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## Return of Organization Exempt From Income Tax

2014

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

► Do not enter social security numbers on this form as it may be made public.

► Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

A For the 2014 calendar year, or tax year beginning 7/01, 2014, and ending 6/30, 2015

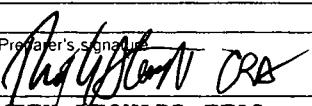
B Check if applicable	C		D Employer identification number	
<input type="checkbox"/> Address change	CENTERSTONE OF FLORIDA, INC.		59-1009537	
<input checked="" type="checkbox"/> Name change	P.O. BOX 9478		E Telephone number	
<input type="checkbox"/> Initial return	BRADENTON, FL 34206		(941) 782-4299	
<input type="checkbox"/> Final return/terminated				
<input type="checkbox"/> Amended return				
<input type="checkbox"/> Application pending	F Name and address of principal officer SEAN GINGRAS SAME AS C ABOVE		G Gross receipts \$ 30,649,135.	
I Tax-exempt status	X 501(c)(3)	501(c) ( ) (insert no)	4947(a)(1) or 527	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
J Website:	► WWW.CENTERSTONE.ORG			H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, attach a list (see instructions)
K Form of organization	X Corporation	Trust	Association	L Year of formation 1962 M State of legal domicile FL

## Part III: Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities	CENTERSTONE OF FLORIDA, INC. HELPS FAMILIES IN CRISIS BY PROVIDING MENTAL HEALTH AND ADDICTION SERVICES AND SUPPORTS THE COMMUNITY THROUGH PREVENTION AND RECOVERY.	
	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
Revenue	3 Number of voting members of the governing body (Part VI, line 1a)	3	14
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	14
Expenses	5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	645
	6 Total number of volunteers (estimate if necessary)	6	22
Fund Balances	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	0.
Net Assets or Fund Balances	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	16,188,763.	17,446,813.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	12,270,321.	13,005,694.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	30,742.	53,372.
	12 Total revenue -- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	23,410.	123,522.
		28,513,236.	30,629,401.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)			
14 Benefits paid to or for members (Part IX, column (A), line 4)			
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	21,346,665.	22,873,414.	
16a Professional fundraising fees (Part IX, column (A), line 11e)			
b Total fundraising expenses (Part IX, column (D), line 25) ►	53,061.		
17 Other expenses (Part IX, column (A), lines 1a-11d, 11f-24e)	7,119,734.	7,418,732.	
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	28,466,399.	30,292,146.	
19 Revenue less expenses. Subtract line 18 from line 12	46,837.	337,255.	
20 Total assets (Part X, line 6)	Beginning of Current Year	End of Year	
21 Total liabilities (Part X, line 26)	15,189,450.	14,633,104.	
22 Net assets or fund balances Subtract line 21 from line 20	5,655,666.	4,758,806.	
	9,533,784.	9,874,298.	

## Part II: Signature Block

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

Sign Here	► 	Signature of officer		Date 4/12/2016
	► SEAN GINGRAS	Type or print name and title		DIR. OF FINANCE
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date 4/01/16	Check <input type="checkbox"/> if self-employed PTIN P01362173
	ROBERT E. STANELL		4/01/16	
	Firm's name ► CHRISTOPHER, SMITH, LEONARD ETAL			
Firm's address ► 1001 3RD AVE W, SUITE 700			Firm's EIN ► 59-2142260	
			Phone no (941) 748-1040	

May the IRS discuss this return with the preparer shown above? (see instructions)

BAA For Paperwork Reduction Act Notice, see the separate instructions.

TEEA0113L 05/28/14

Form 990 (2014)

 Yes  No

H Glos P

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III 1 Briefly describe the organization's mission

CENTERSTONE OF FLORIDA, INC. 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 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 \$ 13,779,924. including grants of \$ \_\_\_\_\_) (Revenue \$ 4,831,581.)

SEE SCHEDULE O

**4b** (Code \_\_\_\_\_) (Expenses \$ 11,082,446. including grants of \$ \_\_\_\_\_) (Revenue \$ 7,734,341.)

SEE SCHEDULE O

**4c** (Code \_\_\_\_\_) (Expenses \$ 1,683,579. including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

SEE SCHEDULE O4d Other program services. (Describe in Schedule O)SEE SCHEDULE O(Expenses \$ 1,361,321. including grants of \$ \_\_\_\_\_) (Revenue \$ 439,772.)4e Total program service expenses ► 27,907,270.

**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 1 X

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

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 3 X

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 4 X

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 5 X

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

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

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

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

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 10 X

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 11a X

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 11b X

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 11c X

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 11d X

e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X 11e 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 11f X

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

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

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

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

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, Parts I and IV 14b X

15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV 15 X

16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV 16 X

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 (see instructions) 17 X

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 18 X

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 19 X

20a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H 20a X

b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b X

**Part IV Checklist of Required Schedules (continued)**

21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II

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

23 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete 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 lines 24b through 24d and complete Schedule K If 'No,' go to line 25a

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

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

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

25a **Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? 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 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? 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 direct or indirect 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, Part II, III, or IV, and Part V, line 1

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? 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 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O

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

**Part V. Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V 

		Yes	No
1 a	96		
1 b	0		
1 c	X		
2 a	645		
2 b	X		
3 a		X	
3 b			
4 a		X	
5 a		X	
5 b		X	
5 c			
6 a		X	
6 b			
7 a		X	
7 b			
7 c		X	
7 d			
7 e		X	
7 f		X	
7 g			
7 h			
8			
9 a			
9 b			
10 a			
10 b			
11 a			
11 b			
12 a			
12 b			
13 a			
13 b			
13 c			
14 a		X	
14 b			

1 a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable

1 b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

1 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

2 a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return

2 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)

3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?

3 b If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O

4 a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

4 b If 'Yes,' enter the name of the foreign country ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)

5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?

5 b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?

5 c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?

6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?

6 b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?

7 **Organizations that may receive deductible contributions under section 170(c).**

7 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?

7 b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?

7 c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?

7 d If 'Yes,' indicate the number of Forms 8282 filed during the year

7 e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

7 f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

7 g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?

7 h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?

8 **Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?

9 **Sponsoring organizations maintaining donor advised funds.**

9 a Did the sponsoring organization make any taxable distributions under section 4966?

9 b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?

10 **Section 501(c)(7) organizations.** Enter:

10 a Initiation fees and capital contributions included on Part VIII, line 12

10 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

11 **Section 501(c)(12) organizations.** Enter

11 a Gross income from members or shareholders

11 b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )

12 a **Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?

12 b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year

13 **Section 501(c)(29) qualified nonprofit health insurance issuers.**

13 a Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O

13 b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans

13 c Enter the amount of reserves on hand

14 a Did the organization receive any payments for indoor tanning services during the tax year?

14 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 line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

### Section A. Governing Body and Management

1 a Enter the number of voting members of the governing body at the end of the tax year  
If there are material differences in voting rights among members  
of the governing body, or if the governing body delegated broad  
authority to an executive committee or similar committee, explain in Schedule O

1 a 14

b Enter the number of voting members included in line 1a, above, who are independent

1 b 14

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 X

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 X

4 Did the organization make any significant changes to its governing documents  
since the prior Form 990 was filed? SEE SCH O

4 X

5 Did the organization become aware during the year of a significant diversion of the organization's assets?

5 X

6 Did the organization have members or stockholders?

6 X

7 a 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?

7 a X

b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?

7 b X

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following

8 a X

8 b X

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 X

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

10 a Did the organization have local chapters, branches, or affiliates?

10 a X

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?

10 b

11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?

11 a X

b Describe in Schedule O the process, if any, used by the organization to review this Form 990 SEE SCHEDULE O

12 a Did the organization have a written conflict of interest policy? If 'No,' go to line 13

12 a X

b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?

12 b X

c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done SEE SCHEDULE O

12 c X

13 Did the organization have a written whistleblower policy?

13 X

14 Did the organization have a written document retention and destruction policy?

14 X

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?

15 a X

a The organization's CEO, Executive Director, or top management official

15 b X

b Other officers or key employees of the organization SEE SCHEDULE O  
If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions)

16 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?

16 a X

b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

16 b

### Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► NONE

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

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.  
SEE SCHEDULE O

20 State the name, address, and telephone number of the person who possesses the organization's books and records ►  
**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 or note to any line in this Part VII 
**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

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

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related orga- nizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099 MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
		Or director	Individual trustee	Institutional trustee	Officer	Key employee	Highest compensated		
(1) MICHAEL CORLEY DIRECTOR	1.5 0		X					0.	0.
(2) KATHY HARGREAVES DIRECTOR	1.5 0		X					0.	0.
(3) JAMES F. ALDERMAN TREASURER	2.5 0			X				0.	0.
(4) JAMES T. GOLDEN DIRECTOR	1.5 0			X				0.	0.
(5) NINA MARSHALL DIRECTOR	1.5 0			X				0.	0.
(6) ANDY GREGORY DIRECTOR	1.5 0			X				0.	0.
(7) TERRY REHFELDT DIRECTOR	1.5 0			X				0.	0.
(8) MARGARET MOORE DIRECTOR	1.5 0			X				0.	0.
(9) TIM KNOWLES DIRECTOR	1.5 0			X				0.	0.
(10) THOMAS P. NOLAN VICE CHAIR	2.5 0			X				0.	0.
(11) JENNIFER BENCIE DIRECTOR	1.5 0			X				0.	0.
(12) COLLEEN THAYER DIRECTOR	1.5 0			X				0.	0.
(13) DAVID WILCOX SECRETARY	2.5 0			X				0.	0.
(14) PATRICIA E. LUCAS DIRECTOR	2.5 0			X				0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
		Former or director	Individual trustee	Officer	Key employee	Highest compensated employee			
(15) PAUL M. DUCK CHAIR	2.5 0	X					0.	0.	0.
(16) RANJAY HALDER MEDICAL DIR.	40 0		X				276,991.	0.	19,687.
(17) MARY RUIZ CEO	40 0		X				199,784.	0.	24,165.
(18) DEBORAH KOSTROUN COO	40 0		X				135,582.	0.	9,043.
(19) SEAN GINGRAS DIR. OF FINANCE	40 0		X				106,079.	0.	3,419.
(20) JAMES WHITMAN PHYSICIAN	16 0			X			126,244.	0.	0.
(21) LUIS JASA PHYSICIAN	30 0			X			154,428.	0.	9,060.
(22) DANIEL GESSESE PHYSICIAN	40 0			X			201,304.	0.	16,045.
(23) GABRIEL LUGO PHYSICIAN	40 0			X			206,326.	0.	0.
(24) THOMAS LUSTBERG PHYSICIAN	29 0			X			134,151.	0.	16,841.
(25)									
1 b Sub-total							1,540,889.	0.	98,260.
c Total from continuation sheets to Part VII, Section A							0.	0.	0.
d Total (add lines 1b and 1c)							1,540,889.	0.	98,260.

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 ► 9

	Yes	No
3 Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual	3	X
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	X
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	X

## 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
CARDINAL HEALTH 21377 NETWORK PLACE CHICAGO, IL 60673	PHARMACY MANAGEMENT	369,860.
FCS, INC. 1711 ASHLEY CIRCLE, SUITE 6 BOWLING GREEN, KY 42104	STAFF RECRUITMENT	101,000.
NETSMART TECHNOLOGIES P.O BOX 823519 PHILADELPHIA, PA 19182-3519	PROFESSIONAL SERVS.	154,205.

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 ► 3

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Contributions, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>			
	<b>b</b> Membership dues	<b>1b</b>			
	<b>c</b> Fundraising events	<b>1c</b> 32,128.			
	<b>d</b> Related organizations	<b>1d</b>			
	<b>e</b> Government grants (contributions)	<b>1e</b> 16,897,107.			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 517,578.			
	<b>g</b> Noncash contributions included in lines 1a-1f	\$ 457,051.			
	<b>h Total.</b> Add lines 1a-1f	► 17,446,813.			
<b>Program Service Revenue</b>	<b>Business Code</b>				
	<b>2a</b> PATIENT SERVICE REVENUE	623990	12,722,512.	12,722,512.	
	<b>b</b> MEDICAID EFT	623990	127,500.	127,500.	
	<b>c</b> RENTAL INCOME	532000	108,855.	108,855.	
	<b>d</b> DINING ROOM	623990	33,411.	33,411.	
	<b>e</b> REFUNDS & REBATES	623990	13,416.	13,416.	
	<b>f</b> All other program service revenue				
	<b>g Total.</b> Add lines 2a-2f	► 13,005,694.			
<b>Other Revenue</b>	3	Investment income (including dividends, interest and other similar amounts)	► 42,090.		42,090.
	4	Income from investment of tax-exempt bond proceeds.	►		
	5	Royalties	►		
	<b>6a</b> Gross rents	(i) Real	(ii) Personal		
	<b>b</b> Less rental expenses				
	<b>c</b> Rental income or (loss)				
	<b>d</b> Net rental income or (loss)	►			
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other		
<b>b</b> Less: cost or other basis and sales expenses		13,214.			
<b>c</b> Gain or (loss)		1,932.			
<b>d</b> Net gain or (loss)	►	11,282.	► 11,282.	11,282.	
<b>8a</b> Gross income from fundraising events (not including \$ 32,128. of contributions reported on line 1c).	a	12,740.			
See Part IV, line 18	b	17,802.			
<b>b</b> Less direct expenses	c	Net income or (loss) from fundraising events	► -5,062.	-5,062.	
<b>9a</b> Gross income from gaming activities See Part IV, line 19	a				
<b>b</b> Less direct expenses	b				
<b>c</b> Net income or (loss) from gaming activities	►				
<b>10a</b> Gross sales of inventory, less returns and allowances	a				
<b>b</b> Less cost of goods sold	b				
<b>c</b> Net income or (loss) from sales of inventory	►				
<b>Miscellaneous Revenue</b>		<b>Business Code</b>			
<b>11a</b> MISCELLANEOUS REVENUE	623990	128,584.	128,584.		
<b>b</b>					
<b>c</b>					
<b>d</b> All other revenue					
<b>e Total.</b> Add lines 11a-11d	► 128,584.				
<b>12 Total revenue.</b> See instructions	► 30,629,401.	13,134,278.	0.	48,310.	

**Part IX Statement of Functional Expenses**

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

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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	767,143.	383,571.	361,874.	21,698.
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.	0.	0.	0.
7 Other salaries and wages	18,292,732.	17,069,194.	1,201,922.	21,616.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	241,674.	237,099.	4,571.	4.
9 Other employee benefits	1,984,383.	1,858,237.	124,375.	1,771.
10 Payroll taxes	1,587,482.	1,482,669.	102,353.	2,460.
11 Fees for services (non-employees)				
a Management				
b Legal	59,439.	35,701.	23,738.	
c Accounting	104,097.	32,440.	71,657.	
d Lobbying	28,500.		28,500.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	838,450.	834,536.	3,736.	178.
12 Advertising and promotion	153,714.	149,472.	4,238.	4.
13 Office expenses	86,259.	73,258.	12,612.	389.
14 Information technology	36,254.	33,894.	325.	2,035.
15 Royalties				
16 Occupancy	755,644.	680,348.	75,276.	20.
17 Travel	141,989.	139,814.	2,175.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	123,289.	94,652.	28,637.	
20 Interest	108,649.	5,391.	103,258.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	817,197.	785,408.	31,192.	597.
23 Insurance	509,592.	486,887.	21,372.	1,333.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a <u>BAD DEBT EXPENSE</u>	1,121,528.	1,121,528.		
b <u>MEDICINE/MEDICAL SUPPLIES</u>	699,998.	699,998.		
c <u>MISC IN-KIND DONATIONS</u>	452,242.	452,242.		
d <u>FOOD</u>	372,452.	372,452.		
e All other expenses	1,009,439.	878,479.	130,004.	956.
25 Total functional expenses. Add lines 1 through 24e	30,292,146.	27,907,270.	2,331,815.	53,061.
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here □ if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part X 

		(A) Beginning of year	(B) End of year	
	<b>Assets</b>			
1	Cash – non-interest-bearing	990,176.	1,775,296.	
2	Savings and temporary cash investments	2		
3	Pledges and grants receivable, net	1,781,301.	1,987,529.	
4	Accounts receivable, net	2,487,094.	1,686,481.	
5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	5		
6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	6		
7	Notes and loans receivable, net	7		
8	Inventories for sale or use	318,208.	241,603.	
9	Prepaid expenses and deferred charges	321,184.	346,594.	
10a	Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	10a	18,849,141.	
b	Less accumulated depreciation	10b	10,343,878.	
11	Investments – publicly traded securities	9,102,555.	10c	8,505,263.
12	Investments – other securities See Part IV, line 11	11		
13	Investments – program-related See Part IV, line 11	12		
14	Intangible assets	13		
15	Other assets See Part IV, line 11	14		
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	188,932.	15	90,338.
		15,189,450.	16	14,633,104.
		2,120,296.	17	1,838,459.
		191,834.	18	
		1,586,975.	19	217,966.
		21		
		22		
		1,741,106.	23	1,356,497.
		24		
		15,455.	25	12,196.
		5,655,666.	26	4,758,806.
	<b>Liabilities</b>			
17	Accounts payable and accrued expenses	27		
18	Grants payable	28		
19	Deferred revenue	29		
20	Tax-exempt bond liabilities	30		
21	Escrow or custodial account liability Complete Part IV of Schedule D	31		
22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	32		
23	Secured mortgages and notes payable to unrelated third parties	33		
24	Unsecured notes and loans payable to unrelated third parties	34		
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	35		
26	<b>Total liabilities.</b> Add lines 17 through 25	36		
	<b>Net Assets or Fund Balances</b>			
27	Unrestricted net assets	37		
28	Temporarily restricted net assets	38		
29	Permanently restricted net assets	39		
	<b>Organizations that follow SFAS 117 (ASC 958), check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>	40		
30	Capital stock or trust principal, or current funds	41		
31	Paid-in or capital surplus, or land, building, or equipment fund	42		
32	Retained earnings, endowment, accumulated income, or other funds	43		
33	Total net assets or fund balances	44		
34	Total liabilities and net assets/fund balances	45		

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Form 990 (2014)

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI 

1 Total revenue (must equal Part VIII, column (A), line 12)	1	30,629,401.
2 Total expenses (must equal Part IX, column (A), line 25)	2	30,292,146.
3 Revenue less expenses Subtract line 2 from line 1	3	337,255.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	9,533,784.
5 Net unrealized gains (losses) on investments	5	
6 Donated services and use of facilities	6	
7 Investment expenses	7	
8 Prior period adjustments	8	
9 Other changes in net assets or fund balances (explain in Schedule O) SEE SCHEDULE O	9	3,259.
10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	9,874,298.

**Part XII: Financial Statements and Reporting**Check if Schedule O contains a response or note to any line 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		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
<b>2b</b> Were the organization's financial statements audited by an independent accountant?	2b	X
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:		
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
<b>c</b> If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		
<b>3a</b> 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?	3a	X
<b>b</b> If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	X

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Form 990 (2014)

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2014**

**Open to Public  
Inspection**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
► Attach to Form 990 or Form 990-EZ.  
► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

CENTERSTONE OF FLORIDA, INC.

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2014

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants')	16322089.	16130455.	15434034.	16188763.	17446813.	81,522,154.
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.
<b>4 Total.</b> Add lines 1 through 3	16322089.	16130455.	15434034.	16188763.	17446813.	81,522,154.
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.
<b>6 Public support.</b> Subtract line 5 from line 4						81,522,154.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4	16322089.	16130455.	15434034.	16188763.	17446813.	81,522,154.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	34,659.	43,520.	51,052.	30,742.	53,372.	213,345.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part VI) SEE PART VI	211,975.	57,589.	46,722.	23,410.	123,522.	463,218.
<b>11 Total support.</b> Add lines 7 through 10						82,198,717.
12 Gross receipts from related activities, etc (see instructions)					12	56,402,223.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b>						► <input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	99.18 %
15 Public support percentage from 2013 Schedule A, Part II, line 14	15	99.03 %
<b>16a 33-1/3% support test – 2014.</b> If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization		► <input checked="" type="checkbox"/>
<b>b 33-1/3% support test – 2013.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization		► <input type="checkbox"/>
<b>17a 10%-facts-and-circumstances test – 2014.</b> 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 <b>stop here</b> . Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization		► <input type="checkbox"/>
<b>b 10%-facts-and-circumstances test – 2013.</b> 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 <b>stop here</b> . Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization		► <input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		► <input type="checkbox"/>

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

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

**Section A. Public Support**

Calendar year (or fiscal yr beginning in) ►

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)

	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1						
2						
3						
4						
5						
<b>6</b>						
<b>7a</b>						
<b>b</b>						
<b>c</b>						
<b>8</b>						

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ►

**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 VI)

**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 section 501(c)(3) organization, check this box and **stop here** ►

	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9						
10a						
b						
c						
11						
12						
13						
14						

**Section C. Computation of Public Support Percentage**

**15** Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))

**16** Public support percentage from 2013 Schedule A, Part III, line 15

15	%
16	%

**Section D. Computation of Investment Income Percentage**

**17** Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))

**18** Investment income percentage from 2013 Schedule A, Part III, line 17

17	%
18	%

**19a 33-1/3% support tests – 2014.** 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 – 2013.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

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

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below	3a	
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in <b>Part VI</b> when and how the organization made the determination	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in <b>Part VI</b> what controls the organization put in place to ensure such use	3c	
4a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a	
b <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in <b>Part VI</b>	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990)	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990)	8	
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in <b>Part VI</b>	9a	
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in <b>Part VI</b>	9b	
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in <b>Part VI</b>	9c	
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer (b) below	10a	
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)	10b	

**Part IV Supporting Organizations (continued)**

11 Has the organization accepted a gift or contribution from any of the following persons?

	Yes	No
11a		
11b		
11c		

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

b A family member of a person described in (a) above?

c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in **Part VI****Section B. Type I Supporting Organizations**

1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year

2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization

	Yes	No
1		
2		

**Section C. Type II Supporting Organizations**

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

	Yes	No
1		

**Section D. All Type III Supporting Organizations**

1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?

2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in **Part VI** how the organization maintained a close and continuous working relationship with the supported organization(s)

3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in **Part VI** the role the organization's supported organizations played in this regard

	Yes	No
1		
2		
3		

**Section E. Type III Functionally-Integrated Supporting Organizations**

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):

a  The organization satisfied the Activities Test Complete **line 2** below

b  The organization is the parent of each of its supported organizations Complete **line 3** below

c  The organization supported a governmental entity Describe in **Part VI** how you supported a government entity (see instructions)

2 Activities Test Answer (a) and (b) below.

a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in **Part VI** identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities

	Yes	No
2a		

b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement

2b

3 Parent of Supported Organizations Answer (a) and (b) below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in **Part VI**

3a

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in **Part VI** the role played by the organization in this regard

3b

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

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

**Section A – Adjusted Net Income**

	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1	
2 Recoveries of prior-year distributions	2	
3 Other gross income (see instructions)	3	
4 Add lines 1 through 3	4	
5 Depreciation and depletion	5	
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7 Other expenses (see instructions)	7	
<b>8 Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	

**Section B – Minimum Asset Amount**

	(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)		
<b>a Average monthly value of securities</b>	<b>1a</b>	
<b>b Average monthly cash balances</b>	<b>1b</b>	
<b>c Fair market value of other non-exempt-use assets</b>	<b>1c</b>	
<b>d Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> )		
2 Acquisition indebtedness applicable to non-exempt-use assets	2	
3 Subtract line 2 from line 1d	3	
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6 Multiply line 5 by .035	6	
7 Recoveries of prior-year distributions	7	
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	

**Section C – Distributable Amount**

		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2 Enter 85% of line 1	2	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4 Enter greater of line 2 or line 3	4	
5 Income tax imposed in prior year	5	
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	

7  Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)****Section D – Distributions**

	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity .	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in <b>Part VI</b> ) See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions	
9 Distributable amount for 2014 from Section C, line 6	
<b>10 Line 8 amount divided by Line 9 amount</b>	

<b>Section E – Distribution Allocations (see instructions)</b>	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required – see instructions)			
3 Excess distributions carryover, if any, to 2014			
a			
b			
c			
d			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3t			
4 Distributions for 2014 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
<b>7 Excess distributions carryover to 2015.</b> Add lines 3j and 4c			
<b>8 Breakdown of line 7.</b>			
a			
b			
c			
d Excess from 2013			
e Excess from 2014			

BAA

Schedule A (Form 990 or 990-EZ) 2014

**Part VI. Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

**PART II, LINE 10 - OTHER INCOME**

<u>NATURE AND SOURCE</u>	<u>2014</u>	<u>2013</u>	<u>2012</u>	<u>2011</u>	<u>2010</u>
OTHER REVENUE	\$ 123,522.	\$ 23,410.	\$ 46,722.	\$ 57,589.	\$ 211,975.
<b>TOTAL</b>	<b>\$ 123,522.</b>	<b>\$ 23,410.</b>	<b>\$ 46,722.</b>	<b>\$ 57,589.</b>	<b>\$ 211,975.</b>

**SCHEDULE C**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue Service**Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

**2014****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) (see instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see instructions), then**

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

Name of organization	Employer identification number
CENTERSTONE OF FLORIDA, INC.	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 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 ► \$ 0.
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ► \$ 0.
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  Yes  No

**4a** Was a correction made?**b** If 'Yes,' describe in Part IV Yes  No**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-
(1)	-----			
(2)	-----			
(3)	-----			
(4)	-----			
(5)	-----			
(6)	-----			

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2014

**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

<b>Limits on Lobbying Expenditures</b> (The term 'expenditures' means amounts paid or incurred.)		<b>(a) Filing organization's totals</b>	<b>(b) Affiliated group totals</b>
<b>1 a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying)			
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)	28,500.		
<b>c</b> Total lobbying expenditures (add lines 1a and 1b)	28,500.	0.	
<b>d</b> Other exempt purpose expenditures	28,290,842.		
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)	28,319,342.	0.	
<b>f</b> Lobbying nontaxable amount Enter the amount from the following table in both columns	1,000,000.		
<b>If the amount on line 1e, column (a) or (b) is</b>	<b>The lobbying nontaxable amount is</b>		
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		
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)	250,000.	0.	
<b>h</b> Subtract line 1g from line 1a If zero or less, enter -0-	0.	0.	
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0-	0.	0.	
<b>j</b> 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 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.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	<b>(a) 2011</b>	<b>(b) 2012</b>	<b>(c) 2013</b>	<b>(d) 2014</b>	<b>(e) Total</b>
<b>2a</b> Lobbying non-taxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					6,000,000.
<b>c</b> Total lobbying expenditures	20,000.	18,000.	24,000.	28,500.	90,500.
<b>d</b> Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
<b>f</b> Grassroots lobbying expenditures					0.

BAA

Schedule C (Form 990 or 990-EZ) 2014

**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)).

For each 'Yes' response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity	(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?				
j Total Add lines 1c through 1i				
2 a 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).

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

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

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2 a	
b Carryover from last year	2 b	
c Total	2 c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
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?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

**Part IV** Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

**SCHEDULE D  
(Form 990)**Department of the Treasury  
Internal Revenue Service  
Name of the organization**Supplemental Financial Statements**► Complete if the organization answered 'Yes,' to Form 990,  
Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.► Attach to Form 990.  
► Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2014**Open to Public  
Inspection

Employer identification number

CENTERSTONE OF FLORIDA, INC.

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

**Part II Conservation Easements.**

Complete if the organization answered 'Yes' to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)	<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
	<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
	<input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year		
		<b>Held at the End of the Tax Year</b>
a Total number of conservation easements	2 a	
b Total acreage restricted by conservation easements	2 b	
c Number of conservation easements on a certified historic structure included in (a)	2 c	
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2 d	
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►		
4 Number of states where property subject to conservation easement is located ►		
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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 section 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.		

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items	► \$
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:	► \$
(i) Revenue included 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 (ASC 958) relating to these items	► \$
a Revenue 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 acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a  Public exhibition  
 b  Scholarly research  
 c  Preservation for future generations

d  Loan or exchange programs  
 e  Other \_\_\_\_\_

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

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

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

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

b If 'Yes,' explain the arrangement in Part XIII and complete the following table

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

	Amount
1 c	
1 d	
1 e	
1 f	

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

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

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

1 a Beginning of year balance

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1 a					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a Board designated or quasi-endowment ► %

b Permanent endowment ► %

c Temporarily restricted endowment ► %

The percentages in lines 2a, 2b, and 2c should equal 100%

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

(i) unrelated organizations

(ii) related organizations

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

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

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

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land				
b Buildings		14,328,681.	7,685,812.	6,642,869.
c Leasehold improvements				
d Equipment	3,455,515.		1,730,097.	1,725,418.
e Other	1,064,945.		927,969.	136,976.

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c) ►

8,505,263.

BAA

Schedule D (Form 990) 2014

**Part VII Investments – Other Securities.**

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation. Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
(I) _____		
<b>Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) ►</b>		

Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) ►

N/A

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. 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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) ►</b>		

**Part VIII Investments – Program Related.**

N/A

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total. (Column (b) must equal Form 990, Part X, column (B), line 15.) ►</b>	

**Part IX Other Assets.**

N/A

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total. (Column (b) must equal Form 990, Part X, column (B), line 15.) ►</b>	

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

**Part X Other Liabilities.**

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) INTEREST RATE SWAP	12,196.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total. (Column (b) must equal Form 990, Part X, column (B) line 25.) ►</b>	<b>12,196.</b>

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

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

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

1 Total revenue, gains, and other support per audited financial statements	1	30,816,398.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a Net unrealized gains (losses) on investments	2 a	
b Donated services and use of facilities	2 b	169,195.
c Recoveries of prior year grants	2 c	
d Other (Describe in Part XIII )	2 d	
e Add lines 2a through 2d	2 e	169,195.
3 Subtract line 2e from line 1	3	30,647,203.
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	4 a	
b Other (Describe in Part XIII.) SEE PART XIII	4 b	-17,802.
c Add lines 4a and 4b	4 c	-17,802.
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	30,629,401.

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

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

1 Total expenses and losses per audited financial statements	1	30,479,143.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities	2 a	169,195.
b Prior year adjustments	2 b	
c Other losses	2 c	
d Other (Describe in Part XIII ) SEE PART XIII	2 d	17,802.
e Add lines 2a through 2d	2 e	186,997.
3 Subtract line 2e from line 1	3	30,292,146.
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	4 a	
b Other (Describe in Part XIII )	4 b	
c Add lines 4a and 4b	4 c	
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	30,292,146.

**Part XIII Supplemental Information.**

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

**PART X - FIN 48 FOOTNOTE**

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

BAA

Schedule D (Form 990) 2014

**Part XIII** Supplemental Information (continued)**PART X - FIN 48 FOOTNOTE (CONTINUED)**

ORGANIZATION'S TAX RETURNS FOR THE PREVIOUS THREE FISCAL YEARS REMAIN OPEN TO EXAMINATION.

**SCHEDULE D, PART XI, LINE 4B  
OTHER REVENUE INCLUDED ON FORM 990 BUT NOT INCLUDED IN F/S**

SPECIAL EVENT EXPENSE	\$ <u>-17,802.</u>
TOTAL	\$ <u>-17,802.</u>

**SCHEDULE D, PART XII, LINE 2D  
OTHER EXPENSES AND LOSSES PER AUDITED F/S**

SPECIAL EVENT EXPENSE	\$ <u>17,802.</u>
TOTAL	\$ <u>17,802.</u>

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

## Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2014

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

CENTERSTONE

## **Fundraising Activities Complete**

**Employer identification number**

59-1009537

**Part II** **Fundraising Activities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 17  
Form 990-EZ filers are not required to complete this part

1 Indicate whether the organization raised funds through any of

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

### Mail solicitations

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

- Mail solicitations
- Solicitation of non-government grants

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

- Mail solicitations
- Solicitation of non-governmental organizations

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

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

Yes  No

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in column (i)	(vi) Amount paid to (or retained by) organization	
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b>						0.

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

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

REVENUE		(a) Event #1 <u>WALK FOR LIFE</u> (event type)	(b) Event #2 (event type)	(c) Other events <u>NONE</u> (total number)	(d) Total events (add column (a) through column (c))
	1 Gross receipts	44,868.			44,868.
	2 Less. Contributions	32,128.			32,128.
	3 Gross income (line 1 minus line 2)	12,740.			12,740.
DIRECT EXPENSES	4 Cash prizes				
	5 Noncash prizes	150.			150.
	6 Rent/facility costs	360.			360.
	7 Food and beverages	339.			339.
	8 Entertainment	200.			200.
	9 Other direct expenses	16,753.			16,753.
	10 Direct expense summary Add lines 4 through 9 in column (d)				► 17,802.
	11 Net income summary Subtract line 10 from line 3, column (d)				► -5,062.

**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.

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

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

a Is the organization licensed to conduct gaming activities in each of these states?

Yes  No

b If 'No,' explain \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

Yes  No

b If 'Yes,' explain \_\_\_\_\_

11 Does the organization 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 conducted in  
 a The organization's facility  
 b An outside facility

13a	%
13b	%

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

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

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

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

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

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

16 Gaming manager information

Name ► \_\_\_\_\_

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided ► \_\_\_\_\_

Director/officer  Employee  Independent contractor

17 Mandatory distributions

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

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

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

**SCHEDULE H**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Hospitals**

OMB No 1545 0047

**2014**

Open to Public  
Inspection

Name of the organization

CENTERSTONE OF FLORIDA, INC.

Employer identification number

59-1009537

**Part I Financial Assistance and Certain Other Community Benefits at Cost**

**1a** Did the organization have a financial assistance policy during the tax year? If 'No,' skip to question 6a

**b** If 'Yes,' was it a written policy?

**2** If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year

Applied uniformly to all hospital facilities  Applied uniformly to most hospital facilities  
 Generally tailored to individual hospital facilities

**3** Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year

**a** Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care?

If 'Yes,' indicate which of the following was the FPG family income limit for eligibility for free care

100%  150%  200%  Other \_\_\_\_\_ %

**b** Did the organization use FPG as a factor in determining eligibility for providing *discounted* care?

If 'Yes,' indicate which of the following was the family income limit for eligibility for discounted care

200%  250%  300%  350%  400% Other \_\_\_\_\_ %

**c** If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care

**4** Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for 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 financial assistance 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?

**b** 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

**7 Financial Assistance and Certain Other Community Benefits at Cost**

Financial Assistance 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
<b>a</b> Financial Assistance at cost (from Worksheet 1)	14		21,168,115.	9,427,118.	11,740,997.	38.76
<b>b</b> Medicaid (from Worksheet 3, column a)						
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b)						
<b>d Total Financial Assistance and Means-Tested Government Programs</b>	<b>14</b>	<b>0</b>	<b>21,168,115.</b>	<b>9,427,118.</b>	<b>11,740,997.</b>	<b>38.76</b>
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4)	3		3,653,476.	112,046.	3,541,430.	11.69
<b>f</b> Health professions education (from Worksheet 5)						
<b>g</b> Subsidized health services (from Worksheet 6)	1		472,043.	61,051.	410,992.	1.36
<b>h</b> Research (from Worksheet 7)						
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8)						
<b>j Total Other Benefits</b>	<b>4</b>	<b>0</b>	<b>4,125,519.</b>	<b>173,097.</b>	<b>3,952,422.</b>	<b>13.05</b>
<b>k Total Add lines 7d and 7j</b>	<b>18</b>	<b>0</b>	<b>25,293,634.</b>	<b>9,600,215.</b>	<b>15,693,419.</b>	<b>51.81</b>

**Part II** **Community Building Activities** Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(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		1,826,442.		1,826,442.	6.03
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	0	1,826,442.	0.	1,826,442.	6.03

**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?

Yes  No

1  X

2 Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount

PART VI

2

1,121,531.

3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit

PART VI

3

4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements

PART VI

**Section B. Medicare**

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

5 2,289,222.

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

6 2,248,288.

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

7 40,934.

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?

9a  X

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 VI

9b  X

**Part IV** **Management Companies and Joint Ventures** (owned 10% or more by officers, directors, trustees, key employees and physicians — see instrs)

	(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 –  
see instructions)

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

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

**Part V Facility Information (continued)**

Copy 1 of 2

**Section B. Facility Policies and Practices**

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

**Name of hospital facility or letter of facility reporting group** CENTERSTONE HOSPITAL**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** 1

	<b>Yes</b>	<b>No</b>
<b>Community Health Needs Assessment</b>		
1 Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?	1	X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If 'Yes,' provide details of the acquisition in Section C	2	X
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If 'No,' skip to line 12 If 'Yes,' indicate what the CHNA report describes (check all that apply).	3	X
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" 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 checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" 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 Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: <u>2013</u>	5	X
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If 'Yes,' describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted		PART V
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If 'Yes,' list the other hospital facilities in Section C	6a	X
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If 'Yes,' list the other organizations in Section C	6b	X
7 Did the hospital facility make its CHNA report widely available to the public? If 'Yes,' indicate how the CHNA report was made widely available (check all that apply)	7	X
a <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>WWW.MANATEEGLENS.ORG</u>		
b <input type="checkbox"/> Other website (list url) _____		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If 'No,' skip to line 11	8	X
9 Indicate the tax year the hospital facility last adopted an implementation strategy: <u>2013</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? a If 'Yes,' (list url) <u>WWW.MANATEEGLENS.ORG</u>	10	X
b If 'No,' is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	X
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	X
b If 'Yes' to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If 'Yes' to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? <u>\$</u> _____		

**Part V Facility Information (continued)**

Copy 2 of 2

**Section B. Facility Policies and Practices**

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

Name of hospital facility or letter of facility reporting group CENTERSTONE CRISIS CENTERLine number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 2**Community Health Needs Assessment**

1 Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?

2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If 'Yes,' provide details of the acquisition in Section C

3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If 'No,' skip to line 12

If 'Yes,' indicate what the CHNA report describes (check all that apply)

a  A definition of the community served by the hospital facility

b  Demographics of the community

c  Existing health care facilities and resources within the community that are available to respond to the health needs of the community

d  How data was obtained

e  The significant health needs of the community

f  Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups

g  The process for identifying and prioritizing community health needs and services to meet the community health needs

h  The process for consulting with persons representing the community's interests

i  Information gaps that limit the hospital facility's ability to assess the community's health needs

j  Other (describe in Section C)

4 Indicate the tax year the hospital facility last conducted a CHNA 2013

5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If 'Yes,' describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted

PART V

6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If 'Yes,' list the other hospital facilities in Section C

b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If 'Yes,' list the other organizations in Section C

7 Did the hospital facility make its CHNA report widely available to the public?

If 'Yes,' indicate how the CHNA report was made widely available (check all that apply):

a  Hospital facility's website (list url) WWW.MANATEEGLENS.ORG

b  Other website (list url) \_\_\_\_\_

c  Made a paper copy available for public inspection without charge at the hospital facility

d  Other (describe in Section C)

8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If 'No,' skip to line 11

9 Indicate the tax year the hospital facility last adopted an implementation strategy. 2013

10 Is the hospital facility's most recently adopted implementation strategy posted on a website?

a If 'Yes,' (list url) WWW.MANATEEGLENS.ORG

b If 'No,' is the hospital facility's most recently adopted implementation strategy attached to this return?

11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed

12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?

b If 'Yes' to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?

c If 'Yes' to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ \_\_\_\_\_

	Yes	No
1	X	
2	X	
3	X	
4		
5	X	
6a	X	
6b	X	
7	X	
8	X	
9		
10	X	
10b	X	
11		
12a	X	
12b		

**Part V Facility Information (continued)**

Copy 1 of 2

**Financial Assistance Policy (FAP)****Name of hospital facility or letter of facility reporting group** CENTERSTONE HOSPITAL

	Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that		
<b>13</b> Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If 'Yes,' indicate the eligibility criteria explained in the FAP	13	X
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of _____ and FPG family income limit for eligibility for discounted care of _____ %	150 %	
b <input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)		
c <input checked="" type="checkbox"/> Asset level		
d <input checked="" type="checkbox"/> Medical indigency		
e <input checked="" type="checkbox"/> Insurance status		
f <input type="checkbox"/> Underinsurance status		
g <input type="checkbox"/> Residency		
h <input type="checkbox"/> Other (describe in Section C)		
<b>14</b> Explained the basis for calculating amounts charged to patients?	14	X
<b>15</b> Explained the method for applying for financial assistance? If 'Yes,' indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply).	15	X
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d <input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e <input type="checkbox"/> Other (describe in Section C)		
<b>16</b> Included measures to publicize the policy within the community served by the hospital facility? If 'Yes,' indicate how the hospital facility publicized the policy (check all that apply).	16	X
a <input type="checkbox"/> The FAP was widely available on a website (list url) _____		
b <input type="checkbox"/> The FAP application form was widely available on a website (list url) _____		
c <input type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) _____		
d <input type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g <input type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
h <input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i <input type="checkbox"/> Other (describe in Section C)		

**Billing and Collections**

<b>17</b> 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 all of the actions the hospital facility or other authorized party may take upon non-payment?	17	X
<b>18</b> Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
a <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> Actions that require a legal or judicial process		
d <input type="checkbox"/> Other similar actions (describe in Section C)		
e <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		

**Part V Facility Information (continued)****Financial Assistance Policy (FAP)****Name of hospital facility or letter of facility reporting group** CENTERSTONE CRISIS CENTER

	<b>Yes</b>	<b>No</b>
Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If 'Yes,' indicate the eligibility criteria explained in the FAP:	13	X
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of _____ and FPG family income limit for eligibility for discounted care of _____ %	13	X
b <input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)	14	X
c <input checked="" type="checkbox"/> Asset level	15	X
d <input checked="" type="checkbox"/> Medical indigency		
e <input checked="" type="checkbox"/> Insurance status		
f <input type="checkbox"/> Underinsurance status		
g <input type="checkbox"/> Residency		
h <input type="checkbox"/> Other (describe in Section C)		
Explained the basis for calculating amounts charged to patients?	14	X
Explained the method for applying for financial assistance? If 'Yes,' indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	15	X
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d <input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e <input type="checkbox"/> Other (describe in Section C)		
Included measures to publicize the policy within the community served by the hospital facility? If 'Yes,' indicate how the hospital facility publicized the policy (check all that apply)	16	X
a <input type="checkbox"/> The FAP was widely available on a website (list url) _____		
b <input type="checkbox"/> The FAP application form was widely available on a website (list url) _____		
c <input type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) _____		
d <input type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g <input type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
h <input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i <input type="checkbox"/> Other (describe in Section C)		

**Billing and Collections**

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 all of the actions the hospital facility or other authorized party may take upon non-payment?	17	X
Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> Actions that require a legal or judicial process		
d <input type="checkbox"/> Other similar actions (describe in Section C)		
e <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		

**Part V Facility Information (continued)**

Copy 1 of 2

Name of hospital facility or letter of facility reporting group CENTERSTONE HOSPITAL

**19** Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?

If 'Yes,' check all actions in which the hospital facility or a third party engaged

- a  Reporting to credit agency(ies)
- b  Selling an individual's debt to another party
- c  Actions that require a legal or judicial process
- d  Other similar actions (describe in Section C)

	Yes	No
19	X	

PART V

**20** Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)

- a  Notified individuals of the financial assistance policy on admission
- b  Notified individuals of the financial assistance policy prior to discharge
- c  Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
- d  Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
- e  Other (describe in Section C)
- f  None of these efforts were made

PART V

**Policy Relating to Emergency Medical Care**

**21** Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required 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?

21	X	
----	---	--

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 Section C)
- d  Other (describe in Section C)

**Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

**22** 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 Section C)

**23** During the tax year, did the hospital facility charge any FAP-eligible individual 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?

23	X	
----	---	--

If 'Yes,' explain in Section C

**24** During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

24	X	
----	---	--

If 'Yes,' explain in Section C

**Part V Facility Information (continued)**

Copy 2 of 2

**Name of hospital facility or letter of facility reporting group** CENTERSTONE CRISIS CENTER

	<b>Yes</b>	<b>No</b>
<b>19</b> Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19	X
If 'Yes,' check all actions in which the hospital facility or a third party engaged		
a <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> Actions that require a legal or judicial process		
d <input checked="" type="checkbox"/> Other similar actions (describe in Section C)		
PART V		
<b>20</b> Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)		
a <input type="checkbox"/> Notified individuals of the financial assistance policy on admission		
b <input type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge		
c <input type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills		
d <input type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy		
e <input checked="" type="checkbox"/> Other (describe in Section C)		
f <input type="checkbox"/> None of these efforts were made		
PART V		

**Policy Relating to Emergency Medical Care**

<b>21</b> Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required 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?	21	X
If 'No,' indicate why		
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b <input type="checkbox"/> The hospital facility's policy was not in writing		
c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
d <input type="checkbox"/> Other (describe in Section C)		

**Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

<b>22</b> 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 <input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
b <input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
c <input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
d <input type="checkbox"/> Other (describe in Section C)		
<b>23</b> During the tax year, did the hospital facility charge any FAP-eligible individual 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?	23	X
If 'Yes,' explain in Section C.		
<b>24</b> During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	24	X
If 'Yes,' explain in Section C.		

**Part V Facility Information (continued)**

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**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ('A, 1-'A, 4-'B, 2-'B, 3-'C, etc) and name of hospital facility

**PART V, LINE 5 - ACCOUNT INPUT FROM PERSON WHO REPRESENT THE COMMUNITY**

FACILITY: CENTERSTONE HOSPITAL

INPUT WAS OBTAINED FROM A WIDE RANGE OF RESIDENTS AND PROVIDERS WHICH INCLUDED BUT IS NOT LIMITED TO CLIENTS; HOSPITALS; HEALTH DEPARTMENTS; LAW ENFORCEMENT; SOCIAL SERVICE AGENCIES; SCHOOL BOARDS; UNIVERSITIES; FAITH-BASED PROGRAMS, AND THE JUDICIAL SYSTEM.

**PART V, LINE 5 - ACCOUNT INPUT FROM PERSON WHO REPRESENT THE COMMUNITY**

FACILITY: CENTERSTONE CRISIS CENTER

INPUT WAS OBTAINED FROM A WIDE RANGE OF RESIDENTS AND PROVIDERS WHICH INCLUDED BUT IS NOT LIMITED TO CLIENTS; HOSPITALS; HEALTH DEPARTMENTS; LAW ENFORCEMENT; SOCIAL SERVICE AGENCIES; SCHOOL BOARDS; UNIVERSITIES; FAITH-BASED PROGRAMS, AND THE JUDICIAL SYSTEM.

**PART V, LINE 19D - OTHER ACTIONS TOOK BEFORE ANY COLLECTION ACTIONS**

FACILITY: CENTERSTONE HOSPITAL

ALL UNINSURED PATIENTS AND CLIENTS MEET WITH A TRAINED FINANCIAL INTAKE SPECIALIST. CENTERSTONE OF FLORIDA'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.

**PART V, LINE 20E - OTHER ACTIONS TOOK BEFORE ANY COLLECTION ACTIONS**

FACILITY: CENTERSTONE HOSPITAL

CENTERSTONE OF FLORIDA 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 CENTERSTONE OF FLORIDA WITH THEIR FINANCIAL INFORMATION WITHIN 30 DAYS THEY MAY BE CHARGED THE GROSS CHARGE OF SERVICES PROVIDED TO THEM. CHARGES ARE ADJUSTED ONCE THE CLIENT'S FINANCIAL INFORMATION IS RECEIVED.

**Part V Facility Information (continued)**

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of

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ('A, 1, 'A, 4, 'B, 2, 'B, 3, etc) and name of hospital facility

**PART V, LINE 19D - OTHER ACTIONS TOOK BEFORE ANY COLLECTION ACTIONS**

FACILITY: CENTERSTONE CRISIS CENTER

ALL UNINSURED PATIENTS AND CLIENTS MEET WITH A TRAINED FINANCIAL INTAKE SPECIALIST.

CENTERSTONE OF FLORIDA'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.

**PART V, LINE 20E - OTHER ACTIONS TOOK BEFORE ANY COLLECTION ACTIONS**

FACILITY: CENTERSTONE CRISIS CENTER

CENTERSTONE OF FLORIDA 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 CENTERSTONE OF FLORIDA WITH THEIR FINANCIAL INFORMATION WITHIN 30 DAYS THEY MAY BE CHARGED THE GROSS CHARGE OF SERVICES PROVIDED TO THEM. CHARGES ARE ADJUSTED ONCE THE CLIENT'S FINANCIAL INFORMATION IS RECEIVED.

**Part V Facility Information (continued)**

**Section D. Other Health Care 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 health care facilities did the organization operate during the tax year? 7

**BAA**

**Schedule H (Form 990) 2014**

**Part VI Supplemental Information**

Provide the following information

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8, and 9b
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs 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

**PART III, LINE 2 - METHODOLOGY USED TO ESTIMATE BAD DEBT EXPENSE**

THE AMOUNT OF \$1,121,531 RECORDED IN LINE 2 IS A VALUATION OF BAD DEBT EXPENSE BASED ON THE GUIDELINES OF HFMA STATEMENT NO. 15. CENTERSTONE OF FLORIDA CONSIDERS THIS A CONSERVATIVE AND APPROPRIATE VALUATION OF BAD DEBT EXPENSE.

**PART III, LINE 3 - METHODOLOGY OF ESTIMATED AMOUNT & RATIONALE FOR INCLUDING IN COMMUNITY BENEFIT**

CENTERSTONE OF FLORIDA REPORTED ZERO IN LINE 3, BECAUSE BAD DEBT EXPENSE FOR INDIVIDUALS ELIGIBLE FOR CHARITY CARE UNDER CENTERSTONE'S CHARITY CARE POLICY REPRESENTS THE AMOUNT OF SERVICES THAT WOULD NOT QUALIFY FOR CHARITY CARE. PER CENTERSTONE OF FLORIDA'S 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 CENTERSTONE OF FLORIDA'S ACCOUNTS RECEIVABLE OR REVENUE UNDER THE CHARITY CLASSIFICATION OF REVENUE; THEREFORE, SERVICES FOR CHARITY CARE ARE NOT RECORDED IN BAD DEBT EXPENSE.

**PART III, LINE 4 - BAD DEBT EXPENSE**

PAGE 8 OF AUDITED FINANCIAL STATEMENTS:

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

**Part VI Supplemental Information**

Provide the following information

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8, and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs 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

**PART III, LINE 4 - BAD DEBT EXPENSE (CONTINUED)**

COLLECTION EFFORTS ARE WRITTEN OFF.

**PART III, LINE 9B - PROVISIONS ON COLLECTION PRACTICES FOR QUALIFIED PATIENTS**

AT CENTERSTONE OF FLORIDA WE EARN MONEY TO PROVIDE HEALTH CARE AND FULFILL COMMUNITY NEEDS; 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.

**PART VI - NEEDS ASSESSMENT**

CENTERSTONE OF FLORIDA PERFORMED A COMMUNITY NEEDS ASSESSMENT DURING 2013.

**PART VI - PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE**

PART OF THE ADMISSIONS PROCESS AT CENTERSTONE OF FLORIDA INVOLVES THE CLIENT MEETING WITH A TRAINED FINANCIAL INTAKE 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.

**PART VI - COMMUNITY INFORMATION**

CENTERSTONE OF FLORIDA SPECIALTY HOSPITAL AND OUTPATIENT PRACTICE IS A NONPROFIT

501(C) 3 AGENCY HEADQUARTERED ON THE WEST COAST OF FLORIDA IN BRADENTON. WE PROVIDE

**Part VI Supplemental Information**

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8, and 9b
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs 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

**PART VI - COMMUNITY INFORMATION (CONTINUED)**

DIRECT INPATIENT AND OUTPATIENT MENTAL HEALTH AND ADDICTIONS TREATMENT TO INDIVIDUALS PRIMARILY IN MANATEE AND SARASOTA COUNTIES.

MANATEE COUNTY IS LOCATED ROUGHLY MIDWAY ALONG FLORIDA'S WEST COAST AND IS BORDERED BY THE GULF OF MEXICO AND PINELLAS, HILLSBOROUGH, HARDEE, DESOTO, AND SARASOTA COUNTIES. THE COUNTY HAS SIX MUNICIPALITIES COMPRISED OF DIVERSE COMMUNITIES, EACH WITH ITS OWN PARTICULAR CHARACTER AND IDENTITY. THE SIX MUNICIPALITIES ARE: ANNA MARIA, BRADENTON BEACH, BRADENTON, HOLMES BEACH, LONGBOAT KEY AND PALMETTO. (MANATEE COUNTY 2015)

BORDERING TO THE NORTH OF SARASOTA COUNTY IS MANATEE COUNTY, TO THE SOUTH IS CHARLOTTE COUNTY, TO THE EAST IS DESOTO COUNTY, AND TO THE WEST IS THE GULF OF MEXICO. CONSIDERED PART OF THE SARASOTA, BRADENTON, VENICE METROPOLITAN AREA, THE COUNTY'S INCORPORATED MUNICIPALITIES INCLUDE THE CITIES OF SARASOTA, VENICE, NORTH PORT, AND THE SOUTHERN PORTION OF THE TOWN OF LONGBOAT KEY. THE COMMUNITY ENCOMPASSES 725 SQUARE MILES. SARASOTA COUNTY POPULATION IS APPROXIMATELY 390,000 PERMANENT RESIDENTS AND APPROXIMATELY 476,000 DURING THE WINTER MONTHS. (SARASOTA COUNTY 2015) BASED UPON 2010 U.S. CENSUS DATA, THE TOTAL POPULATION OF SARASOTA COUNTY WAS 379,448, AN INCREASE OF 16.4 PERCENT SINCE THE 2000 CENSUS DATA WAS REPORTED.

POPULATION DATA WAS GATHERED FROM THE U.S. CENSUS FOR THE YEARS 1900-2010 FOR

**Part VI Supplemental Information**

Provide the following information

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8, and 9b
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B
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- 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

**PART VI - COMMUNITY INFORMATION (CONTINUED)**

MANATEE COUNTY AND INCORPORATED COMMUNITIES. LIKE MUCH OF SOUTH FLORIDA, MANATEE COUNTY HAS SEEN STRONG CONTINUOUS GROWTH. OVER THE PAST CENTURY, THE COUNTY'S POPULATION HAS GROWN FROM 4,663 PEOPLE IN 1900 TO 322,833 AT THE TIME OF THE 2010 CENSUS. THE COUNTY'S POPULATION IS PROJECTED TO CONTINUE ITS STRONG GROWTH AND INCREASE IN POPULATION BY APPROXIMATELY 95,000 RESIDENTS DURING THE NEXT 20 YEARS. IN ADDITION TO ITS PERMANENT POPULATION, MANATEE COUNTY HAS A SIGNIFICANT SEASONAL INFUX THAT INCREASES ITS POPULATION DURING THE NOVEMBER TO APRIL SEASON OF AN ESTIMATED 30%. (MANATEE COUNTY 2012)

MANATEE COUNTY'S POPULATION HAS A MUCH OLDER AGE STRUCTURE THAN THE UNITED STATES OR THE STATE OF FLORIDA. IN 2010, THE COUNTY'S MEDIAN AGE WAS 45.7 YEARS, AS COMPARED TO 37.2 YEARS FOR THE NATION AND 40.7 YEARS FOR FLORIDA. MANATEE COUNTY HAD 30.5% OF ITS POPULATION OVER THE AGE OF 60, WHILE THE U.S. WAS HALF THAT RATE AT 18.5%, AND FLORIDA AS A WHOLE WAS AT 23.4%. IN 2012, SARASOTA COUNTY REPORTED 32.5% OF ITS POPULATION WAS OVER THE AGE OF 65.

ACCORDING TO THE 2010 U.S. CENSUS, APPROXIMATELY 81.9% OF THE POPULATION REPORTED THEIR RACE AS WHITE AND APPROXIMATELY 8.7% OF THE POPULATION REPORTED THEIR RACE AS AFRICAN AMERICAN. THIS ACCOUNTS FOR THE MASS MAJORITY OF MANATEE COUNTY'S POPULATION (90.6). THE 2010 U.S. CENSUS REPORTS 91.2% OF THE SARASOTA COUNTY POPULATION TO BE WHITE, 8.4% HISPANIC AND 5% TO BE AFRICAN AMERICAN.

**Part VI Supplemental Information**

Provide the following information

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8, and 9b
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs 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
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- 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

**PART VI - COMMUNITY INFORMATION (CONTINUED)**

MANATEE AND SARASOTA COUNTIES' INCOME STATISTICS ARE COMPARABLE TO THE STATE.

ACCORDING TO THE 2010 U.S. CENSUS, MANATEE COUNTY'S MEDIAN HOUSEHOLD INCOME IS \$47,876, SARASOTA COUNTY'S MEDIAN HOUSEHOLD INCOME IS \$49,212 WHILE FLORIDA'S WAS \$46,956. AS COMPARED TO THE NATIONAL HOUSEHOLD INCOME, MANATEE COUNTY, SARASOTA COUNTY AND FLORIDA REPORTED JUST UNDER THE NATIONAL MEDIAN INCOME OF \$51,914.

LOW INCOME IS DEFINED AS THOSE WHO HAVE AN INCOME OF LESS THAN 50% OF AREA MEDIAN INCOME. ACCORDING TO THE 2010 AMERICAN COMMUNITY SURVEY THREE-YEAR ESTIMATES, THE POVERTY RATE FOR ALL INDIVIDUALS IN MANATEE COUNTY IN 2010 WAS 13.6% AND SARASOTA COUNTY REPORTED 11% AS COMPARED TO 15.0% FOR FLORIDA AND 14.4% FOR THE U.S. THE MOST ALARMING STATISTIC IS THE HIGH RATE OF POVERTY AMONG FAMILIES HEADED BY WOMEN WITH CHILDREN LIVING IN THE HOME (25.1%). EQUALLY DISTURBING IS THE HIGH RATE OF POVERTY AMONG CHILDREN (40.6% FOR ALL CHILDREN UNDER 17).

**PART VI - COMMUNITY BUILDING ACTIVITIES**

CENTERSTONE OF FLORIDA INC. PROVIDES CASE MANAGEMENT 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

**Part VI Supplemental Information**

Provide the following information

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8, and 9b
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs 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
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- 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

**PART VI - COMMUNITY BUILDING ACTIVITIES (CONTINUED)**

PROGRAM CENTERSTONE OF FLORIDA FURTHER ACHIEVES ITS EXEMPT PURPOSE BY HELPING FAMILIES IN CRISIS THAT HAVE BEEN AFFECTED BY MENTAL HEALTH AND ADDITION ISSUES.

**PART VI - EXPLANATION OF HOW ORGANIZATION FURTHERS ITS EXEMPT PURPOSE**

CENTERSTONE OF FLORIDA ACCESS CENTER LOCATED AT CENTERSTONE OF FLORIDA HOSPITAL AND ADDICTION CENTER OFFERS PSYCHIATRIC EMERGENCY ROOM SERVICES TO ABOUT 350 FAMILIES A MONTH. CENTERSTONE OF FLORIDA HAS NEVER CHARGED A CLIENT FOR ACCESS CENTER EMERGENCY SERVICES. CENTERSTONE OF FLORIDA HOSPITAL AND ADDICTION CENTER IS THE ONLY NONPROFIT HOSPITAL IN MANATEE AND SARASOTA COUNTIES AND THE ONLY NONPROFIT PSYCHIATRIC HOSPITAL IN MANATEE COUNTY. CENTERSTONE OF FLORIDA CRISIS CENTER IS THE LAST REMAINING CHILDREN'S UNIT IN MANATEE COUNTY.

**PART VI - AFFILIATED HEALTH CARE SYSTEM ROLES AND PROMOTION**

N/A

**ADDITIONAL INFORMATION****PART III, LINE 8**

N/A - 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, CENTERSTONE OF FLORIDA WILL STILL PROVIDE SERVICES AND MUST COVER THE COSTS OF THE CLIENTS TREATMENT WITH OTHER COMMUNITY FUNDING SOURCES.

**SCHEDULE J**  
(Form 990)Department of the Treasury  
Internal Revenue Service**Compensation Information**

OMB No 1545 0047

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

► Complete if the organization answered 'Yes' on Form 990, Part IV, line 23.

► Attach to Form 990.

► Information about Schedule J (Form 990) and its instructions is  
at [www.irs.gov/form990](http://www.irs.gov/form990).**2014**Open to Public  
Inspection

Name of the organization

**CENTERSTONE OF FLORIDA, INC.**

Employer identification number

**59-1009537****Part I Questions Regarding Compensation****1 a** 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 on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III

<input checked="" type="checkbox"/> Compensation committee	<input 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 **PART III****Only section 501(c)(3) 501(c)(4), and 501(c)(29) organizations 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 Regulations 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)?**BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.**

Schedule J (Form 990) 2014

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation		(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns(B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus and incentive compensation				
RANJAY HALDER	0	276,991.	0.	0.	19,687.	296,678.
1 MEDICAL DIR.	0	0.	0.	0.	0.	0.
MARY RUIZ	0	199,784.	0.	0.	24,165.	223,949.
2 CEO	0	0.	0.	0.	0.	0.
LUIS JASA	0	154,428.	0.	0.	9,060.	163,488.
3 PHYSICIAN	0	0.	0.	0.	0.	0.
DANIEL GESSESE	0	201,304.	0.	0.	16,045.	217,349.
4 PHYSICIAN	0	0.	0.	0.	0.	0.
GABRIEL LUGO	0	206,326.	0.	0.	0.	206,326.
5 PHYSICIAN	0	0.	0.	0.	0.	0.
THOMAS LUSTBERG	0	134,151.	0.	0.	16,841.	150,992.
6 PHYSICIAN	0	0.	0.	0.	0.	0.
7	0	0.	0.	0.	0.	0.
8	0	0.	0.	0.	0.	0.
9	0	0.	0.	0.	0.	0.
10	0	0.	0.	0.	0.	0.
11	0	0.	0.	0.	0.	0.
12	0	0.	0.	0.	0.	0.
13	0	0.	0.	0.	0.	0.
14	0	0.	0.	0.	0.	0.
15	0	0.	0.	0.	0.	0.
16	0	0.	0.	0.	0.	0.

**Part III Supplemental Information**

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

**PART I, LINE 4 - RECEIVED SEVERANCE, SUPPLEMENTAL NQ RETIREMENT, EQUITY-BASED COMPENSATION**

DEBORAH KOSTROUM, COO

SEVERENCE PAY: \$43,023

**SCHEDULE K**  
(Form 990)

OMB No 1545-0047  
**2014**

Department of the Treasury  
Internal Revenue Service

Name of the organization

CENTERSTONE OF FLORIDA, INC.

- Complete if the organization answered 'Yes' on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
- Attach to Form 990.
- Information about Schedule K (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**Supplemental Information on Tax-Exempt Bonds**

Open to Public  
Inspection

Employer 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) Pooled financing
A CITY OF BRADENTON, FL	59-6000283		12/28/2004	2,781,188.	PURCHASE OF BUILDING ON 6TH AV	Yes	No	Yes
B						X	X	X
C								
D								

**Part II** **Proceeds**

	A	B	C	D
1 Amount of bonds retired				
2 Amount of bonds legally defeased				
3 Total proceeds of issue	2,781,188.			
4 Gross proceeds in reserve funds				
5 Capitalized interest from proceeds				
6 Proceeds in refunding escrows				
7 Issuance costs from proceeds				
8 Credit enhancement from proceeds	44,314.			
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				
14 Were the bonds issued as part of a current refunding issue?	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**

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

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

Schedule K (Form 990) 2014

**Part III Private Business Use (Continued)**

	A				B				C				D			
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>3</b> a Are there any management or service contracts that may result in private business use of bond-financed property?					<input checked="" type="checkbox"/>											
<b>b</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?																
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property?					<input checked="" type="checkbox"/>											
<b>d</b> 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?																
<b>4</b> 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 %											
<b>5</b> 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																
<b>6</b> Total of lines 4 and 5					1.000 %											
<b>7</b> Does the bond issue meet the private security or payment test?																
<b>8</b> a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?					<input checked="" type="checkbox"/>											
<b>b</b> If 'Yes', to line 8a, enter the percentage of bond-financed property sold or disposed of																
<b>c</b> If 'Yes' to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?																
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?					<input checked="" type="checkbox"/>											
<b>Part IV Arbitrage</b>																
	A				B				C				D			
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?					<input checked="" type="checkbox"/>											
<b>2</b> If 'No' to line 1, did the following apply?																
<b>a</b> Rebate not due yet?																
<b>b</b> Exception to rebate?																
<b>c</b> No rebate due?																
If 'Yes' to line 2c, provide in Part VI the date the rebate computation was performed																
<b>3</b> Is the bond issue a variable rate issue?					<input checked="" type="checkbox"/>											
<b>4</b> a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?					<input checked="" type="checkbox"/>											
<b>b</b> Name of provider																
<b>c</b> Term of hedge																
<b>d</b> Was the hedge superintegrated?					<input checked="" type="checkbox"/>											
<b>e</b> Was the hedge terminated?					<input checked="" type="checkbox"/>											

**Part IV Arbitrage (Continued)**

	A			
	Yes	No	Yes	No
5 a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		
5 b Name of provider				
5 c Term of GIC				
5 d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?				
6 Were any gross proceeds invested beyond an available temporary period?				
7 Has the organization established written procedures to monitor the requirements of section 148?				

**Part V Procedures To Undertake Corrective Action**

	A			
	Yes	No	Yes	No
Has 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?	X			

**Part VI Supplemental Information** Provide additional information for responses to questions on Schedule K (see instructions).

**SCHEDULE M**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

OMB No 1545-0047

**2014**

**Open To Public  
Inspection**

- Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.
- Attach to Form 990.
- Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

**CENTERSTONE OF FLORIDA, INC.**

Employer identification number

**59-1009537**

**Part I Types of Property**

	<b>(a) Check if applicable</b>	<b>(b) Number of contributions or items contributed</b>	<b>(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g</b>	<b>(d) Method of determining noncash contribution amounts</b>
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	446,002.	COST
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (GIFT CERTIFICAT -----)	X	50	7,269.	FMV
26 Other ► (FOOD -----)	X	7	723.	FMV
27 Other ► (OTHER MICS -----)	X	17	3,057.	FMV
28 Other ► ( -----)				
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement			29	

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?

	<b>Yes</b>	<b>No</b>
30a		X
31	X	
32a		X

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If 'Yes,' describe in Part II

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

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

**SCHEDULE M - ADDITIONAL INFORMATION**

THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS ON SCHEDULE M, PART I,  
COLUMN (B).

**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 990-EZ or to provide any additional information.

- ▶ Attach to Form 990 or 990-EZ.
- ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is  
at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2014**

Open to Public  
Inspection

Name of the organization

CENTERSTONE OF FLORIDA, INC.

Employer identification number

59-1009537

**FORM 990, PART I, LINE 1- SUMMARY**

**SUBSEQUENT EVENT**

CENTERSTONE OF FLORIDA (FORMERLY KNOWN AS MANATEE GLENS), A NOT-FOR-PROFIT, IS THE LEADING COMMUNITY BEHAVIORAL HEALTH HOSPITAL AND OUTPATIENT PRACTICE IN SOUTH TAMPA BAY. WE HAVE A 60-YEAR HISTORY WORKING TO CHANGE THE LIVES OF CHILDREN, TEENS, ADULTS AND SENIORS WHO FACE TRAUMA, ADDICTIONS, PSYCHIATRIC ILLNESSES AND EMOTIONAL DISORDERS, SERVING 16,000 CLIENTS EACH YEAR. ONE OUT OF EVERY 30 LOCAL FAMILIES SEEKS OUR SUPPORT. IN ADDITION TO MENTAL HEALTH AND ADDICTION SERVICES, CENTERSTONE OF FLORIDA OFFERS CHILD ABUSE AND NEGLECT AND ADOPTION SUPPORT SERVICES. IN MAY 2015, CENTERSTONE OF FLORIDA CHANGED ITS NAME FROM MANATEE GLENS TO CENTERSTONE OF FLORIDA. IN JULY 2015, CENTERSTONE OF FLORIDA AFFILIATED WITH CENTERSTONE TO BECOME CENTERSTONE OF FLORIDA (DBA CENTERSTONE).

AS PART OF CENTERSTONE, CENTERSTONE OF FLORIDA WILL CONTINUE TO OFFER STATE OF THE ART MENTAL HEALTH AND ADDICTIONS CARE. THE COMBINED CENTERSTONE OFFERS A RANGE OF TREATMENT, SUPPORT AND EDUCATIONAL PROGRAMS AND SERVICES TO INDIVIDUALS WHO HAVE MENTAL HEALTH AND ADDICTION DISORDERS AND ADULTS WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES. EACH YEAR, THE ORGANIZATION SERVES MORE THAN 142,000 PEOPLE OF ALL AGES IN LOCATIONS ACROSS FLORIDA, ILLINOIS, INDIANA AND TENNESSEE. CENTERSTONE IS A MEMBER ORGANIZATION OF THE NATIONAL FOOTBALL LEAGUE'S NFL LIFELINE. CENTERSTONE OF FLORIDA IS ACCREDITED BY THE JOINT COMMISSION.

CENTERSTONE EMBRACES THE HUMANITY OF THOSE IN OUR CARE BY OFFERING WARM HOSPITALITY AND REASSURING COMMUNICATION. WE INCLUDE LOVED ONES IN THE HEALING PROCESS AND UPLIFT THE HUMAN SPIRIT THROUGH ALL FAITHS. CENTERSTONE KNOWS THAT OUR CARE ALLOWS

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FAMILIES AND INDIVIDUALS TO CONTINUE CAREERS, HEAL MARRIAGES, RAISE CHILDREN, COMPLETE EDUCATION, MAINTAIN HEALTH AND SUCCEED IN LIFE.

CENTERSTONE IS ABLE TO OFFER THIS EXTRAORDINARY LEVEL OF SERVICE THROUGH CONTRACTS AND GRANTS FROM FEDERAL, STATE AND LOCAL GOVERNMENT AS WELL AS PHILANTHROPIC DONATIONS FROM FOUNDATIONS AND INDIVIDUALS.

CENTERSTONE OF AMERICA IS THE SOLE MEMBER OF CENTERSTONE OF FLORIDA.

**FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS**

OUTPATIENT PROGRAMS - WITH A DEDICATED NETWORK OF LICENSED PSYCHIATRISTS AND COUNSELORS, CENTERSTONE OF FLORIDA OFFERS EXTENSIVE OUTPATIENT MENTAL HEALTH SERVICES TO ADULTS AND CHILDREN THROUGHOUT THE SPAN OF THEIR LIVES. WHEN LIFE JUST CAN'T BE PUT ON HOLD, CENTERSTONE OF FLORIDA OFFERS A WAY FOR ADULTS TO GET THE HELP THEY NEED FOR ALCOHOL AND DRUG ADDICTION OFTEN WHILE CONTINUING TO MAINTAIN EMPLOYMENT AND LIVE AT HOME WITH LOVED ONES. OUR INTENSIVE OUTPATIENT PROGRAMMING IS DESIGNED TO ASSIST IN CONTINUED RECOVERY FROM ALCOHOL, DRUGS, OR THOSE WITH CO-OCCURRING MENTAL HEALTH CONCERN WITH SERVICES THAT INCLUDE GROUP AND FAMILY COUNSELING AND MARITAL AND COUPLES THERAPY. WE ALSO PROVIDE PHYSICIAN ASSISTED MEDICAL DETOX FROM OPIATES AND PAIN MEDICATION THOUGH SUBOXONE TREATMENT. CENTERSTONE ALSO ADDRESSES THE CHALLENGES YOUTH FACE IN GROWING UP ALCOHOL AND DRUG FREE. YOUTH LEARN THEY ARE NOT ALONE. WE ADDRESS CO-OCCURRING, MENTAL HEALTH AND TRAUMA PROVIDING FAMILY SUPPORT AND PARENTING ASSISTANCE.

FOR THOSE SUFFERING FROM SEVERE AND PERSISTENT MENTAL HEALTH ISSUES, THE CENTERSTONE OF FLORIDA 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,

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**FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS**

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, CENTERSTONE OF FLORIDA 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 CENTERSTONE OF FLORIDA CHILDREN'S COMMUNITY ACTION TREATMENT (CAT) TEAMS PROVIDE 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.

CENTERSTONE OF FLORIDA THROUGH ITS PARTNERSHIPS WITH LOCAL COURT ADMINISTRATION OFFERS JAIL DIVERSION PROGRAMS SERVICING MANATEE AND SARASOTA COUNTIES. FORENSIC SERVICES ARE ALSO PROVIDED IN THE MANATEE COUNTY JAIL SYSTEM FOR INMATE BEHAVIORAL HEALTH NEEDS.

**FORM 990, PART III, LINE 4B - PROGRAM SERVICE ACCOMPLISHMENTS**

INPATIENT & RESIDENTIAL PROGRAM - CENTERSTONE OF FLORIDA IS A SPECIALTY HOSPITAL AND OUTPATIENT PRACTICE FOR MENTAL HEALTH AND ADDICTIONS. CENTERSTONE OF FLORIDA HOSPITAL AND ADDICTION CENTER PROVIDES STATE-OF-THE-ART CARE FOR ADULTS AND SENIORS. OUR HOSPITAL IS A 30-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 DETOX, SCHIZOPHRENIA, POST-TRAUMATIC STRESS AND ACUTE STRESS DISORDERS, OBSESSIVE COMPULSIVE DISORDERS AND MAJOR DEPRESSIVE DISORDERS. THE CENTERSTONE OF FLORIDA ADDICTION CENTER ALLOWS CLIENTS TO MEDICALLY DETOX WITH DIGNITY AS THEY BEGIN THEIR RECOVERY IN RELAXED AND PRIVATE SURROUNDINGS. OUR 24 BED ADDICTION CENTER THEN

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**FORM 990, PART III, LINE 4B - PROGRAM SERVICE ACCOMPLISHMENTS**

OFFERS RESIDENTIAL SERVICES FOR ADULTS NEEDING SUBSTANCE ABUSE TREATMENT TO CONTINUE THEIR RECOVERY. THE 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. OUR 24-BED CRISIS STABILIZATION UNIT ASSISTS CHILDREN AND ADULTS WHEN IN THE MIDST OF A MENTAL HEALTH OR SUBSTANCE ABUSE CRISIS. WE OFFER 24-7 MEDICAL MONITORING, AND CLIENTS ARE HOUSED IN A SAFE AND SECURE ENVIRONMENT. MEDICATION MANAGEMENT AND THERAPY ARE PROVIDED AS WELL AS ANY NECESSARY CASE MANAGEMENT SERVICES TO ASSIST IN STEP-DOWN CARE.

**FORM 990, PART III, LINE 4C - PROGRAM SERVICE ACCOMPLISHMENTS**

CHILD WELFARE PROGRAM - MORE THAN 300 CHILDREN AND THEIR FAMILIES EACH YEAR DEPEND ON CENTERSTONE OF FLORIDA TO HELP REUNITE THEIR FAMILIES. ONE REASON PARENTS MAY NEGLECT OR ABUSE THEIR CHILDREN IS BECAUSE OF THEIR OWN ALCOHOL AND SUBSTANCE ABUSE. BY TREATING THE PARENT AND THE CHILD, CENTERSTONE OF FLORIDA IS ABLE TO PROVIDE THE WHOLE FAMILY WITH THE CARE NEEDED FOR A SAFE AND HAPPY REUNION. WE PROVIDE CASE MANAGEMENT, PREVENTION DIVERSION AND MEDICAL CASE MANAGEMENT FOR CHILDREN IN FOSTER CARE AND THEIR FAMILIES. THROUGH OUR COLLABORATION WITH THE SAFE CHILDREN'S COALITION, WE OFFER A HOLISTIC PLAN FOR HELPING FAMILIES AFFECTED BY MENTAL HEALTH AND ADDICTION ISSUES.

UNFORTUNATELY THERE ARE CHILDREN AND ADOLESCENTS WHO CAN'T RETURN HOME. THE CENTERSTONE OF FLORIDA ADOPTION PRESERVATION PROGRAM PROVIDES COUNSELING AND SUPPORT SERVICES TO CHILDREN AGES 3 TO 17 AND THEIR FAMILIES WHO HAVE EITHER BEEN ADOPTED OR ARE IN THE ADOPTION PROCESS.

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**FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION**

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.

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.

MENTAL HEALTH SUPERVISED RELEASE - CENTERSTONE OF FLORIDA STAFF REVIEW COURT CASES TO ADDRESS MENTAL HEALTH NEEDS OF THOSE ARRESTED. CENTERSTONE OF FLORIDA OFFERS TREATMENT ALTERNATIVES TO INCARCERATION.

CENTERSTONE OF FLORIDA PROVIDES TRAINING PROGRAMS NECESSARY FOR STATE LICENSURE FOR PSYCHIATRIST, PSYCHOLOGIST, REGISTERED NURSES, LICENSED PRACTICAL NURSES AND SOCIAL WORKERS.

CENTERSTONE OF FLORIDA'S EMPLOYEE ASSISTANCE PROGRAM (EAP) OFFERS EMPLOYERS SOLUTIONS FOR OFF-THE-JOB PROBLEMS AFFECTING THE WORK PLACE. EMPLOYERS CONTRACT WITH US TO PROVIDE FREE, CONFIDENTIAL COUNSELING FOR EMPLOYEES AND THEIR HOUSEHOLD MEMBERS. THE CENTERSTONE OF FLORIDA EAP HELPS PEOPLE FIND SOLUTIONS TO PROBLEMS SO THAT WORKERS AND SUPERVISORS CAN FOCUS ON THE JOB.

CENTERSTONE OF FLORIDA PROVIDED OVER \$900,000 OF ASSISTANCE TO INDIVIDUALS IN THE FORM OF PHARMACEUTICALS, MEDICAL EXPENSES, LABS, X-RAYS, SHELTER, DENTAL AND TRANSPORTATION.

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**FORM 990, PART VI, LINE 4 - SIGNIFICANT CHANGES TO ORGANIZATIONAL DOCUMENTS**

## CHANGES TO THE BY-LAWS AND ARTICLES OF INCORPORATION:

- ORGANIZATION'S NAME WAS CHANGED FROM MANATEE GLENS CORPORATION TO CENTERSTONE OF FLORIDA, INC.

SEE ATTACHED ARTICLES OF INCORPORATION AND BY-LAWS.

**FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS**

THE DIRECTOR OF FINANCE 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 VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS**

BOARD CONFLICT OF INTEREST POLICY I.A1.7 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 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & 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 CENTERSTONE FLORIDA' RATES. SALARY ADJUSTMENTS ARE RECOMMENDED ACCORDINGLY.

3. RECOMMENDATIONS FOR COO, CFO, AND MEDICAL DIRECTOR ARE PRESENTED TO THE CEO FOR APPROVAL AND TO THE BUDGET COMMITTEE FOR BUDGET INCLUSION, CONSISTENT WITH STAFF COMPENSATION RECOMMENDATIONS.

4. COO, DIRECTOR OF FINANCE, AND MEDICAL DIRECTOR 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.

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**FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE**ALL REQUIRED DISCLOSURES ARE MADE AVAILABLE UPON REQUEST OR AT [WWW.GUIDESTAR.ORG](http://WWW.GUIDESTAR.ORG).**FORM 990, PART XI, LINE 9  
OTHER CHANGES IN NET ASSETS OR FUND BALANCES**

CHANGE IN FMV OF INTEREST SWAP

TOTAL	\$	3,259.
	\$	<u>3,259.</u>