payments pursuant to the Note are due on the same date and is the same amount as the principal and interest and any other payment due on the Bond The loan is collateralized by a mortgage, assignment-of-rents, and security agreement The carrying value of the property at June 30, 2012 is \$3,765,506

City of Bradenton, Florida – Equipment Sublease Purchase Agreement

On June 19, 2008, the Organization entered into an equipment sublease purchase agreement with the City of Bradenton, Florida for the purchase of equipment The total amount borrowed was \$1,500,000 with an interest rate of 4.06% Monthly payments of principal and interest of \$27,665 began July 19, 2008 with the final payment due on June 19, 2013 Collateral securing this note includes all healthcare and accounts receivable

Total interest expense on long-term debt for the year ended June 30, 2012 was \$97,928

The Organization is required to maintain certain covenants as part of its long-term debt agreements

NOTE 7 – INTEREST RATE SWAP

To hedge its interest rate risk, the Organization entered into an interest rate swap agreement (swap) with Bank of America on the Series 2004 bonds The purpose was to fix the interest rate on the Organization's variable rate bonds The notional amount of the swap is equal to the principal outstanding on the bonds, which was \$2,057,814 at June 30, 2012

MANATEE GLENS CORPORATION
NOTES TO FINANCIAL STATEMENTS

NOTE 7- INTEREST RATE SWAP – CONTINUED

The underlying index on the interest rate swap agreement was the USD/LIBOR one month rate and the fixed rate was 4.60% through December 2011. Effective December 2011, the Organization amended its SWAP agreement and the fixed rate became 2.60%.

The swap has been valued by the counterparty, at the estimated fair value of \$40,429 at June 30, 2012, which is the estimated liability on that date if the Organization were to terminate the agreement. The fair value of the swap is presented in the statement of financial position under "Interest Rate Swap". Changes in the fair value of the swap are reported in the statement of activities under the caption "Change in Fair Value of Interest Rate Swap". The swap matures January 1, 2020.

NOTE 8 – RESTRICTED NET ASSETS

As of June 30, 2012, permanently restricted net assets in the amount of \$414,918 were restricted in perpetuity to support program activities (state purchased fixed assets – net of depreciation).

During the year ended June 30, 2012, net assets temporarily restricted for future operating purposes related to the donated use of facilities were released from restriction in the amount of \$1,290,072.

NOTE 9 – CSU PROJECT

On July 9, 1991, Manatee Glens Corporation entered into an agreement with Manatee County, Florida to provide funds for the construction of a crisis stabilization unit. The County agreed to reimburse Manatee Glens Corporation \$3,329,768 for the construction of the facility.

Through December, 2011, the Organization held a leasehold title to the property. During 2012, Manatee County donated the land maintained under the land lease and a building on the parcel to the Organization. The donated land was recorded at fair value on the date of donation pursuant to a third party appraisal. The difference between the appraised value and the amount previously recorded as contributions receivable was \$255,592 and was recorded as a current year contribution.

NOTE 10 – SUPPORT FROM THE STATE OF FLORIDA WHICH REQUIRED MATCH

The Organization received funds from the Office of the Attorney General, Department of Legal Affairs in the Division of Victim Services and Criminal Justice Programs (Contract Nos V10006 and V11006). Income is earned on a reimbursement basis, that is, income can be recognized only to the extent of eligible expenses incurred. The contract required a twenty five percent (25%) local match for services to certain victims of crime.

MANATEE GLENS CORPORATION
NOTES TO FINANCIAL STATEMENTS

NOTE 10 – SUPPORT FROM THE STATE OF FLORIDA WHICH REQUIRED MATCH – CONTINUED

During the fiscal year ended June 30, 2012 the reimbursable expenses were as follows

| | |
|--------------------------------|------------------|
| Total expenses | \$ 269,274 |
| Less Non-reimbursable expenses | <u>6,462</u> |
| Total reimbursable expenses | 262,812 |
| | |
| Available for Match | 105,912 |
| In-kind available for Match | <u>6,462</u> |
| Total available for Match | 112,374 |
| | |
| Required Match | <u>30,114</u> |
| Excess Match | <u>\$ 82,260</u> |

NOTE 11 – RETIREMENT PLAN

The Organization has a profit sharing and 403(b) retirement plan covering all eligible employees. The Manatee Glen's Board of Directors elected to terminate the profit sharing plan and merge it into the 403(b) plan, effective December 31, 2011. As of June 30, 2012, the merger of the plans had not been completed. The plan allows for discretionary contributions by the Organization for both the profit sharing and the 403(b) match. The Organization suspended the discretionary matching contributions on March 31, 2009. However, in connection with the Plan merger, the Board of Directors of the Organization voted to amend the plan and allow a discretionary profit sharing contribution in the amount equal to 3% of eligible compensation for the year.

Total retirement plan expense for 2012 was \$330,000

NOTE 12 – CONCENTRATIONS OF CREDIT RISK

Cash accounts at banks are insured by the Federal Deposit Insurance Corporation (FDIC) for up to \$250,000 for the current year. All funds in a "non-interest bearing transaction account" are insured in full by the FDIC from December 31, 2010 through December 31, 2012. This temporary unlimited coverage is in addition to, and separate from, the coverage of at least \$250,000 available under the FDIC's general deposit insurance rules. At times throughout the year, the Organization's cash balances may exceed insured limits. Management believes that it is not exposed to any significant credit risk on cash and cash equivalents.

The Organization grants credit without collateral to its patients, most of who are local residents who may be insured under third-party payor agreements. The reserve for uncollectible accounts receivable was \$1,476,950 as of June 30, 2012.

The mix of receivables from patients and third-party payors at June 30, 2012 were as follows

| | |
|-----------------------|-------------|
| Medicare and Medicaid | 47% |
| Private Insurance | 32% |
| Self Pay | <u>21%</u> |
| | <u>100%</u> |

MANATEE GLENS CORPORATION
NOTES TO FINANCIAL STATEMENTS

NOTE 13 – RENTAL INCOME

The Organization has signed agreements to rent commercial facilities to outside parties under operating lease agreements, expiring through 2014. Future minimum rental income is as follows

| <u>Year Ending</u> | <u>Amount</u> |
|--------------------|---------------|
| June 30, | |
| 2013 | \$ 127,103 |
| 2014 | \$ 19,696 |

Current year rental income pursuant to this agreement was \$120,508

NOTE 14 – COMMITMENTS AND CONTINGENCIES

Litigation

From time to time, the Organization is involved in litigation and regulatory investigations arising in the course of business. After consultation with legal counsel, management estimates that these matters will be resolved without material adverse effect on the Organization's future financial position or results from operations.

Medical Malpractice Claims

The Organization purchases professional and general liability insurance to cover medical malpractice claims. There are known claims and incidents that may result in the assertion of additional claims, as well as claims from unknown incidents that may be asserted arising from services provided to patients. Management is not aware of any pending claims in excess of insured amounts. Consequently, no provision for any uninsured risks has been made.

Public Support

The Organization receives a significant amount of its income from public support through grants and contracts, which provide for reimbursement of actual costs incurred. These grants and contracts are subject to year-end adjustment and audit and retroactive adjustment by third-party payors. All known adjustments, affecting such grants and contracts, have been provided for in the financial statements.

Commitments

The Organization had contracts outstanding as of June 30, 2012, relating to renovations on the Hospital Campus for approximately \$120,000.

NOTE 15 – SUBSEQUENT EVENTS

The Organization has evaluated subsequent events through November 16, 2012, which is the date the financial statements were available to be issued.

SUPPLEMENTAL INFORMATION



Christopher, Smith, Leonard,
Bristow & Stanell, P.A.

~~GENERAL BUSINESS CONSULTANTS~~

INDEPENDENT AUDITORS' REPORT ON SUPPLEMENTAL INFORMATION

Board of Directors
Manatee Glens Corporation
Bradenton, Florida

We have audited the financial statements of Manatee Glens Corporation as of and for the year ended June 30, 2012 and have issued our report thereon dated November 16, 2012, which contained an unqualified opinion on those financial statements. Our audit was performed for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules outlined in the table of contents and found on pages 18 - 30 of these financial statements are presented for the purposes of additional analysis and are not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

*Christopher, Smith, Leonard,
Bristow & Stanell, P.A.*

CHRISTOPHER, SMITH, LEONARD,
BRISTOW & STANELL, P.A.

November 16, 2012
Bradenton, Florida

MANATEE GLENS CORPORATION
SCHEDULES OF FINANCIAL ASSISTANCE
FOR THE YEARS ENDED JUNE 30,

| | | | 2012 | 2011 |
|--|----------|----------|----------------------|----------------------|
| STATE OF FLORIDA CONTRACTS | | | | |
| IDP Line of Credit | QD1A9 | QD1A9 | \$ 60,430 | \$ 60,430 |
| Supported Employment | VS212 | VS198 | 50,541 | 68,928 |
| Central Florida Behavioral Health Network | QD1A9 | QD1A9 | 9,456,715 | 9,497,220 |
| YMCA Children, Youth & Family Services (Child Welfare) | MGCCM12 | MGCCM11 | 1,816,675 | 1,889,515 |
| YMCA Children, Youth & Family Services (Prevention) | MGCDV12 | MGCDV11 | 361,678 | 366,563 |
| YMCA Children, Youth & Family Services (Diversion) | MGCMH12 | MGCMH11 | 281,214 | 303,759 |
| YMCA Children, Youth & Family Services (Clinical) | MGCPP12 | MGCCL10 | 50,196 | 50,582 |
| VOCA | V11006 | V9006 | 93,117 | 34,507 |
| VOCA | V10006 | V10006 | 35,762 | 85,950 |
| Florida Council Against Sexual Violence | 10bSAS23 | 10bSAS23 | 21,922 | 5,655 |
| Florida Council Against Sexual Violence | 11OAG23 | 10OAG23 | 3,678 | 21,135 |
| Florida Council Against Sexual Violence | 10bSAS23 | 10bSAS23 | 7,648 | 3,057 |
| Manatee County MH Supervised Release Program (FDLE) | | | 42,569 | 75,485 |
| Manatee County Drug Court (FDLE & RECOVERY ACT) | | | 129,096 | 127,960 |
| Manatee County (CDBG) | | | 4,534 | 22,360 |
| Manatee County DUI Court (DEPT OF TRANSPORTATION) | | | 32,856 | 35,913 |
| City of Bradenton (CDBG/Shelter Plus) | | | 154,579 | 164,656 |
| Suncoast Partnership (TBRA) | | | 30,146 | 10,550 |
| Emergency Food and Shelter Program | | | 15,000 | 11,069 |
| TOTAL STATE CONTRACTS | | | 12,648,356 | 12,835,294 |
| OTHER LOCAL FUNDS | | | | |
| Board of County Commissioners – Program Funding | | | 2,436,720 | 2,486,977 |
| School Board of Manatee County | | | 172,458 | 41,940 |
| Manatee County Rural Health | | | 40,956 | 40,956 |
| Head Start | | | 51,078 | – |
| Miscellaneous Grants | | | 76,828 | 141,141 |
| TOTAL OTHER FUNDING | | | 2,778,040 | 2,711,014 |
| CONTRIBUTIONS | | | 430,803 | 456,280 |
| CONTRIBUTIONS – IN-KIND | | | 686,859 | 698,435 |
| OTHER INCOME | | | | |
| Pinnacle Plaza | | | 120,508 | 140,565 |
| Investment income | | | 33,055 | 39,466 |
| Miscellaneous | | | 102,428 | 245,429 |
| Gain (Loss) on disposal of asset | | | 10,465 | (4,807) |
| TOTAL OTHER INCOME | | | 266,456 | 420,653 |
| CLIENT FEE FOR SERVICE | | | 9,823,474 | 9,381,660 |
| TOTAL REVENUES | | | \$ 26,633,988 | \$ 26,503,336 |

MANATEE GLENS CORPORATION
SCHEDULE OF PROGRAM/COST CENTER
ACTUAL EXPENSES AND REVENUES
FOR THE YEAR ENDED JUNE 30, 2012

| <u>EXPENSE CATEGORIES</u> | <u>AFTERCARE</u> | <u>BNET</u> | <u>CASE MANAGEMENT</u> | <u>CRISIS STABILIZATION</u> |
|---|---------------------|-----------------------|------------------------|-----------------------------|
| PERSONNEL EXPENSES | | | | |
| Salaries | \$ 4,119 | \$ 140,589 | \$ 54,496 | \$ 2,024,889 |
| Fringe benefits | 924 | 28,261 | 11,224 | 340,455 |
| Total personnel expenses | <u>5,043</u> | <u>168,850</u> | <u>65,720</u> | <u>2,365,344</u> |
| OTHER EXPENSES | | | | |
| Building occupancy | 77 | 3,888 | 2,288 | 71,550 |
| Professional services | 78 | 2,525 | 913 | 227,614 |
| Travel | 14 | 1,003 | 2,009 | 327 |
| Equipment | 139 | 4,952 | 2,244 | 74,699 |
| Food services | – | – | – | 114,328 |
| Medical and pharmacy | 7 | 190 | 73 | 72,770 |
| Insurance | 99 | 3,167 | 1,412 | 42,328 |
| Interest paid | – | – | – | – |
| Operating supplies and expenses | 358 | 87,560 | 4,981 | 204,904 |
| Other | – | 18,947 | 3,498 | 200,919 |
| Donated items | – | 258 | – | 20,458 |
| Total other expenses | <u>772</u> | <u>122,490</u> | <u>17,418</u> | <u>1,029,897</u> |
| TOTAL PERSONNEL AND OTHER EXPENSES | <u>5,815</u> | <u>291,340</u> | <u>83,138</u> | <u>3,395,241</u> |
| DISTRIBUTED INDIRECT COSTS | | | | |
| Administration | 577 | 34,217 | 8,493 | 361,512 |
| Total distributed indirect costs | <u>577</u> | <u>34,217</u> | <u>8,493</u> | <u>361,512</u> |
| Total actual operating expenses | 6,392 | 325,557 | 91,631 | 3,756,753 |
| UNALLOWABLE COSTS | (77) | (22,826) | (5,782) | (272,464) |
| SAMH LINES-OF-CREDIT EQUIVALENT | – | – | – | – |
| Total Allowable Actual Operating Expenses | | | | |
| Excluding SAMH Credit Equivalent | \$ 6,315 | \$ 302,731 | \$ 85,849 | \$ 3,484,289 |
| CAPITAL EXPENDITURES | \$ – | \$ – | \$ – | \$ – |

| CRISIS SUPPORT | CCST | DAY/NIGHT | DETOX JARF | FACT | FACT ENHANCEMENT |
|---------------------|---------------------|-------------------|-------------------|---------------------|-------------------|
| \$ 1,452,094 | \$ 1,518,413 | \$ 320,037 | \$ 133,487 | \$ 689,297 | \$ - |
| 286,330 | 314,156 | 62,945 | 21,776 | 126,522 | - |
| <u>1,738,424</u> | <u>1,832,569</u> | <u>382,982</u> | <u>155,263</u> | <u>815,819</u> | <u>-</u> |
| 56,211 | 39,911 | 13,728 | 4,567 | 8,523 | - |
| 26,438 | 27,406 | 5,096 | 10,440 | 10,978 | - |
| 1,386 | 19,925 | 47 | 15 | 2,435 | - |
| 54,958 | 62,043 | 17,391 | 4,648 | 30,249 | - |
| 9,946 | - | 18,161 | - | - | - |
| 16,070 | 2,622 | 367 | 2,507 | 1,398 | - |
| 31,969 | 38,359 | 9,203 | 2,637 | 20,170 | - |
| - | - | - | - | - | - |
| 111,347 | 331,892 | 33,907 | 11,952 | 59,120 | 272,938 |
| 13,244 | 88,288 | 24,330 | 10,342 | 334 | - |
| 2,090 | 2,805 | 225,114 | 1,316 | 5,790 | - |
| <u>323,659</u> | <u>613,251</u> | <u>347,344</u> | <u>48,424</u> | <u>138,997</u> | <u>272,938</u> |
| 2,062,083 | 2,445,820 | 730,326 | 203,687 | 954,816 | 272,938 |
| 219,732 | 238,118 | 74,987 | 21,785 | 102,258 | 29,231 |
| 219,732 | 238,118 | 74,987 | 21,785 | 102,258 | 29,231 |
| 2,281,815 | 2,683,938 | 805,313 | 225,472 | 1,057,074 | 302,169 |
| (69,410) | (128,107) | (39,212) | (14,908) | (6,885) | (1,968) |
| - | - | - | - | - | - |
| <u>\$ 2,212,405</u> | <u>\$ 2,555,831</u> | <u>\$ 766,101</u> | <u>\$ 210,564</u> | <u>\$ 1,050,189</u> | <u>\$ 300,201</u> |
| <u>\$ -</u> | <u>\$ -</u> | <u>\$ -</u> | <u>\$ -</u> | <u>\$ -</u> | <u>\$ -</u> |

MANATEE GLENS CORPORATION
SCHEDULE OF PROGRAM/COST CENTER
ACTUAL EXPENSES AND REVENUES
FOR THE YEAR ENDED JUNE 30, 2012

| <u>EXPENSE CATEGORIES</u> | <u>INDIGENT DRUG PROG</u> | <u>INCIDENTAL</u> | <u>IN HOME/ ON SITE</u> | <u>INPATIENT</u> |
|---|-------------------------------|-------------------|-----------------------------|------------------|
| PERSONNEL EXPENSES | | | | |
| Salaries | \$ - | \$ - | \$ 4,997 | \$ 12,649 |
| Fringe benefits | - | - | 1,017 | 3,183 |
| Total Personnel Expenses | - | - | 6,014 | 15,832 |
| OTHER EXPENSES | | | | |
| Building occupancy | - | - | 230 | 8 |
| Professional services | - | - | 111 | 11,870 |
| Travel | - | - | 260 | 14 |
| Equipment | - | - | 210 | 541 |
| Food services | - | - | - | 14,039 |
| Medical and pharmacy | 124,476 | - | 6 | 9,378 |
| Insurance | - | - | 131 | 325 |
| Interest paid | - | - | - | - |
| Operating supplies and expenses | 220 | 64,101 | 449 | 4,517 |
| Other | - | - | 420 | 47,432 |
| Donated items | - | - | - | 75 |
| Total Other Expenses | 124,696 | 64,101 | 1,817 | 88,199 |
| TOTAL PERSONNEL AND OTHER EXPENSES | 124,696 | 64,101 | 7,831 | 104,031 |
| DISTRIBUTED INDIRECT COSTS | | | | |
| Administration | 12,738 | 6,775 | 800 | 10,939 |
| Total Distributed Indirect Costs | 12,738 | 6,775 | 800 | 10,939 |
| Total Actual Operating Expenses | 137,434 | 70,876 | 8,631 | 114,970 |
| UNALLOWABLE COSTS | - | - | (649) | (47,440) |
| SAMH LINES-OF-CREDIT EQUIVALENT | (60,430) | - | - | - |
| Total Allowable Actual Operating Expenses Excluding SAMH Credit Equivalent | \$ 77,004 | \$ 70,876 | \$ 7,982 | \$ 67,530 |
| CAPITAL EXPENDITURES | \$ - | \$ - | \$ - | \$ - |

| INTERVENTION | OP MEDICAL | OP DETOX | OUTPATIENT | OUTREACH | PREVENTION |
|-------------------|---------------------|-------------------|-------------------|-------------------|-------------------|
| \$ 249,656 | \$ 1,083,485 | \$ 359,332 | \$ 273,505 | \$ 151,365 | \$ 144,353 |
| 57,246 | 169,832 | 70,947 | 57,472 | 34,993 | 32,026 |
| <u>306,902</u> | <u>1,253,317</u> | <u>430,279</u> | <u>330,977</u> | <u>186,358</u> | <u>176,379</u> |
| 2,882 | 21,593 | 37,494 | 9,496 | 895 | 2,379 |
| 5,746 | 12,196 | 5,748 | 4,845 | 3,124 | 3,015 |
| 2,813 | 578 | 515 | 3,357 | 2,374 | 3,182 |
| 11,045 | 25,859 | 21,248 | 10,907 | 5,289 | 5,166 |
| - | - | 13,427 | - | - | - |
| 424 | 996 | 4,732 | 381 | 259 | 224 |
| 5,946 | 16,336 | 12,934 | 6,888 | 3,457 | 3,323 |
| - | - | - | - | - | - |
| 10,203 | 60,825 | 49,818 | 22,605 | 5,854 | 11,252 |
| 439 | 167,049 | 11,385 | 8,828 | - | - |
| - | 304,749 | 8,089 | - | - | - |
| <u>39,498</u> | <u>610,181</u> | <u>165,390</u> | <u>67,307</u> | <u>21,252</u> | <u>28,541</u> |
| 346,400 | 1,863,498 | 595,669 | 398,284 | 207,610 | 204,920 |
| 35,100 | 167,161 | 63,410 | 40,685 | 21,384 | 20,933 |
| <u>35,100</u> | <u>167,161</u> | <u>63,410</u> | <u>40,685</u> | <u>21,384</u> | <u>20,933</u> |
| 381,500 | 2,030,659 | 659,079 | 438,969 | 228,994 | 225,853 |
| (3,313) | (188,593) | (48,877) | (18,302) | (892) | (2,374) |
| - | - | - | - | - | - |
| <u>\$ 378,187</u> | <u>\$ 1,842,066</u> | <u>\$ 610,202</u> | <u>\$ 420,667</u> | <u>\$ 228,102</u> | <u>\$ 223,479</u> |
| <u>\$ -</u> | <u>\$ -</u> | <u>\$ -</u> | <u>\$ -</u> | <u>\$ -</u> | <u>\$ -</u> |

**MANATEE GLENS CORPORATION
SCHEDULE OF PROGRAM/COST CENTER
ACTUAL EXPENSES AND REVENUES
FOR THE YEAR ENDED JUNE 30, 2012**

| <u>EXPENSE CATEGORIES</u> | <u>RECOVERY</u> | <u>RES2</u> | <u>TOTAL</u> |
|---|------------------|---------------------|----------------------|
| PERSONNEL EXPENSES | | | |
| Salaries | \$ 29,963 | \$ 736,868 | \$ 9,383,594 |
| Fringe benefits | 7,805 | 147,018 | 1,774,132 |
| Total Personnel Expenses | <u>37,768</u> | <u>883,886</u> | <u>11,157,726</u> |
| OTHER EXPENSES | | | |
| Building occupancy | 988 | 81,071 | 357,779 |
| Professional services | 828 | 80,662 | 439,633 |
| Travel | 44 | 146 | 40,444 |
| Equipment | 1,584 | 57,714 | 390,886 |
| Food services | – | 69,121 | 239,022 |
| Medical and pharmacy | 64 | 41,104 | 278,048 |
| Insurance | 1,009 | 27,841 | 227,534 |
| Interest paid | – | – | – |
| Operating supplies and expenses | 2,322 | 122,084 | 1,473,209 |
| Other | – | 63,148 | 658,603 |
| Donated items | – | 975 | 571,719 |
| Total Other Expenses | <u>6,839</u> | <u>543,866</u> | <u>4,676,877</u> |
| TOTAL PERSONNEL AND OTHER EXPENSES | <u>44,607</u> | <u>1,427,752</u> | <u>15,834,603</u> |
| DISTRIBUTED INDIRECT COSTS | | | |
| Administration | 4,557 | 151,250 | 1,626,642 |
| Total Distributed Indirect Costs | <u>4,557</u> | <u>151,250</u> | <u>1,626,642</u> |
| Total Actual Operating Expenses | 49,164 | 1,579,002 | 17,461,245 |
| UNALLOWABLE COSTS | (986) | (144,216) | (1,017,281) |
| SAMH LINES-OF-CREDIT EQUIVALENT | – | – | (60,430) |
| Total Allowable Actual Operating Expenses Excluding SAMH Credit Equivalent | <u>\$ 48,178</u> | <u>\$ 1,434,786</u> | <u>\$ 16,383,534</u> |
| CAPITAL EXPENDITURES | <u>\$ –</u> | <u>\$ –</u> | <u>\$ –</u> |

| TOTAL FOR STATE | NON-SAMH COST CENTER | ADMINISTRATION | TOTAL EXPENSES |
|--------------------|-------------------------|--------------------|----------------------|
| \$ 9,383,594 | \$ 5,710,959 | \$ 1,563,312 | \$ 16,657,865 |
| 1,774,132 | 1,086,182 | 308,985 | 3,169,299 |
| <u>11,157,726</u> | <u>6,797,141</u> | <u>1,872,297</u> | <u>\$ 19,827,164</u> |
| | | | |
| 357,779 | 351,062 | 26,836 | 735,677 |
| 439,633 | 332,655 | 248,375 | 1,020,663 |
| 40,444 | 67,675 | 2,163 | 110,282 |
| 390,886 | 243,841 | 44,773 | 679,500 |
| 239,022 | 71,964 | – | 310,986 |
| 278,048 | 63,439 | – | 341,487 |
| 227,534 | 48,333 | 23,783 | 299,650 |
| – | 10,826 | 87,102 | 97,928 |
| 1,473,209 | 365,811 | 205,280 | 2,044,300 |
| 658,603 | 563,475 | – | 1,222,078 |
| 571,719 | 207,924 | – | 779,643 |
| <u>4,676,877</u> | <u>2,327,005</u> | <u>638,312</u> | <u>7,642,194</u> |
| | | | |
| 15,834,603 | 9,124,146 | 2,510,609 | 27,469,358 |
| | | | |
| 1,626,642 | 868,236 | (2,494,878) | – |
| <u>1,626,642</u> | <u>868,236</u> | <u>(2,494,878)</u> | <u>–</u> |
| | | | |
| 17,461,245 | 9,992,382 | 15,731 | 27,469,358 |
| (1,017,281) | (9,992,382) | (15,731) | (11,025,394) |
| <u>(60,430)</u> | <u>–</u> | <u>–</u> | <u>(60,430)</u> |
| | | | |
| \$ 16,383,534 | \$ – | \$ – | \$ 16,383,534 |
| <u>\$ –</u> | <u>\$ 564,726</u> | <u>\$ –</u> | <u>\$ 564,726</u> |

MANATEE GLENS CORPORATION
SCHEDULE OF PROGRAM/COST CENTER
ACTUAL EXPENSES AND REVENUES
FOR THE YEAR ENDED JUNE 30, 2012

| <u>FUNDING SOURCES AND REVENUES</u> | <u>AFTERCARE</u> | <u>BNET</u> | <u>CASE MANAGEMENT</u> | <u>CRISIS STABILIZATION</u> |
|---------------------------------------|------------------|-------------------|------------------------|-----------------------------|
| TOTAL STATE SAMH FUNDING | | | | |
| Central Florida Behavioral Network | \$ 14,373 | \$ 328,726 | \$ 44,123 | \$ 1,597,271 |
| Suncoast District | — | — | — | — |
| Total State SAMH Funding | 14,373 | 328,726 | 44,123 | 1,597,271 |
| OTHER GOVERNMENT FUNDING | | | | |
| Other State Agency funding | — | — | — | — |
| Medicaid (Suncoast District) | — | — | — | — |
| Medicaid (Other District) | — | — | — | — |
| Medicaid waiver | — | — | — | 174,892 |
| Medicaid HMO | — | — | — | 273,439 |
| Local government | — | — | — | 653,277 |
| Total Other Government Funding | — | — | — | 1,101,608 |
| ALL OTHER REVENUES | | | | |
| 1st and 2nd party payments | — | — | — | 149,043 |
| 3rd party payments | — | — | — | 249,779 |
| Medicare | — | — | — | 1,566 |
| Contributions and donations | — | — | — | — |
| Other | — | — | — | 2,949 |
| In-Kind | — | — | — | — |
| Total All Other Revenues | — | — | — | 403,337 |
| TOTAL ACTUAL FUNDING | \$ 14,373 | \$ 328,726 | \$ 44,123 | \$ 3,102,216 |

| CRISIS SUPPORT | CCST | DAY/NIGHT | DETOX JARF | FACT | FACT ENHANCEMENT |
|------------------|------------------|----------------|----------------|----------------|------------------|
| \$ 1,801,914 | \$ 1,513,759 | \$ - | \$ 111,010 | \$ 987,871 | \$ 254,400 |
| <u>-</u> | <u>-</u> | <u>-</u> | <u>-</u> | <u>-</u> | <u>-</u> |
| <u>1,801,914</u> | <u>1,513,759</u> | <u>-</u> | <u>111,010</u> | <u>987,871</u> | <u>254,400</u> |
| 50,582 | 50,541 | - | - | - | - |
| 12,893 | 234,989 | 33,116 | - | - | - |
| - | - | - | - | - | - |
| 9,090 | 340,099 | 48,523 | - | - | - |
| 23,417 | 492,738 | 113,005 | 3,125 | - | - |
| <u>225,310</u> | <u>1,118,367</u> | <u>367,102</u> | <u>3,125</u> | <u>-</u> | <u>-</u> |
| 321,292 | | | | | |
| 2,567 | 22,295 | 1,702 | 1,450 | 2,326 | - |
| (1,508) | (15,274) | 2,127 | 3,302 | 429 | - |
| 83 | 16,258 | 48 | - | (464) | - |
| - | - | - | - | - | - |
| 21,653 | 28,954 | 7,923 | - | 2,387 | - |
| - | - | 226,205 | - | - | - |
| <u>22,795</u> | <u>52,233</u> | <u>238,005</u> | <u>4,752</u> | <u>4,678</u> | <u>-</u> |
| \$ 2,146,001 | \$ 2,684,359 | \$ 605,107 | \$ 118,887 | \$ 992,549 | \$ 254,400 |

MANATEE GLENS CORPORATION
SCHEDULE OF PROGRAM/COST CENTER
ACTUAL EXPENSES AND REVENUES
FOR THE YEAR ENDED JUNE 30, 2012

| <u>FUNDING SOURCES AND REVENUES</u> | <u>INDIGENT DRUG PROG</u> | <u>INCIDENTAL</u> | <u>IN HOME/ ON SITE</u> | <u>INPATIENT</u> |
|---------------------------------------|-------------------------------|-------------------|-----------------------------|-------------------|
| TOTAL STATE SAMH FUNDING | | | | |
| Central Florida Behavioral Network | \$ 66,881 | \$ 63,590 | \$ 3,545 | \$ 102,128 |
| Suncoast District | 60,430 | - | - | - |
| Total State SAMH Funding | 127,311 | 63,590 | 3,545 | 102,128 |
| OTHER GOVERNMENT FUNDING | | | | |
| Other State Agency funding | - | 184,725 | - | - |
| Medicaid (Suncoast District) | - | - | - | - |
| Medicaid (Other District) | - | - | - | - |
| Medicaid waiver | - | - | - | - |
| Medicaid HMO | - | - | - | - |
| Local government | - | - | - | - |
| Total Other Government Funding | - | 184,725 | - | - |
| ALL OTHER REVENUES | | | | |
| 1st and 2nd party payments | - | - | - | - |
| 3rd party payments | - | - | - | - |
| Medicare | - | - | - | - |
| Contributions and donations | - | - | - | - |
| Other | - | - | - | - |
| In-Kind | - | - | - | - |
| Total All Other Revenues | - | - | - | - |
| TOTAL ACTUAL FUNDING | \$ 127,311 | \$ 248,315 | \$ 3,545 | \$ 102,128 |

| INTERVENTION | OP MEDICAL | OP DETOX | OUTPATIENT | OUTREACH | PREVENTION |
|-----------------|----------------|----------------|----------------|----------------|----------------|
| \$ 460,526 | \$ 603,519 | \$ 301,905 | \$ 229,719 | \$ 183,129 | \$ 213,063 |
| — | — | — | — | — | — |
| <u>460,526</u> | <u>603,519</u> | <u>301,905</u> | <u>229,719</u> | <u>183,129</u> | <u>213,063</u> |
| — | — | — | — | 4,534 | — |
| 40 | 156,326 | — | 72,788 | (23) | — |
| — | — | — | — | — | — |
| — | 287,446 | — | 115 | — | — |
| — | 445,933 | — | (255) | — | — |
| — | — | 115,950 | 40,956 | — | — |
| <u>40</u> | <u>889,705</u> | <u>115,950</u> | <u>113,604</u> | <u>4,511</u> | <u>—</u> |
| (41,544) | 61,134 | 41,249 | 70,274 | 32 | — |
| — | 25,333 | 35,249 | (4,840) | — | — |
| — | 100,108 | 560 | 1,396 | — | — |
| — | — | — | — | — | — |
| 3,803 | 17,235 | 4,652 | 4,933 | 2,235 | 2,173 |
| — | — | — | — | — | — |
| <u>(37,741)</u> | <u>203,810</u> | <u>81,710</u> | <u>71,763</u> | <u>2,267</u> | <u>2,173</u> |
| \$ 422,825 | \$ 1,697,034 | \$ 499,565 | \$ 415,086 | \$ 189,907 | \$ 215,236 |

MANATEE GLENS CORPORATION
SCHEDULE OF PROGRAM/COST CENTER
ACTUAL EXPENSES AND REVENUES
FOR THE YEAR ENDED JUNE 30, 2012

| <u>FUNDING SOURCES AND REVENUES</u> | <u>RECOVERY</u> | <u>RES 2</u> | <u>TOTAL FOR STATE SAMH-FUNDED COST CENTERS</u> |
|---------------------------------------|------------------|---------------------|---|
| TOTAL STATE SAMH FUNDING | | | |
| Central Florida Behavioral Network | \$ 38,223 | \$ 537,040 | \$ 9,456,715 |
| Suncoast District | – | – | 60,430 |
| Total State SAMH Funding | 38,223 | 537,040 | 9,517,145 |
| OTHER GOVERNMENT FUNDING | | | |
| Other State Agency funding | – | – | 290,382 |
| Medicaid (Suncoast District) | – | – | 510,129 |
| Medicaid (Other District) | – | – | – |
| Medicaid waiver | – | – | 860,165 |
| Medicaid HMO | – | – | 1,351,402 |
| Local government | – | 14,158 | 1,222,109 |
| Total Other Government Funding | – | 14,158 | 4,234,187 |
| ALL OTHER REVENUES | | | |
| 1st and 2nd party payments | 4 | 307,659 | 618,191 |
| 3rd party payments | – | 143,012 | 437,609 |
| Medicare | – | – | 119,555 |
| Contributions and donations | – | – | – |
| Other | 423 | 9,809 | 109,129 |
| In-Kind | – | – | 226,205 |
| Total All Other Revenues | 427 | 460,480 | 1,510,689 |
| TOTAL ACTUAL FUNDING | \$ 38,650 | \$ 1,011,678 | \$ 15,262,021 |

| TOTAL FOR ALL STATE DESIGNATED SAMH COST CENTERS | NON-SAMH COST CENTER | ADMINISTRATION | TOTAL FUNDING |
|--|-------------------------|-------------------|----------------------|
| \$ 9,456,715 | \$ - | \$ - | \$ 9,456,715 |
| 60,430 | - | - | 60,430 |
| <u>9,517,145</u> | <u>-</u> | <u>-</u> | <u>9,517,145</u> |
| 290,382 | 2,840,829 | - | 3,131,211 |
| 510,129 | 105,041 | - | 615,170 |
| - | 4,069 | - | 4,069 |
| 860,165 | 280,272 | - | 1,140,437 |
| 1,351,402 | 643,197 | - | 1,994,599 |
| 1,222,109 | 1,555,931 | - | 2,778,040 |
| <u>4,234,187</u> | <u>5,429,339</u> | <u>-</u> | <u>9,663,526</u> |
| 618,191 | 679,251 | - | 1,297,442 |
| 437,609 | 2,087,452 | - | 2,525,061 |
| 119,555 | 2,127,141 | - | 2,246,696 |
| - | 430,803 | - | 430,803 |
| 109,129 | (163,238) | 320,565 | 266,456 |
| 226,205 | 458,281 | 2,373 | 686,859 |
| <u>1,510,689</u> | <u>5,619,690</u> | <u>322,938</u> | <u>7,453,317</u> |
| <u>\$ 15,262,021</u> | <u>\$ 11,049,029</u> | <u>\$ 322,938</u> | <u>\$ 26,633,988</u> |

MANATEE GLENS CORPORATION
SCHEDULE OF PROGRAM/COST CENTER
ACTUAL EXPENSES AND REVENUES
FOR THE YEAR ENDED JUNE 30, 2012

| COST CENTER | AFTERCARE | BNET | CASE | CRISIS |
|--|-----------------|-------------------|------------------|---------------------|
| | | | MANAGEMENT | STABILIZATION |
| Direct expenses | \$ 5,815 | \$ 291,340 | \$ 83,138 | \$ 3,395,241 |
| Indirect expenses | 577 | 34,217 | 8,493 | 361,512 |
| Total expenses | \$ 6,392 | \$ 325,557 | \$ 91,631 | \$ 3,756,753 |
| Actual Units | 248.65 | N/A | 721.45 | 8,212.50 |
| Service Expense Ratio | \$ 23.39 | N/A | \$ 115.24 | \$ 413.42 |
| Administrative Expense Ratio | 2.32 | N/A | 11.77 | 44.02 |
| Total Rate | 25.71 | - | 127.01 | 457.44 |
| Contract Rate | 58.70 | - | 61.55 | 342.83 |
| Calculated Service Expense Rate | 23.39 | - | 61.55 | 342.83 |
| Calculated Administrative Expense Rate | 35.31 | - | - | - |
| Provider Reimbursed Rate | \$ 58.70 | \$ - | \$ 61.55 | \$ 342.83 |
| Service Expense Ratio | 39.84% | N/A | 100.00% | 100.00% |
| Administrative Expense Ratio | 60.16% | N/A | 0.00% | 0.00% |

| CRISIS SUPPORT | CCST | DAY/NIGHT | DETOX JARF | FACT | FACT ENHANCEMENT |
|-------------------------|-------------------------|----------------------|----------------------|-----------------------|----------------------|
| \$ 2,062,083 219,732 | \$ 2,445,820 238,118 | \$ 730,326 74,987 | \$ 203,687 21,785 | \$ 954,816 102,258 | \$ 272,938 29,231 |
| \$ 2,281,815 | \$ 2,683,938 | \$ 805,313 | \$ 225,472 | \$ 1,057,074 | \$ 302,169 |
| 50,949.00 | 70,844.72 | N/A | 547.50 | 22,808.13 | 5,468.93 |
| \$ 40.47 4.31 | \$ 34.52 3.36 | N/A N/A | \$ 372.03 39.79 | \$ 41.86 4.48 | \$ 49.91 5.34 |
| 44.78 | 37.88 | - | 411.82 | 46.34 | 55.25 |
| 39.93 | 36.96 | - | 291.24 | 45.47 | 50.00 |
| 39.93 | 34.52 2.44 | - | 291.24 | 41.86 3.61 | 49.91 0.09 |
| \$ 39.93 | \$ 36.96 | \$ - | \$ 291.24 | \$ 45.47 | \$ 50.00 |
| 100.00% 0.00% | 93.40% 6.60% | N/A N/A | 100.00% 0.00% | 92.06% 7.94% | 99.82% 0.18% |

MANATEE GLENS CORPORATION
SCHEDULE OF PROGRAM/COST CENTER
ACTUAL EXPENSES AND REVENUES
FOR THE YEAR ENDED JUNE 30, 2012

| COST CENTER | INDIGENT | INCIDENTAL | IN HOME/ ON SITE | | INPATIENT |
|--|---------------|--------------|---------------------|------------|---------------|
| | DRUG PROG | | | | |
| Direct expenses | \$ 124,696 | \$ 64,101 | \$ 7,831 | \$ 104,031 | |
| Indirect expenses | <u>12,738</u> | <u>6,775</u> | <u>800</u> | | <u>10,939</u> |
| Total expenses | \$ 137,434 | \$ 70,876 | \$ 8,631 | \$ 114,970 | |
| Actual Units | 1,351.62 | 1,271.80 | 50.50 | | 384.00 |
| Service Expense Ratio | \$ 92.26 | \$ 50.40 | \$ 155.07 | \$ 270.91 | |
| Administrative Expense Ratio | <u>9.42</u> | <u>5.33</u> | <u>15.84</u> | | <u>28.49</u> |
| Total Rate | 101.68 | 55.73 | 170.91 | | 299.40 |
| Contract Rate | 50.00 | 50.00 | 70.20 | | 291.24 |
| Calculated Service Expense Rate | 50.00 | 50.00 | 70.20 | | 270.91 |
| Calculated Administrative Expense Rate | <u>—</u> | <u>—</u> | <u>—</u> | | <u>20.33</u> |
| Provider Reimbursed Rate | \$ 50.00 | \$ 50.00 | \$ 70.20 | \$ 291.24 | |
| Service Expense Ratio | 100.00% | 100.00% | 100.00% | | 93.02% |
| Administrative Expense Ratio | 0.00% | 0.00% | 0.00% | | 6.98% |

| INTERVENTION | OP MEDICAL | OP DETOX | OUTPATIENT | OUTREACH | PREVENTION |
|----------------------|-------------------------|----------------------|----------------------|----------------------|----------------------|
| \$ 346,400 35,100 | \$ 1,863,498 167,161 | \$ 595,669 63,410 | \$ 398,284 40,685 | \$ 207,610 21,384 | \$ 204,920 20,933 |
| \$ 381,500 | \$ 2,030,659 | \$ 659,079 | \$ 438,969 | \$ 228,994 | \$ 225,853 |
| 7,578.75 | 5,392.80 | 5,840.00 | 3,659.66 | 7,227.90 | 4,985.99 |
| \$ 45.71 4.63 | \$ 345.55 31.00 | \$ 102.00 10.86 | \$ 108.83 11.12 | \$ 28.72 2.96 | \$ 41.10 4.20 |
| 50.34 | 376.55 | 112.86 | 119.95 | 31.68 | 45.30 |
| 62.38 | 360.79 | 78.90 | 91.09 | 43.20 | 43.20 |
| 45.71 16.67 | 345.55 15.24 | 78.90 - | 91.09 - | 28.72 14.48 | 41.10 2.10 |
| \$ 62.38 | \$ 360.79 | \$ 78.90 | \$ 91.09 | \$ 43.20 | \$ 43.20 |
| 73.28% 26.72% | 95.78% 4.22% | 100.00% 0.00% | 100.00% 0.00% | 66.49% 33.51% | 95.14% 4.86% |

MANATEE GLENS CORPORATION
SCHEDULE OF PROGRAM/COST CENTER
ACTUAL EXPENSES AND REVENUES
FOR THE YEAR ENDED JUNE 30, 2012

| COST CENTER | RECOVERY | RES2 | TOTAL |
|--|-----------------|------------------|-------------------|
| Direct expenses | \$ 44,607 | \$ 1,427,752 | \$ 15,834,603 |
| Indirect expenses | <u>4,557</u> | <u>151,250</u> | <u>1,626,642</u> |
| Total expenses | \$ 49,164 | \$ 1,579,002 | \$ 17,461,245 |
| Actual Units | 996.41 | 3,441.00 | |
| Service Expense Ratio | \$ 44.77 | \$ 414.92 | |
| Administrative Expense Ratio | <u>4.57</u> | <u>43.96</u> | |
| Total Rate | 49.34 | 458.88 | |
| Contract Rate | 38.99 | 172.57 | |
| Calculated Service Expense Rate | 38.99 | 172.57 | |
| Calculated Administrative Expense Rate | - | - | |
| Provider Reimbursed Rate | <u>\$ 38.99</u> | <u>\$ 172.57</u> | |
| Service Expense Ratio | 100.00% | 100.00% | |
| Administrative Expense Ratio | 0.00% | 0.00% | |

MANATEE GLENS CORPORATION
SCHEDULE OF RELATED PARTY TRANSACTION ADJUSTMENTS
FOR THE YEAR ENDED JUNE 30, 2012

SCHEDULE N/A – NO RELATED PARTY TRANSACTIONS

MANATEE GLENS CORPORATION
SCHEDULE OF BED-DAY AVAILABILITY PAYMENTS
FOR THE YEAR ENDED JUNE 30, 2012

| Program | Cost Center | State Contracted Rate | Total units of service provided (# of licensed Beds X Days) | Total Units of service paid for by 3rd party contracts Local Govt. or other State Agencies | Maximum # of units eligible for payment by Department | Amount paid for Services by the Department | Maximum \$ Value of units in column F | Amount owed to Department |
|-------------------------------|----------------------|-----------------------|---|--|---|--|---------------------------------------|--|
| A | B | C | D | E | (D - E) F | G | (F x C) H | (G-H or \$-0- whichever is greater) I |
| Childrens MH & Adult MH | Crisis Stabilization | See Below | 8,760 | 3,167 | 5,593 | \$ 1,724,965 | \$ 1,891,951 | \$ - |
| Adult SA | Outpatient Detox | \$ 78.90 | 5,840 | 1,801 | 4,039 | \$ 304,867 | \$ 318,677 | \$ - |
| MH - Mental Health | | | | | | | | |
| SA - Substance Abuse | | | | | | | | |
| Adult Crisis Stabilization | | \$ 342.83 | | | 806.67 | \$ 1,420,659 | \$ 276,551 | |
| Children Crisis Stabilization | | \$ 342.83 | | | 4,291.87 | 192,207 | 1,471,382 | |
| JARF | | \$ 291.24 | | | 494.50 | 112,099 | 144,018 | |
| Total | | | | | 5,593.04 | \$ 1,724,965 | \$ 1,891,951 | |

MANATEE GLENS CORPORATION
SCHEDULE OF STATE EARNINGS
FOR THE YEAR ENDED JUNE 30, 2012

| | |
|---|--------------------|
| Total Expenditures | \$ 27,469,358 |
| Less other State and Federal funds | (6,725,988) |
| Less non-match SAMH funds | (4,090,401) |
| Less unallowable costs per 65-E14, FAC | <u>(1,345,434)</u> |
| Total Allowable Expenditures (Sum of lines 1,2,3, and 4) | 15,307,535 |
| Maximum Available Earnings (Line 5 times 75%) | 11,480,651 |
| Amount of State Funds Requiring Match | <u>5,426,745</u> |
| Amount Due to Department (Subtract line 7 from line 6. If negative, the amount of the difference is due the department up to the amount of line 7). | \$ <u>—</u> |

MANATEE GLENS CORPORATION
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
AND STATE FINANCIAL ASSISTANCE
FOR THE YEAR ENDED JUNE 30, 2012

| Program Title/Agencies | CFDA/ CSFA Number | Contract Number | Federal/ State Expenditures | Transfers to Subrecipients |
|---|-------------------------|-------------------------|-----------------------------------|-------------------------------|
| U S DEPARTMENT OF HEALTH | | | | |
| <u>INDIRECT PROGRAMS</u> | | | | |
| Passed through Central Florida Behavioral Health Network, Inc | | | | |
| Temporary Assistance for Needy Families | 93 558 | CF1241-1003 (QD1A9) | \$ 122,288 | \$ - |
| Block Grants for Community Mental Health Services | 93 958 | CF1241-1003 (QD1A9) | 802,937 | - |
| Block Grants for Prevention and Treatment of Substance Abuse | 93 959 | CF1241-1003 (QD1A9) | 1,194,489 | - |
| Medical Assistance Program | 93 778 | CF1241-1003 (QD1A9) | 557,869 | - |
| Children's Health Insurance Program | 93 767 | CF1241-1003 (QD1A9) | 328,780 | - |
| Passed through Sarasota Family YMCA, Inc | | | | |
| Promoting Safe and Stable Families | 93 556 | MGCCM12 | 22,665 | - |
| Promoting Safe and Stable Families | 93 556 | MGCCD12 | 76,294 | - |
| Temporary Assistance for Needy Families | 93 558 | MGCCM12 | 169,605 | - |
| Stephanie Tubbs Jones Child Welfare Services – State Grants | 93 645 | MGCCM12 | 60,093 | - |
| Foster Care – Title IV-E | 93 658 | MGCCM12 | 413,901 | - |
| Adoption Assistance | 93 659 | MGCCM12 | 172,276 | - |
| Child Abuse and Neglect State Grants | 93 669 | MGCCD12 | 16,123 | - |
| Block Grants for Community Mental Health Services | 93 958 | MGCCM12 | 281,214 | - |
| Chafee Foster Care Independence Program | 93 674 | MGCCM12 | 77,338 | - |
| Total U S Department of Health | | | 4,295,872 | - |
| U S DEPARTMENT OF JUSTICE | | | | |
| <u>INDIRECT PROGRAMS</u> | | | | |
| Passed through the Florida Department of Legal Affairs | | | | |
| Crime Victim Assistance | 16 575 | V10006 | 35,762 | - |
| Crime Victim Assistance | 16 575 | V11006 | 93,117 | - |
| Passed through County of Manatee | | | | |
| ARRA–Edward Byrne Memorial Justice Assistance Grant Program / Grants to Units of Local Government | 16 804 | 2009-SB-B9-2798 | 69,096 | - |
| Edward Byrne Memorial Justice Assistance Grant Program | 16 738 | 2012-JAGC-MANA-3-C4-247 | 60,000 | - |
| Edward Byrne Memorial Justice Assistance Grant Program | 16 738 | 2009-DJ-BX-0810 | 42,569 | - |
| Passed through the Florida Council Against Sexual Violence | | | | |
| Sexual Assault Services Formula Program | 16 017 | 10bSAS23 | 7,648 | - |
| Total U S Department of Justice | | | 308,192 | - |
| U S DEPARTMENT OF EDUCATION | | | | |
| <u>INDIRECT PROGRAMS</u> | | | | |
| Passed through State of Florida, Department of Education, Division of Vocational Rehabilitation | | | | |
| Rehabilitation Services–Vocational Rehabilitation Grants to States | 84 126 | VS212 | 50,541 | - |
| Total U S Department of Education | | | 50,541 | - |

MANATEE GLENS CORPORATION
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
AND STATE FINANCIAL ASSISTANCE
FOR THE YEAR ENDED JUNE 30, 2012

| Program Title/Agencies | CFDA CSFA Number | Contract Number | Federal/ State Expenditures | Transfers to Subrecipients |
|--|------------------------|----------------------------|-----------------------------------|-------------------------------|
| U S DEPARTMENT OF HOUSING & URBAN DEVELOPMENT | | | | |
| <u>INDIRECT PROGRAMS</u> | | | | |
| Passed through City of Bradenton | | | | |
| Shelter Plus Care | 14 238 | FL29C40001 / FL29C50001 | 154,579 | - |
| Passed through County of Manatee Community Development Block Grants/Entitlement Grants | 14 218 | B-10-UC-12-0018 | 4,534 | - |
| Passed through Suncoast Partnership to End Homelessness Supportive Housing Program | 14 235 | FL29B700007 | 30,146 | - |
| Total U S Department of Housing and Urban Development | | | <u>189,259</u> | <u>-</u> |
| U S DEPARTMENT OF HOMELAND SECURITY | | | | |
| <u>DIRECT PROJECTS</u> | | | | |
| Emergency Food and Shelter National Board Program | 97 024 | | <u>15,000</u> | <u>-</u> |
| U S DEPARTMENT OF TRANSPORTATION | | | | |
| <u>INDIRECT PROGRAMS</u> | | | | |
| Passed through County of Manatee Alcohol Impaired Driving Countermeasures Incentive Grants I | 20 601 | | <u>32,856</u> | <u>-</u> |
| TOTAL EXPENDITURES OF FEDERAL AWARDS | | | <u>4,891,720</u> | <u>-</u> |
| STATE OF FLORIDA, DEPARTMENT OF CHILDREN AND FAMILIES, SAMH PROGRAM OFFICE, REGION 23 | | | | |
| <u>INDIRECT PROJECTS</u> | | | | |
| Passed through Central Florida Behavioral Health Network, Inc | | | | |
| Children's Baker Act Services | 60 001 | CF1241-1003 (QD1A9) | 115,548 | - |
| Baker Act | 60 006 | CF1241-1003 (QD1A9) | 1,583,575 | - |
| Substance Abuse Detoxification Services for Children | 60 028 | CF1241-1003 (QD1A9) | 62,006 | - |
| Substance Abuse Treatment and Aftercare Services for Children | 60 030 | CF1241-1003 (QD1A9) | 322,340 | - |
| Substance Abuse Detoxification Services for Adults | 60 031 | CF1241-1003 (QD1A9) | 127,711 | - |
| Substance Abuse Treatment and Aftercare Services for Adults | 60 033 | CF1241-1003 (QD1A9) | 425,205 | - |
| Adult Community Mental Health Florida Assertive Community Treatment Teams | 60 042 | CF1241-1003 (QD1A9) | 251,932 | - |
| Adult Community Mental Health – Community Support Services | 60 053 | CF1241-1003 (QD1A9) | 1,863,849 | - |

MANATEE GLENS CORPORATION
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
AND STATE FINANCIAL ASSISTANCE
FOR THE YEAR ENDED JUNE 30, 2012

| Program Title/Agencies | CFDA CSFA Number | Contract Number | Federal/ State Expenditures | Transfers to Subrecipients |
|---|------------------------|---------------------|-----------------------------------|-------------------------------|
| <u>INDIRECT PROJECTS</u> | | | | |
| Adult Community Mental Health – Emergency Stabilization | 60 054 | CF1241-1003 (QD1A9) | 123,080 | – |
| Children's Mental Health Community Support Services | 60 055 | CF1241-1003 (QD1A9) | 140,331 | – |
| Children's Mental Health Emergency Stabilization | 60 057 | CF1241-1003 (QD1A9) | 150,525 | – |
| Children's Mental Health Services- Special Projects – Emergency Stabilization | 60 059 | CF1241-1003 (QD1A9) | 416,850 | – |
| Adult Mental Health – Special Projects – Emergency Stabilization | 60 061 | CF1241-1003 (QD1A9) | 867,402 | – |
| IDP Line of Credit | UNK | CF1241-1003 (QD1A9) | 60,430 | – |
| Passed through YMCA Children, Youth and Family Services | | | | |
| Community Based Care (CBC) Supports | 60 094 | MGCCM12 | 744,302 | – |
| Community Based Care (CBC) Supports | 60 094 | MGCDV12 | 261,726 | – |
| Community Based Care (CBC) Supports | 60 094 | MGCPP12 | 50,196 | – |
| TOTAL STATE OF FLORIDA, DEPARTMENT OF CHILDREN AND FAMILIES, SAMH PROGRAM OFFICE, REGION 23 | | | 7,567,008 | – |
| STATE OF FLORIDA, DEPARTMENT OF HEALTH | | | | |
| <u>INDIRECT PROJECTS</u> | | | | |
| Passed through Florida Council Against Sexual Violence | | | | |
| Rape Crisis Program Trust Fund-Sexual Battery Victims' Access To Services Act | 64 061 | 10RCP23 | 21,922 | – |
| Florida Council Against Sexual Violence | 41 010 | 11OAG23 | 3,678 | – |
| Total State of Florida, Department of Health | | | 25,600 | – |
| TOTAL EXPENDITURES OF STATE FINANCIAL ASSISTANCE | | | 7,592,608 | – |
| TOTAL FEDERAL AND STATE EXPENDITURES | | | \$ 12,484,328 | \$ – |

Notes

(1) The Schedule of Expenditures of Federal Awards and State Financial Assistance includes federal and state grant activity presented on the accrual basis of accounting. However, the information in this schedule is in accordance with OMB Circular A-133, *Audits of States and Local Governments, and Non-Profit Organizations and the Florida Single Audit Act*. Therefore, some amounts presented in this schedule may differ from amounts presented in, or used in the preparation of the basic financial statements.

(2) No federal awards were expended in non-cash assistance

OTHER AUDITORS' REPORTS



Christopher, Smith, Leonard,
Bristow & Stanell, P.A.

INDEPENDENT AUDITORS' REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING AND ON
COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED IN
ACCORDANCE WITH GOVERNMENT AUDITING STANDARDS

To the Board of Directors
Manatee Glens Corporation
Bradenton, FL

We have audited the financial statements of Manatee Glens Corporation (a non-profit organization) as of and for the year ended June 30, 2012, and have issued our report thereon dated November 16, 2012. We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States of America and Chapter 10 650, Rules of the Auditor General.

Internal Control Over Financial Reporting

Management of Manatee Glens Corporation is responsible for establishing and maintaining effective internal control over financial reporting. In planning and performing our audit, we considered Manatee Glens Corporation's internal control over financial reporting as a basis for designing our auditing procedures for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of Manatee Glens Corporation's internal control over financial reporting. Accordingly, we do not express an opinion on the effectiveness of the Organization's internal control over financial reporting.

A *deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent or detect and correct misstatements on a timely basis. A *material weakness* is a deficiency, or a combination of deficiencies, in internal control such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected on a timely basis.

Our consideration of internal control over financial reporting was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control over financial reporting that might be deficiencies, significant deficiencies or material weaknesses. We did not identify any deficiencies in internal control over financial reporting that we consider to be material weaknesses, as defined above.

Compliance and Other Matters

As part of obtaining reasonable assurance about whether Manatee Glens Corporation's financial statements are free of material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on

compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*, or under Chapter 10.650, Rules of the Auditor General.

This report is intended solely for the information and use of management, the board of directors, others within the organization, federal and state awarding agencies and pass-through entities and is not intended to be and should not be used by anyone other than those specified parties.

*Christopher, Smith, Leonard,
Bristow + Stanell, P.A.*

CHRISTOPHER, SMITH, LEONARD,
BRISTOW & STANELL, P.A.

November 16, 2012
Bradenton, Florida



Christopher, Smith, Leonard,
Bristow & Stanell, P.A.

CERTIFIED PUBLIC ACCOUNTING CONSULTANTS

INDEPENDENT AUDITORS' REPORT ON COMPLIANCE WITH REQUIREMENTS THAT COULD
HAVE A DIRECT AND MATERIAL EFFECT ON EACH MAJOR FEDERAL PROGRAM AND STATE PROJECT
AND ON INTERNAL CONTROL OVER COMPLIANCE IN ACCORDANCE WITH OMB CIRCULAR A-133
AND THE RULES OF THE AUDITOR GENERAL CHAPTER 10.650

INDEPENDENT AUDITORS' REPORT

To the Board of Directors
Manatee Glens Corporation

Compliance

We have audited Manatee Glens Corporation's, (a non-profit organization) compliance with the types of compliance requirements described in the *OMB Circular A-133 Compliance Supplement* and the requirements described in the Department of Financial Services State Projects Compliance Supplement, that could have a direct and material effect on Manatee Glens Corporation's major federal programs and state projects for the year ended June 30, 2012. Manatee Glens Corporation's major federal programs and state projects are identified in the summary of auditors' results section of the accompanying Schedule of Findings and Questioned Costs. Compliance with the requirements of laws, regulations, contracts, and grants applicable to each of its major federal programs and state projects is the responsibility of Manatee Glens Corporation's management. Our responsibility is to express an opinion on Manatee Glens Corporation's compliance based on our audit.

We conducted our compliance audit in accordance with auditing standards generally accepted in the United States of America, the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States, and OMB Circular A-133, and Chapter 10.650 Rules of the Auditor General. Those standards, OMB Circular A-133 and Chapter 10.650 Rules of the Auditor General require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major federal program or state project occurred. An audit includes examining, on a test basis, evidence about Manatee Glens Corporation's compliance with those requirements and performing such other procedures as we considered necessary in the circumstances. We believe that our audit provides a reasonable basis for our opinion. Our audit does not provide a legal determination of Manatee Glens Corporation's compliance with those requirements.

In our opinion, Manatee Glens Corporation complied, in all material respects, with the compliance requirements referred to above that could have a direct and material effect on each of its major federal programs and state projects for the year ended June 30, 2012.

Internal Control Over Compliance

Management of Manatee Glens Corporation is responsible for establishing and maintaining effective internal control over compliance with requirements of laws, regulations, contracts, and grants applicable to federal programs and state projects. In planning and performing our audit, we considered Manatee Glens Corporation's internal control over compliance with requirements that could have a direct and material effect on a major federal program or state project to determine our auditing procedures for the purpose of expressing our opinion on compliance and to test and report on internal

control over compliance in accordance with OMB Circular A-133 and Chapter 10.650 of the Rules of the Auditor General, but not for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of the Organization's internal control over compliance.

A *deficiency in internal control over compliance* exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent or detect and correct, noncompliance with a type of compliance requirement of a federal program or state project on a timely basis. A material weakness in internal control over compliance is a deficiency, or combination of control deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program or state project will not be prevented or detected and corrected, on a timely basis.

Our consideration of the internal control over compliance was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control over compliance that might be deficiencies, significant deficiencies or material weaknesses. We did not identify any deficiencies in internal control over compliance that we consider to be *material weaknesses*, as defined above.

This report is intended solely for the information and use of management, the board of directors, others within the organization, federal and state awarding agencies and pass-through entities and is not intended to be and should not be used by anyone other than those specified parties.

*Christopher, Smith, Leonard,
Bristow + Stanell, P.A.*
CHRISTOPHER, SMITH, LEONARD,
BRISTOW & STANELL, P.A.,

November 16, 2012
Bradenton, Florida

MANATEE GLENS CORPORATION
SCHEDULE OF FINDINGS AND QUESTIONED COSTS
FEDERAL PROGRAMS AND STATE PROJECTS
FOR THE YEAR ENDED JUNE 30, 2012

SECTION I – SUMMARY OF AUDITORS’ RESULTS

Financial Statements

| | |
|---|---------------|
| Type of auditor's report issued | Unqualified |
| Internal Control over financial reporting | |
| • Material weakness(es) identified? | No |
| • Significant deficiency(ies) identified that are not considered to be material weaknesses? | None reported |

Noncompliance material to financial statements noted?

No

Federal Awards and State Projects

| | |
|---|---------------|
| Internal control over major programs | |
| • Material weakness(es) identified? | No |
| • Significant deficiency(ies) identified that are not considered to be material weakness(es)? | None reported |

Type of auditor's report issued on compliance for major programs

Unqualified

Any audit findings disclosed that are required to be reported in accordance with section 510(a) of OMB Circular A-133 and Chapter 10 650, Rules of the Auditor General

No

| <u>Identification of Major Federal Programs</u> | <u>CFDA Number</u> |
|--|--------------------|
| Temporary Assistance for Needy Families | 93 558 |
| Block Grants for Community Mental Health Services | 93 958 |
| Edward Byrne Memorial Justice Assistance Grant Program | 16 738 |
| ARRA-Edward Byrne Memorial Justice Assistance Grant Program/ Grants to Units of Local Government | 16 804 |

| <u>Identification of Major State Projects</u> | <u>CSFA Number</u> |
|--|--------------------|
| Substance Abuse Detoxification Services for Adults | 60 031 |
| Community Based Supports | 60 094 |
| Children's Mental Health Emergency Stabilization | 60 057 |
| Adult Community Mental Health – Community Support Services | 60 053 |
| Adult Mental Health – Special Projects – Emergency Stabilization | 60 061 |

MANATEE GLENS CORPORATION
SCHEDULE OF FINDINGS AND QUESTIONED COSTS
FEDERAL PROGRAMS AND STATE PROJECTS
FOR THE YEAR ENDED JUNE 30, 2012

SECTION I – SUMMARY OF AUDITORS’ RESULTS – CONTINUED

| | |
|---|-----------|
| Dollar threshold used to distinguish between type A and type B programs/ projects (Federal and State) | \$300,000 |
| Auditee qualified as low-risk auditee? (Federal Only) | Yes |

SECTION II FINANCIAL STATEMENT FINDINGS

None Reported

PRIOR YEAR AUDIT FINDINGS

None Reported

SECTION III – FINDINGS AND QUESTIONED COSTS – FEDERAL PROGRAM

None reported

SECTION IV – FINDINGS AND QUESTIONED COSTS – STATE PROJECTS

None reported

SECTION V – OTHER ISSUES

Pursuant to Auditor General Rule 10 654(1)(e), a management letter has been prepared and can be found on page 40. No Summary Schedule of Prior Audit Findings is required because there were no audit findings related to Federal programs or State Projects. As a result, no Corrective Action Plan has been included because there were no findings reported under the Federal or Florida Single Audit Acts.



Christopher, Smith, Leonard,
Bristow & Stanell, P.A.

~~CERTIFIED PUBLIC ACCOUNTANTS & CONSULTANTS~~

MANAGEMENT LETTER

To the Board of Directors
Manatee Glens Corporation
Bradenton, Florida

We have audited the financial statements Manatee Glens Corporation as of and for the fiscal year ended June 30, 2012, and have issued our report thereon dated November 16, 2012

We conducted our audit in accordance with auditing standards generally accepted in the United States of America, the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States, and OMB Circular A-133, *Audits of States, Local Governments, and Non-Profit Organizations*. We have issued our Independent Auditors' Report on Internal Control over Financial Reporting and Compliance and Other Matters, Independent Auditors' Report on Compliance with Requirements that could have a Direct and Material Effect on Each Major Federal Program and State Project and on Internal Control over Compliance, and Schedule of Findings and Questioned Costs Disclosures in those reports and schedule, which were dated November 16, 2012, should be considered in conjunction with this management letter.

Additionally, our audit was conducted in accordance with Chapter 10.650, Rules of the Auditor General, which requires disclosure in the management letter of violations of provisions of contracts or grant agreements, or abuse, that have an effect on the financial statements or state project amounts that is less than material but more than inconsequential. In addition, for matters that have an inconsequential effect on the financial statements or State Project amounts, considering both quantitative and qualitative factors, the following may be reported based on professional judgment (1) violations of provisions of contracts or grant agreements, fraud, illegal acts, or abuse, that have occurred, or are likely to have occurred, (2) Deficiencies in internal control that are not significant deficiencies.

There were no current year or prior year comments reported as part of the Management Letter.

Pursuant to Chapter 119, Florida Statutes, this management letter is public record and its distribution is not limited. Auditing standards generally accepted in the United States of America require us to indicate that this letter is intended solely for the information and use of Manatee Glens Corporation and management, and the Florida Auditor General, Federal and State awarding agencies and pass-through entities, and is not intended to be and should not be used by anyone other than these specified parties.

*Christopher, Smith, Leonard,
Bristow & Stanell, P.A.*

CHRISTOPHER, SMITH, LEONARD,
BRISTOW & STANELL, P.A.

November 16, 2012
Bradenton, Florida