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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 07-01-2015 , and ending 06-30-2016

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

C Name of organization
CENTRAL FLORIDA BEHAVIORAL HEALTH NETWORK INC

Doing business as

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

Room/suite

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

D Employer identification number
59-3467610

E Telephone number
(813) 740-4811

G Gross receipts $ 176,100,734

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

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

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

J Website: ▶ WWW CFBHN ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1998

M State of legal domicile FL

Part I Summary

1 Briefly describe the organization's mission or most significant activities
CFBHN DEVELOPS AND MANAGES A TOTAL BEHAVIORAL HEALTH SYSTEM OF CARE IN 14 COUNTIES THE 10 YEAR SERVICE CONTRACT BEGINNING JUNE 1, 2010, TOTALS $1,591,220,721 00 CFBHN IS THE ONLY CARF INTERNATIONAL ACCREDITED SERVICES MANAGEMENT NETWORK IN FLORIDA STATE AND FEDERAL FUNDS ARE USED TO PROVIDE SERVICES FOR INDIVIDUALS UNDER ELIGIBILITY GUIDELINES - ANNUALLY SERVING APPROXIMATELY 129,000 INDIVIDUALS IN TREATMENT AND 242,000 INDIVIDUALS IN PREVENTION SERVICES CFBHN PROVIDES A FULL CONTINUUM OF CARE, FULLY ENGAGES WITH COMMUNITY PARTNERS AND STAKEHOLDERS, OPERATES AT A 3 5% COST OF OPERATIONS, AND HAS A 99 4% EXPENDITURE RATE ON SERVICES

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	23
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	23
5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	**5**	69
6	Total number of volunteers (estimate if necessary)	**6**	23
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

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	164,253,983	176,092,982
9	Program service revenue (Part VIII, line 2g)	0	0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-88	0
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,811	7,752
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	164,259,706	176,100,734
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	158,977,470	169,849,742
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	4,256,846	4,629,559
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,349,106	1,737,545
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	164,583,422	176,216,846
19	Revenue less expenses Subtract line 18 from line 12	-323,716	-116,112

Revenue

Expenses

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	20,578,886	20,958,364
21	Total liabilities (Part X, line 26)	18,088,595	18,584,185
22	Net assets or fund balances Subtract line 21 from line 20	2,490,291	2,374,179

Net Assets or Fund Balances

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

****** 2017-02-27
Signature of officer Date

JULIE PATEL CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
BETTY ISLER CPA	BETTY ISLER CPA			P00541979

Firm's name ▶ CBIZ MHM LLC — Firm's EIN ▶ 27-3605969

Firm's address ▶ 13577 FEATHER SOUND DR STE 400
CLEARWATER, FL 33762

Phone no (727) 572-1400

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

For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form **990** (2015)

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

TO DESIGN AND MANAGE VALUE-DRIVEN INTEGRATED SYSTEMS OF SPECIALTY HEALTHCARE SERVICES WHICH ENVISIONS COMMUNITIES WHERE WELLNESS ENHANCES THE LIFE OF EVERY COMMUNITY MEMBER

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

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ including grants of $) (Revenue $)

CFBHN IS THE MANAGING ENTITY FOR A NETWORK OF PUBLICLY FUNDED, LICENSED SUBSTANCE ABUSE PROVIDERS AND MENTAL HEALTH PROVIDERS WHO COLLECTIVELY OPERATE A RANGE OF BEHAVIORAL HEALTH SERVICES TO FORM AN INTEGRATED SYSTEM OF CARE CFBHN NETWORK PROVIDERS OFFER PREVENTION, INTERVENTION, TREATMENT AND SUPPORTIVE SERVICES TO CLIENTS RESIDING THROUGHOUT CENTRAL AND SOUTHWEST FLORIDA (14 COUNTIES, WE EXTEND INTO POLK, HIGHLANDS AND HARDEE) THESE PROGRAMS ARE LISTED IN DETAIL BELOW

4b (Code) (Expenses $ 96,681,246 including grants of $ 96,647,361) (Revenue $)

ADULT MENTAL HEALTH (SEE SCHEDULE O FOR DETAILED DESCRIPTIONS) 1 AFTERCARE 2 ASSESSMENT 3 CASE MANAGEMENT4 CRISIS STABILIZATION 5 CRISIS SUPPORT/EMERGENCY6 CCST 7 DAY-NIGHT 8 DROP-IN/SELF-HELP CENTERS 9 FLORIDA ASSERTIVE COMMUNITY TREATMENT (FACT) TEAM 10 INCIDENTAL EXPENSES 11 INFORMATION AND REFERRAL 12 IN-HOME AND ON-SITE 13 INPATIENT 14 INTENSIVE CASE MANAGEMENT 15 INTERVENTION 16 MEDICAL SERVICES 17 MENTAL HEALTH CLUBHOUSE SERVICES 18 OUTPATIENT 19 OUTPATIENT DETOXIFICATION 20 OUTREACH21 PREVENTION 22 RESIDENTIAL LEVEL I 23 RESIDENTIAL LEVEL II 24 RESIDENTIAL LEVEL III 25 RESIDENTIAL LEVEL IV 26 ROOM AND BOARD WITH SUPERVISION LEVEL I 27 ROOM AND BOARD WITH SUPERVISION LEVEL II 28 ROOM AND BOARD WITH SUPERVISION LEVEL III 29 SUBSTANCE ABUSE DETOXIFICATION 30 SUPPORTED EMPLOYMENT 31 SUPPORTIVE HOUSING/LIVING 32 RECOVERY AND RESILIANCY - SDC 33 RECOVERY AND SUPPORT

4c (Code) (Expenses $ 40,842,391 including grants of $ 40,405,874) (Revenue $)

ADULT SUBSTANCE ABUSE (SEE SCHEDULE O FOR DETAILED DESCRIPTIONS) 1 AFTERCARE 2 ASSESSMENT3 CASE MANAGEMENT 4 CRISIS SUPPORT/EMERGENCY 5 DAY-NIGHT 6 INCIDENTAL EXPENSES 7 INFORMATION AND REFERRAL 8 IN-HOME AND ON-SITE 9 INTERVENTION 10 MEDICAL SERVICES 11 METHADONE MAINTENANCE12 OUTPATIENT13 OUTPATIENT DETOXIFICATION 14 OUTREACH 15 PREVENTION 16 RESIDENTIAL LEVEL I 17 RESIDENTIAL LEVEL II 18 RESIDENTIAL LEVEL III 19 RESIDENTIAL LEVEL IV 20 ROOM AND BOARD WITH SUPERVISION LEVEL I 21 ROOM AND BOARD WITH SUPERVISION LEVEL II 22 ROOM AND BOARD WITH SUPERVISION LEVEL III 23 SUPPORTED EMPLOYMENT 24 SUPPORTIVE HOUSING/LIVING 25 TREATMENT ACCOUNTABILITY FOR SAFER COMMUNITIES (TASC)

See Additional Data

4d Other program services (Describe in Schedule O)

(Expenses $ 32,796,507 including grants of $ 32,796,507) (Revenue $)

4e **Total program service expenses ▶** 170,320,144

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
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		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
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	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		No
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		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		No
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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	Yes	
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		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
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		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
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?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
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*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**		No
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*	**35b**		
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*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	15		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	69		
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)		2b	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .		3a		No
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .		4a		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .		5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .		6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .		7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
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?		8		
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .		9b		
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
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		13a		
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	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .		14b		

Part VI Governance, Management, and Disclosure

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	23		
	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				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	23		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			No
6	Did the organization have members or stockholders?	6		Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	8a		Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			No

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶ JULIE PATEL CFO 719 US HWY 301 SOUTH TAMPA, FL 33619 (813) 740-4811

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b **Sub-Total** ▶										
c **Total from continuation sheets to Part VII, Section A** ▶										
d **Total (add lines 1b and 1c)** ▶								841,002	0	88,200

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 ▶ 6

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
TIDGEWELL ASSOCIATES INC 4029 CHESAPEAKE DR EDGEWATER, MD 21037	COMPUTER MAINTENANCE	137,000
ASKESIS DEVELOPMNET GROUP INC 339 SIXTH AVE STE 1100 PITTSBURGH, PA 15222	EHR COMPUTER SUPPORT	111,300

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

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . 1a				
	b Membership dues 1b				
	c Fundraising events 1c				
	d Related organizations . . . 1d				
	e Government grants (contributions) 1e	176,092,982			
	f All other contributions, gifts, grants, and similar amounts not included above 1f				
	g Noncash contributions included in lines 1a-1f $				
	h **Total.** Add lines 1a-1f . . . . . ▶	176,092,982			
Program Service Revenue		Business Code			
	2a				
	b				
	c				
	d				
	e				
	f All other program service revenue				
	g **Total.** Add lines 2a–2f . . . . . ▶				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) . . . . . ▶				
	4 Income from investment of tax-exempt bond proceeds . . ▶				
	5 Royalties . . . . . ▶				
		(i) Real	(ii) Personal		
	6a Gross rents				
	b Less rental expenses				
	c Rental income or (loss)				
	d Net rental income or (loss) . . . . . ▶				
		(i) Securities	(ii) Other		
	7a Gross amount from sales of assets other than inventory				
	b Less cost or other basis and sales expenses				
	c Gain or (loss)				
	d Net gain or (loss) . . . . . ▶				
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . a				
	b Less direct expenses . . . b				
	c Net income or (loss) from fundraising events . . ▶				
	9a Gross income from gaming activities See Part IV, line 19 . . . a				
	b Less direct expenses . . . b				
	c Net income or (loss) from gaming activities . . . ▶				
	10a Gross sales of inventory, less returns and allowances . a				
	b Less cost of goods sold . . b				
	c Net income or (loss) from sales of inventory . . ▶				
	Miscellaneous Revenue	Business Code			
	11a				
	b				
	c				
	d All other revenue		7,752	7,752	
	e **Total.** Add lines 11a–11d . . . . . ▶	7,752			
	12 **Total revenue.** See Instructions . . . . . ▶	176,100,734	7,752	0	0

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	169,694,419	169,694,419		
2 Grants and other assistance to domestic individuals See Part IV, line 22	155,323	155,323		
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	592,946		592,946	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	3,262,547		3,262,547	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	150,071		150,071	
9 Other employee benefits	344,241		344,241	
10 Payroll taxes	279,754		279,754	
11 Fees for services (non-employees)				
a Management				
b Legal	17,070		17,070	
c Accounting	49,356		49,356	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	80,287	70,035	10,252	
12 Advertising and promotion	400,367	400,367		
13 Office expenses	314,159		314,159	
14 Information technology	228,928		228,928	
15 Royalties				
16 Occupancy	201,618		201,618	
17 Travel	120,796		120,796	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	36,803		36,803	
20 Interest	4,583		4,583	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	245,457		245,457	
23 Insurance	31,278		31,278	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a				
b				
c				
d				
e All other expenses	6,843		6,843	
25 **Total functional expenses.** Add lines 1 through 24e	176,216,846	170,320,144	5,896,702	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

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
Assets	1	Cash–non-interest-bearing		10,715,422	1	8,978,628
	2	Savings and temporary cash investments		40,591	2	128,924
	3	Pledges and grants receivable, net		9,231,916	3	11,221,705
	4	Accounts receivable, net			4	
	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			8	
	9	Prepaid expenses and deferred charges		64,400	9	32,916
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 2,878,310			
	b	Less accumulated depreciation	10b 2,290,664	518,012	10c	587,646
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		8,545	15	8,545
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		20,578,886	16	20,958,364
Liabilities	17	Accounts payable and accrued expenses		18,088,595	17	18,584,185
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D			25	
	26	**Total liabilities.** Add lines 17 through 25		18,088,595	26	18,584,185
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		1,989,825	27	1,825,654
	28	Temporarily restricted net assets		500,466	28	548,525
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		2,490,291	33	2,374,179
	34	Total liabilities and net assets/fund balances		20,578,886	34	20,958,364

Part XI Reconcilliation 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	176,100,734
2	Total expenses (must equal Part IX, column (A), line 25)	2	176,216,846
3	Revenue less expenses Subtract line 2 from line 1	3	-116,112
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,490,291
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,374,179

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 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
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	Yes	

Additional Data

Software ID:

Software Version:

EIN: 59-3467610

Name: CENTRAL FLORIDA BEHAVIORAL HEALTH NETWORK INC

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code) (Expenses $ 19,241,521 including grants of $ 19,241,521) (Revenue $)

CHILDREN'S SUBSTANCE ABUSE (SEE SCHEDULE O FOR DETAILED DESCRIPTIONS) 1 AFTERCARE 2 ASSESSMENT3 CASE MANAGEMENT 4 CRISIS SUPPORT/EMERGENCY 5 DAY-NIGHT 6 INCIDENTAL EXPENSES 7 INFORMATION AND REFERRAL 8 IN-HOME AND ON-SITE 9 INTERVENTION 10 MEDICAL SERVICES 11 OUTPATIENT12 OUTPATIENT DETOXIFICATION 13 OUTREACH 14 PREVENTION 15 PREVENTION/INTERVENTION - DAY16 RESIDENTIAL LEVEL I 17 RESIDENTIAL LEVEL II 18 RESIDENTIAL LEVEL III 19 RESIDENTIAL LEVEL IV 20 ROOM AND BOARD WITH SUPERVISION LEVEL I 21 ROOM AND BOARD WITH SUPERVISION LEVEL II 22 ROOM AND BOARD WITH SUPERVISION LEVEL III 23 SUPPORTED EMPLOYMENT 24 SUPPORTIVE HOUSING/LIVING 25 TREATMENT ACCOUNTABILITY FOR SAFER COMMUNITIES (TASC)

(Code) (Expenses $ 13,548,134 including grants of $ 13,548,134) (Revenue $)

CHILDREN'S MENTAL HEALTH (SEE DETAILED DESCRIPTIONS) 1 AFTERCARE 2 ASSESSMENT 3 B-NET 4 CASE MANAGEMENT 5 CRISIS STABILIZATION 6 CRISIS SUPPORT/EMERGENCY 7 DAY-NIGHT 8 INCIDENTAL EXPENSES 9 INFORMATION AND REFERRAL 10 IN-HOME AND ON-SITE 11 INPATIENT 12 INTENSIVE CASE MANAGEMENT 13 INTERVENTION14 MEDICAL SERVICES15 OUTPATIENT16 OUTPATIENT DETOXIFICATION 17 OUTREACH18 PREVENTION19 PREVENTION/INTERVENTION - DAY 20 RESIDENTIAL LEVEL I 21 RESIDENTIAL LEVEL II 22 RESIDENTIAL LEVEL III 23 RESIDENTIAL LEVEL IV24 ROOM AND BOARD WITH SUPERVISION LEVEL I 25 ROOM AND BOARD WITH SUPERVISION LEVEL II 26 ROOM AND BOARD WITH SUPERVISION LEVEL III 27 SUBSTANCE ABUSE DETOXIFICATION 28 SUPPORTED EMPLOYMENT 29 SUPPORTIVE HOUSING/LIVING

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code) (Expenses $ 6,852 including grants of $ 6,852) (Revenue $)

COMMUNITY REINVESTMENT GRANTS DOLLARS CREATED BY ADMINISTRATIVE EFFICIENCIES ARE USED TO FUND CAPITAL IMPROVEMENTS AND THE PURCHASE OF SERVICES SEPARATE FROM AND IN ADDITION TO DCF CONTRACTED SERVICES

(Code) (Expenses $ including grants of $) (Revenue $)

JUVENILE WELFARE BOARD OF PINELLAS COUNTY FUNDED BY THE JUVENILE WELFARE BOARD (JWB), THE FAMILY SERVICES INITIATIVE (FSI) IS A COLLABORATIVE INITIATIVE TO DEVELOP AND IMPLEMENT A COUNTYWIDE SYSTEM OF INFORMATION, SUPPORT, AND THE DELIVERY OF WRAP AROUND SERVICES FOR PINELLAS COUNTY CHILDREN AND FAMILIES ACROSS ECONOMIC, SOCIAL, CULTURAL, AND GEOGRAPHIC BOUNDARIES THE FAMILY SERVICES INITIATIVE (FSI) IS A COLLABORATION AMONG FOUR PARTNER AGENCIES JUVENILE WELFARE BOARD (JWB), 211 TAMPA BAY CARES, CENTRAL FLORIDA BEHAVIORAL HEALTH NETWORK (CFBHN), AND PERSONAL ENRICHMENT FOR MENTAL HEALTH (PEMHS) THIS INITIATIVE EXTENDS BEYOND THESE MAJOR PARTNERS TO INCLUDE MANY SERVICE PROVIDERS IN THE COMMUNITY AND THE PINELLAS COUNTY SCHOOL SYSTEM THE INITIATIVE IS ABOUT PREVENTION AND PROVIDING FAMILIES THE RIGHT SERVICE, AT THE RIGHT TIME, FOR THE RIGHT NEED THE INITIATIVE PROVIDES SUPPORTS AND WRAP-AROUND SERVICES TO MEET FAMILIES' BASIC NEEDS AND HELP EMPOWER THEM TO BECOME SELF-SUFFICIENT THE SERVICES PROVIDED ARE TO ASSIST FAMILIES IN REGAINING STABILITY, CONNECT TO LOCAL SERVICES AS APPROPRIATE, AND/OR ASSIST WITH FINANCIAL REQUESTS THE INTENT IS TO ASSIST AT-RISK FAMILIES TO ACHIEVE STABILITY BY PROVIDING THEM WITH A COMPREHENSIVE ARRAY OF SERVICES AND SUPPORTS, AS WELL AS COORDINATION, SYSTEM NAVIGATION, AND ADVOCACY THE GOAL IS TO ENCOURAGE FAMILY RESILIENCY, PREVENT ENTERING CHILD WELFARE SYSTEM, ENHANCE INDIVIDUAL, FAMILY, AND COMMUNITY RESOURCES, AND FIRMLY LINK FAMILIES WITH NATURAL COMMUNITY SUPPORTS

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PAULA O'NEIL CHAIR	5 00	X		X				0	0	0
RAY GADD VICE-CHAIR	0 40	X		X				0	0	0
LARRY LUMPEE TREASURER	1 00	X		X				0	0	0
JUDY TURNBAUGH SECRETARY	0 40	X		X				0	0	0
ANN ARNALL DIRECTOR	0 40	X						0	0	0
ALISON SALLOUM DIRECTOR	0 40	X						0	0	0
KEVIN LEWIS DIRECTOR	0 40	X						0	0	0
CLARA REYNOLDS DIRECTOR	0 40	X						0	0	0
ALVIN WOLFE DIRECTOR	0 40	X						0	0	0
BOB RIHN DIRECTOR	0 40	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
BRENA SLATER DIRECTOR	0 40	X						0	0	0
DR SUBHAKARARO MEDIDI MEDICAL DIRECTOR	0 40	X						0	0	0
DOUG LEONARDO DIRECTOR	0 40	X						0	0	0
JOHN H JACK MINGE III DIRECTOR	0 40	X						0	0	0
JOSH DILLINGER DIRECTOR	0 40	X						0	0	0
JUDGE ANDY SWETT DIRECTOR	0 40	X						0	0	0
NANCY HAMILTON DIRECTOR	0 40	X						0	0	0
RAY FISCHER DIRECTOR	0 40	X						0	0	0
SHERIFF SUSAN BENTON DIRECTOR	0 40	X						0	0	0
TERRI SAUNDERS DIRECTOR	0 40	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
WALTER NILES DIRECTOR	0 40	X						0	0	0
WENDY MERSON DIRECTOR	0 40	X						0	0	0
CRAIG LATIMER PAST CHAIR	0 40			X				0	0	0
LINDA J MCKINNON CHIEF EXECUTIVE OFFICER	40 00			X				231,872	0	19,260
JULIE PATEL CHIEF FINANCIAL OFFICER	40 00			X				134,900	0	14,381
LAWRENCE ALLEN CHIEF OPERATING OFFICER	40 00			X				142,021	0	14,805
MARCIA MONROE CHIEF CLINICAL OFFICER	40 00					X		122,612	0	13,766
HEATHER HAINS CHIEF INFORMATION OFFICER	40 00					X		100,607	0	12,918
JENNIFER SYEDIN DIRECTOR OF FINANCE & HUMAN RESOURCES	40 00					X		108,990	0	13,070

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
CENTRAL FLORIDA BEHAVIORAL HEALTH NETWORK INC

Employer identification number
59-3467610

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 (Form 990 or 990-EZ))

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

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

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

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

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

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

9 ☐ An organization that normally receives (1) more than 331/3% 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 331/3% 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 it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations . . . . . _____

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

(i) Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)** (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants)	138,982,124	158,438,784	161,737,231	164,253,983	176,092,982	799,505,104
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	138,982,124	158,438,784	161,737,231	164,253,983	176,092,982	799,505,104
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						799,505,104

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	138,982,124	158,438,784	161,737,231	164,253,983	176,092,982	799,505,104
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	14					14
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	1,986	243	5,350	5,811	7,752	21,142
11 **Total support.** Add lines 7 through 10						799,526,260

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

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	**14**	100 000 %
15 Public support percentage for 2014 Schedule A, Part II, line 14	**15**	100 000 %

16a **33 1/3% support test—2015.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☑

b **33 1/3% support test—2014.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test—2015.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2014.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part 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** ▶ ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15
16	Public support percentage from 2014 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2015** (line 10c, column (f) divided by line 13, column (f))	17
18	Investment income percentage from **2014** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2015.** 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—2014.** 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* ***Part VI*** *how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2)*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 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 Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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* ***Part VI.***	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 II 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* ***Part VI.***	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* ***Part VI.***	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* ***Part VI.***	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		
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
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*	11c		

Part IV Supporting Organizations (continued)

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *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*	1		
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*	2		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *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)*	1		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (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?	1		
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)*	2		
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*	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).

		Yes	No
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*	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 Nov 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		
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

Section B - Minimum Asset Amount

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

Section C - Distributable Amount

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

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
d From 2013.			
e From 2014.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2016.** Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013.			
d From 2014.			
e From 2015.			

Part VI **Supplemental Information.**

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

Facts And Circumstances Test

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493079004057

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
CENTRAL FLORIDA BEHAVIORAL HEALTH NETWORK INC

Employer identification number
59-3467610

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

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

☐ Preservation of land for public use (e g , recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

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

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

Part IV Escrow and Custodial Arrangements.

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

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

			Amount
b	If "Yes," explain the arrangement in Part XIII and complete the following table		
c	Beginning balance	1c	
d	Additions during the year	1d	
e	Distributions during the year	1e	
f	Ending balance	1f	

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

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

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

		(a) Current year	(b) Prior year	b (c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	500,466	824,711	1,224,905	1,875,908	1,126,367
b	Contributions	315,091	131,020	77,771	53,491	1,058,789
c	Net investment earnings, gains, and losses					
d	Grants or scholarships					
e	Other expenditures for facilities and programs	267,032	455,265	477,965	704,494	309,248
f	Administrative expenses					
g	End of year balance	548,525	500,466	824,711	1,224,905	1,875,908

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 ▶ 100 000 %

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

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

		Yes	No
(i) unrelated organizations	3a(i)		No
(ii) related organizations	3a(ii)		No

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

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' 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)	Accumulated (c) depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		88,498	75,821	12,677
d Equipment		2,789,812	2,214,843	574,969
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				587,646

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

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

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

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

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

(a) Description	(b) Book value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* . . . . . ▶	

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

1. (a) Description of liability	(b) Book value
Federal income taxes	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	

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

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

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

1	Total revenue, gains, and other support per audited financial statements			1	176,100,734
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	176,100,734
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total revenue Add lines **3** and **4c.**(This must equal Form 990, Part I, line 12)			5	176,100,734

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

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

1	Total expenses and losses per audited financial statements			1	176,216,846
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	176,216,846
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	176,216,846

Part XIII Supplemental Information

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

Return Reference	Explanation
PART V, LINE 4	UNDER THE MANAGING ENTITY TRANSITION CONTRACT, DCF PROVIDED CFBHN WITH FUNDS TO PURCHASE CERTAIN COMPUTER HARDWARE, SOFTWARE, OFFICE FURNITURE, AND OTHER EQUIPMENT THE MANAGING ENTITY TRANSITION CONTRACT WAS EXECUTED IN CONJUNCTION WITH CFBHN'S FIVE-YEAR MANAGING ENTITY CONTRACT WITH DCF FOR THE PERIOD FROM JULY 1, 2010 THROUGH JUNE 30, 2015 THE RELATED TEMPORARILY RESTRICTED NET ASSETS WILL BE RELEASED OVER THE TERM OF THE CONTRACT UNDER THE MANAGING ENTITY CONTRACT, DCF PROVIDED CFBHN WITH FUNDS TO PURCHASE CERTAIN COMPUTER HARDWARE AND SOFTWARE THE RELATED TEMPORARILY RESTRICTED NET ASSETS WILL BE RELEASED OVER THE ESTIMATED USEFUL LIFE OF THE CORRESPONDING ASSETS

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493079004057

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
CENTRAL FLORIDA BEHAVIORAL HEALTH NETWORK INC

Employer identification number
59-3467610

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000 Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 69

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) HEALTH COUNSELING AND SOCIAL WORKERS	37	48,471	0	N/A	N/A
(2) COMMUNITY REINVESTMENT FUNDING	1	6,852	0	N/A	N/A
(3) DEACTIVATION BAGS	26000	0	100,000	COST	DEACTIVATION BAGS GIVEN OUT IN THE COMMUNITIES WITHIN OUR 14 COUNTIES

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

Return Reference	Explanation
PART I, LINE 2	MONTHLY, THE CFO COMPLETES THE "SUBCONTRACTOR STATUS REPORT" WHICH TRACKS GRANTEE'S USAGE OF FUNDS THE CFO THEN PASSES THE DOCUMENT TO THE CONTRACT MANAGERS WHO THEN COMPARES THE MONTHLY INVOICES FROM THE GRANTEES WITH THE DATA BACKUP THAT THE GRANTEES ARE REQUIRED TO SUBMIT IN ADDITION TO THE FISCAL MONITORING, THE QI TEAM MAKES SITE VISITS ANNUALLY TO CONDUCT REVIEWS ENSURING THAT FUNDS ARE BEING USED AS INTENDED
FORM 990, SCHEDULE I	THE NONPROFIT ORGANIZATIONS THAT COMPRISE THE MEMBERSHIP OF CENTRAL FLORIDA BEHAVIORAL HEALTH NETWORK, INC (CFBHN) ARE AMONG THE SUBSTANCE ABUSE AND MENTAL HEALTH PROVIDERS WHO PERFORM SERVICES UNDER CFBHN'S MASTER CONTRACTS FOR THE YEAR ENDED JUNE 30, 2016, SUBRECIPIENT PAYMENTS OF $42,400,381 WERE PAID TO CFBHN MEMBERS

Additional Data

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

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
211 TAMPA BAY CARES 14155 58TH ST N CLEARWATER,FL 33760	59-3355555	501(C)(3)	22,374		N/A	N/A	MENTAL HEALTH DCF SUNCOAST REGION
AGENCY FOR COMMUNITY TREATMENT SERVICES INC (ACTS) 4612 N 56TH ST TAMPA,FL 33610	59-1860626	501(C)(3)	10,986,546		N/A	N/A	SUBSTANCE ABUSE DCF SUNCOAST REGION, MENTAL HEALTH DCF SUNCOAST REGION
ASPIRE HEALTH PARTNERS 5970 S ORGANGE BLOSSOM TRAIL INTERCESSION CITY,FL 33848	59-2301233	501(C)(3)	22,500		N/A	N/A	MENTAL HEALTH DCF SUNCOAST REGION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BAY AREA YOUTH SERVICES PO BOX 270846 TAMPA,FL 336880846	59-2184150	501(C)(3)	11,372		N/A	N/A	SUBSTANCE ABUSE DCF SUNCOAST REGION
BAYCARE BEHAVIORAL HEALTH INC PO BOX 428 NEW PORT RICHEY,FL 346560428	59-1371752	501(C)(3)	11,830,167		N/A	N/A	SUBSTANCE ABUSE DCF SUNCOAST REGION, MENTAL HEALTH DCF SUNCOAST REGION
BOLEY CENTER PO BOX 11389 ST PETERSBURG,FL 337331389	59-1290089	501(C)(3)	5,056,350		N/A	N/A	MENTAL HEALTH DCF SUNCOAST REGION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CE MENDEZ FOUNDATION 601 S MAGNOLIA AVE TAMPA,FL 33606	59-1086491	501(C)(3)	328,497		N/A	N/A	SUBSTANCE ABUSE DCF SUNCOAST REGION
CARLTON MANOR INC 45 WESTWOOD TERRACE N ST PETERSBURG,FL 33710	59-2058176	501(C)(3)	34,376		N/A	N/A	MENTAL HEALTH DCF SUNCOAST REGION
CATHOLIC CHARITIES DIOCESE OF ST PETERBURG 1213 16TH ST N ST PETERSBURG,FL 33705	59-0875805	501(C)(3)	48,968		N/A	N/A	MENTAL HEALTH DCF SUNCOAST REGION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CHARLOTTE BEHAVIORAL HEALTH CARE INC 1700 EDUCATION AVE PUNTA GORDA,FL 33950	59-1234922	501(C)(3)	6,733,539		N/A	N/A	SUBSTANCE ABUSE DCF SUNCOAST REGION, MENTAL HEALTH DCF SUNCOAST REGION
COASTAL BEHAVIORAL HEALTHCARE 1565 STATE RD SARASOTA,FL 34230	59-1432136	501(C)(3)	12,892,878		N/A	N/A	SUBSTANCE ABUSE DCF SUNCOAST REGION, MENTAL HEALTH DCF SUNCOAST REGION
COMMUNITY ASSISTANCE & SUPPORTED LIVING INC (CASL) 7810 TAMIAMI TRAIL S STE A14 VENICE,FL 34293	59-2097521	501(C)(3)	594,353		N/A	N/A	MENTAL HEALTH DCF SUNCOAST REGION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CRISIS CENTER OF TAMPA BAY INC ONE CRISIS CENTER PLAZA TAMPA,FL 336131238	59-1785265	501(C)(3)	240,551		N/A	N/A	SUBSTANCE ABUSE DCF SUNCOAST REGION
CROSSROADS BEHAVIORAL 3606 ENTERPRISE AVE STE 300 NAPLES,FL 34104	20-3526333	501(C)(3)	972,697		N/A	N/A	SUBSTANCE ABUSE DCF SUNCOAST REGION, MENTAL HEALTH DCF SUNCOAST REGION
THE DAVID LAWRENCE CENTER 6075 GOLDEN GATE PKWY NAPLES,FL 34116	59-2206025	501(C)(3)	7,622,215		N/A	N/A	SUBSTANCE ABUSE DCF SUNCOAST REGION, MENTAL HEALTH DCF SUNCOAST REGION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
DEVEREUX FOUNDATION 2012 RENASSANCE BLVD KING OF PRUSSIA, PA 19406	23-1390618	501(C)(3)	92,400		N/A	N/A	MENTAL HEALTH DCF SUNCOAST REGION
DIRECTIONS FOR MENTAL HEALTH INC 1437 S BELCHER RD CLEARWATER, FL 33764	59-2092715	501(C)(3)	2,286,611		N/A	N/A	SUBSTANCE ABUSE DCF SUNCOAST REGION, MENTAL HEALTH DCF SUNCOAST REGION
DOH HENDRY COUNTY 1445 EDUCATION WAY PORT CHARLOTTE, FL 33948	02-0638619	501(C)(3)	65,000		N/A	N/A	SUBSTANCE ABUSE DCF SUNCOAST REGION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
DRUG ABUSE COMPREHENSIVE COORDINATING OFFICE INC (DACCO) 4422 E COLUMBUS DR TAMPA,FL 33605	59-1514993	501(C)(3)	5,855,645		N/A	N/A	SUBSTANCE ABUSE DCF SUNCOAST REGION, MENTAL HEALTH DCF SUNCOAST REGION
DRUG FREE CHARLOTTE 1445 EDUCATION WAY PORT CHARLOTTE,FL 33948	02-0683619	501(C)(3)	104,194		N/A	N/A	SUBSTANCE ABUSE DCF SUNCOAST REGION
DRUG FREE COLLIER PO BOX 770759 NAPLES,FL 34107	02-3455197	501(C)(3)	147,500		N/A	N/A	SUBSTANCE ABUSE DCF SUNCOAST REGION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
DRUG FREE HIGHLANDSHEARTLAND 1200 W AVON BLVD STE 109 AVON PARK,FL 33825	65-0462144	501(C)(3)	77,379		N/A	N/A	SUBSTANCE ABUSE DCF SUNCOAST REGION
EARLY LEARNING COALITION OF PINELLAS 5735 RIO VISTA DRIVE CLEARWATER,FL 33760	59-3726679	501(C)(3)	138,843		N/A	N/A	SUBSTANCE ABUSE DCF SUNCOAST REGION, MENTAL HEALTH DCF SUNCOAST REGION
FEDERATION OF FAMILIES OF FLORIDA INC 1402 ROYAL PALM BEACH BLVD STE 102 ROYAL PALM BEACH,FL 33411	52-2313668	501(C)(3)	9,575		N/A	N/A	MENTAL HEALTH DCF SUNCOAST REGION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
FIRST STEP OF SARASOTA INC 1970 MAIN ST 5TH FL SARASOTA,FL 34236	59-1304472	501(C)(3)	3,587,189		N/A	N/A	SUBSTANCE ABUSE DCF SUNCOAST REGION, MENTAL HEALTH DCF SUNCOAST REGION
FLORIDA INSTITUTE FOR COMMUNITY STUDIES PO BOX 16745 TAMPA,FL 33687	59-3712006	501(C)(3)	81,794		N/A	N/A	SUBSTANCE ABUSE DCF SUNCOAST REGION
GULF COAST JEWISH FAMILY & CHILDREN'S SERVICES 14041 ICOT BLVD CLEARWATER,FL 33760	59-1229354	501(C)(3)	3,883,568		N/A	N/A	SUBSTANCE ABUSE DCF SUNCOAST REGION, MENTAL HEALTH DCF SUNCOAST REGION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
HANLEY CENTER FOUNDATION INC 900 45TH ST WEST PALM BEACH, FL 33407	20-2871945	501(C)(3)	556,268		N/A	N/A	SUBSTANCE ABUSE DCF SUNCOAST REGION
HARDEE COUNTY ASAPP PO BOX 1765 WAUCHULA, FL 33873	45-2278786	501(C)(3)	71,500		N/A	N/A	SUBSTANCE ABUSE DCF SUNCOAST REGION
HEALTHY START COALITION OF PINELLAS INC 2600 EAST BAY DR STE 205 LARGO, FL 33771	99-2013003	501(C)(3)	130,647		N/A	N/A	MENTAL HEALTH DCF SUNCOAST REGION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
HILLSBOROUGH COUNTY ANTI-DRUG ALLIANCE INC 2815 E HENRY AVE STE B-1 TAMPA,FL 33610	71-0950570	501(C)(3)	296,024		N/A	N/A	SUBSTANCE ABUSE DCF SUNCOAST REGION
HOPE CLUBHOUSE 3602 BROADWAY AVE FT MYERS,FL 33901	30-0437443	501(C)(3)	149,022		N/A	N/A	MENTAL HEALTH DCF SUNCOAST REGION
INNER ACT ALLIANCE (FORMERLY DRUG PREVENTION RESOURCE CENTER) 621 S FLORIDA AVE LAKELAND,FL 33801	59-2844663	501(C)(3)	581,494		N/A	N/A	SUBSTANCE ABUSE DCF SUNCOAST REGION, MENTAL HEALTH DCF SUNCOAST REGION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
JEWISH FAMILY & CHILDREN'S SERVICES 2688 FRUITVILLE RD SARASOTA,FL 34237	59-2693318	501(C)(3)	298,097		N/A	N/A	SUBSTANCE ABUSE DCF SUNCOAST REGION, MENTAL HEALTH DCF SUNCOAST REGION
KC GUARDIAN INC 5443 PEBBLE BEACH DR LAKELAND,FL 33813	59-3652900	501(C)(3)	112,713		N/A	N/A	MENTAL HEALTH DCF SUNCOAST REGION
LEE COUNTY COALITION FOR DRUG FREE SW FLORIDA PO BOX 61688 FT MYERS,FL 33906	59-3052892	501(C)(3)	64,600		N/A	N/A	SUBSTANCE ABUSE DCF SUNCOAST REGION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
LEE MEMORIAL HOSPITAL 12550 NEW BRITTANY BLVD FT MYERS,FL 33907	59-0714812	501(C)(3)	217,496		N/A	N/A	MENTAL HEALTH DCF SUNCOAST REGION
LUTHERAN SERVICES FLORIDA INC 3627A W WATERS AVE TAMPA,FL 33614	59-2198911	501(C)(3)	33,039		N/A	N/A	SUBSTANCE ABUSE DCF SUNCOAST REGION
MANATEE COUNTY SUBSTANCE ABUSE COALITION PO BOX 1000 BRADENTON,FL 34206	27-1254684	501(C)(3)	446,698		N/A	N/A	SUBSTANCE ABUSE DCF SUNCOAST REGION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MANATEE GLENS 4480 51ST ST W BRADENTON,FL 34210	59-1009537	501(C)(3)	9,529,833		N/A	N/A	MENTAL HEALTH DCF SUNCOAST REGION
MENTAL HEALTH CARE INC 5707 N 22ND ST TAMPA,FL 33610	59-0747306	501(C)(3)	10,855,803		N/A	N/A	MENTAL HEALTH DCF SUNCOAST REGION
MENTAL HEALTH COMMUNITY CENTERS INC 240 B S TUTTLE AVE SARASOTA,FL 34237	65-0238526	501(C)(3)	462,751		N/A	N/A	MENTAL HEALTH DCF SUNCOAST REGION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MENTAL HEALTH RESOURCE CENTER INC PO BOX 19249 JACKSONVILLE,FL 32245	59-1905344	501(C)(3)	4,844,494		N/A	N/A	MENTAL HEALTH DCF SUNCOAST REGION
NAMI COLLIER COUNTY INC 6216 TRAIL BLVD BLDG C NAPLES,FL 34108	65-0047747	501(C)(3)	809,100		N/A	N/A	MENTAL HEALTH DCF SUNCOAST REGION
NAMI LEE COUNTY INC PO BOX 50816 FT MYERS,FL 33994	65-0122844	501(C)(3)	114,116		N/A	N/A	MENTAL HEALTH DCF SUNCOAST REGION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
NAMI PINELLAS COUNTY INC PO BOX 12773 ST PETERSBURG,FL 33733	59-2819044	501(C)(3)	96,441		N/A	N/A	SUBSTANCE ABUSE DCF SUNCOAST REGION, MENTAL HEALTH DCF SUNCOAST REGION
NORTHSIDE MENTAL HEALTH CENTER 12512 BRUCE B DOWNS BLVD TAMPA,FL 33612	59-1641327	501(C)(3)	6,936,357		N/A	N/A	MENTAL HEALTH DCF SUNCOAST REGION
OPERATION PAR 6655 66TH ST N PINELLAS PARK,FL 33781	59-1349234	501(C)(3)	8,685,849		N/A	N/A	SUBSTANCE ABUSE DCF SUNCOAST REGION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
PEACE RIVER CENTER 1239 E MAIN ST BARTOW,FL 33830	59-0818924	501(C)(3)	10,165,017		N/A	N/A	MENTAL HEALTH DCF SUNCOAST REGION
PERSONAL ENRICHMENT THROUGH MENTAL HEALTH SERVICES INC (PEMHS) 11254 58TH ST N PINELLAS PARK,FL 33782	59-3153549	501(C)(3)	7,517,931		N/A	N/A	SUBSTANCE ABUSE DCF SUNCOAST REGION, MENTAL HEALTH DCF SUNCOAST REGION
PHOENIX PROGRAMS OF FLORIDA INC DBA PHOENIX HOUSE OF FLORIDA 510 VONDERBURG DR STE 301 BRANDON,FL 33511	59-3172948	501(C)(3)	629,014		N/A	N/A	SUBSTANCE ABUSE DCF SUNCOAST REGION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
POLK COUNTY BOARD OF COUNTY COMMISSIONER-DRUG COURT 255 N BROADWAY AVE DRAWER J-150 BARTOW,FL 33830	59-6000809	501(C)(3)	154,301		N/A	N/A	SUBSTANCE ABUSE DCF SUNCOAST REGION, MENTAL HEALTH DCF SUNCOAST REGION
PREMIER BEHAVIORAL SOLUTIONS DBA MANATEE PALMS 4480 51ST ST W BRADENTON,FL 34210	65-0816927	501(C)(3)	100,776		N/A	N/A	MENTAL HEALTH DCF SUNCOAST REGION
PROJECT RETURN INC 303 W WATERS AVE TAMPA,FL 33604	59-2612753	501(C)(3)	325,954		N/A	N/A	MENTAL HEALTH DCF SUNCOAST REGION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SALUSCARE (FORMERLY LEE MENTAL HEALTH & SWFAS) 3763 EVANS AVE FT MYERS,FL 33901	59-1965829	501(C)(3)	13,375,807		N/A	N/A	SUBSTANCE ABUSE DCF SUNCOAST REGION, MENTAL HEALTH DCF SUNCOAST REGION
SANDY PINES 11301 SE TEQUESTA TERRACE TEQUESTA,FL 33469	20-5202539	501(C)(3)	70,584		N/A	N/A	MENTAL HEALTH DCF SUNCOAST REGION
SUCCESS 4 KIDS & FAMILIES INC 1311 N WESTHORE BLVD STE 302 TAMPA,FL 33607	14-1933532	501(C)(3)	1,639,272		N/A	N/A	MENTAL HEALTH DCF SUNCOAST REGION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SUNCOAST CENTER 4024 CENTRAL AVE ST PETERSBURG,FL 33711	59-2092717	501(C)(3)	4,440,929		N/A	N/A	SUBSTANCE ABUSE DCF SUNCOAST REGION, MENTAL HEALTH DCF SUNCOAST REGION
TAMPA CROSSROADS INC 5118 N NEBRASKA AVE TAMPA,FL 33603	59-1743719	501(C)(3)	358,250		N/A	N/A	MENTAL HEALTH DCF SUNCOAST REGION
THE VINES-OCALA BEHAVIORAL HEALTH 3130 SW 27TH AVE OCALA,FL 34471	32-0235544	501(C)(3)	107,712		N/A	N/A	MENTAL HEALTH DCF SUNCOAST REGION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
TRI-COUNTY HUMAN SERVICES INC 1815 CRYSTAL LAKE DR LAKELAND,FL 33801	59-1708182	501(C)(3)	7,515,767		N/A	N/A	SUBSTANCE ABUSE DCF SUNCOAST REGION, MENTAL HEALTH DCF SUNCOAST REGION
UNITED WAY OF LEE COUNTY 7273 CONCOURSE DR FT MYERS,FL 33908	59-1005169	501(C)(3)	5,803		N/A	N/A	MENTAL HEALTH DCF SUNCOAST REGION
UNIVERSITY OF SOUTH FLORIDA ORLANDO PO BOX 864568 ORLANDO,FL 32886	99-2013005	501(C)(3)	156,787		N/A	N/A	MENTAL HEALTH DCF SUNCOAST REGION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
VAN GOGHS PALETTE DBA VINCENT HOUSE 4801 78TH AVENUE NORTH PINELLAS PARK,FL 33781	59-3720139	501(C)(3)	435,451		N/A	N/A	MENTAL HEALTH DCF SUNCOAST REGION
VOLUNTEERS OF AMERICA OF FLORIDA INC 1205 E 8TH AVE TAMPA,FL 33605	58-1856992	501(C)(3)	1,621,273		N/A	N/A	MENTAL HEALTH DCF SUNCOAST REGION
WESTCARE FLORIDA INC PO BOX 12019 ST PETERSBURG,FL 337332019	59-3714627	501(C)(3)	302,675		N/A	N/A	SUBSTANCE ABUSE DCF SUNCOAST REGION, MENTAL HEALTH DCF SUNCOAST REGION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
WINTER HAVEN HOSPITAL 200 AVENUE F NE WINTER HAVEN,FL 33881	59-0724462	501(C)(3)	1,162,340		N/A	N/A	MENTAL HEALTH DCF SUNCOAST REGION
YOUTH AND FAMILY ALTERNATIVES (YFA) 7524 PLATHE RD NEW PORT RICHEY,FL 34653	59-1545990	501(C)(3)	544,996		N/A	N/A	SUBSTANCE ABUSE DCF SUNCOAST REGION
YOUTH HAVEN INC 5867 WHITAKER RD NAPLES,FL 34112	23-7065187	501(C)(3)	44,357		N/A	N/A	SUBSTANCE ABUSE DCF SUNCOAST REGION

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
CENTRAL FLORIDA BEHAVIORAL HEALTH NETWORK INC

Employer identification number
59-3467610

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☐ Compensation committee	☑ Written employment contract		
	☐ Independent compensation consultant	☑ Compensation survey or study		
	☐ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

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

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

(A) Name and Title		**(B)** Breakdown of W-2 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 on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 LINDA J MCKINNON CHIEF EXECUTIVE OFFICER	(i)	219,101	0	12,771	11,644	7,616	251,132	0
	(ii)	0	0	0	0	0	0	0
2 LAWRENCE ALLEN CHIEF OPERATING OFFICER	(i)	142,021	0	0	7,189	7,616	156,826	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

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

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493079004057

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.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization	Employer identification number
CENTRAL FLORIDA BEHAVIORAL HEALTH NETWORK INC	59-3467610

Return Reference	Explanation
FORM 990, PART III, LINE 4	PROGRAM SERVICE DETAIL 1 AFTERCARE - AFTERCARE SERVICES, INCLUDING BUT NOT LIMITED TO RELAPSE PREVENTION, ARE A VITAL PART OF RECOVERY IN EVERY TREATMENT LEVEL AFTERCARE ACTIVITIES INCLUDE CLIENT PARTICIPATION IN DAILY ACTIVITY FUNCTIONS THAT WERE ADVERSELY AFFECTED BY MENTAL ILLNESS AND/OR SUBSTANCE ABUSE IMPAIRMENTS NEW DIRECTIONAL GOALS SUCH AS VOCATIONAL EDUCATION OR RE-BUILDING RELATIONSHIPS ARE OFTEN PRIORITIES RELAPSE PREVENTION ISSUES ARE KEY IN ASSISTING THE CLIENT'S RECOGNITION OF TRIGGERS AND WARNING SIGNS OF REGRESSION AFTERCARE SERVICES HELP FAMILIES AND PRO-SOCIAL SUPPORT SYSTEMS REINFORCE A HEALTHY LIVING ENVIRONMENT 2 ASSESSMENT - ASSESSMENT SERVICES ASSESS, EVALUATE, AND PROVIDE ASSISTANCE TO INDIVIDUALS AND FAMILIES TO DETERMINE LEVEL OF CARE, MOTIVATION, AND THE NEED FOR SERVICES AND SUPPORTS TO ASSIST INDIVIDUALS AND FAMILIES IDENTIFY THEIR STRENGTHS 3 CASE MANAGEMENT - CASE MANAGEMENT SERVICES CONSIST OF ACTIVITIES AIMED AT IDENTIFYING THE RECIPIENT'S NEEDS, PLANNING SERVICES, LINKING THE SERVICE SYSTEM WITH THE PERSON, COORDINATING THE VARIOUS SYSTEM COMPONENTS, MONITORING SERVICE DELIVERY, AND EVALUATING THE EFFECT OF THE SERVICES RECEIVED 4 CRISIS STABILIZATION - THESE ACUTE CARE SERVICES, ON A TWENTY-FOUR (24) HOURS PER DAY, SEVEN (7) DAYS PER WEEK BASIS, PROVIDE BRIEF, INTENSIVE MENTAL HEALTH RESIDENTIAL TREATMENT SERVICES THESE SERVICES MEET THE NEEDS OF INDIVIDUALS WHO ARE EXPERIENCING AN ACUTE CRISIS AND WHO, IN THE ABSENCE OF A SUITABLE ALTERNATIVE, WOULD REQUIRE HOSPITALIZATION 5 CRISIS SUPPORT/EMERGENCY - THESE NON-RESIDENTIAL CARE SERVICES ARE GENERALLY AVAILABLE TWENTY-FOUR (24) HOURS PER DAY, SEVEN (7) DAYS PER WEEK, OR SOME OTHER SPECIFIC TIME PERIOD, TO INTERVENE IN A CRISIS OR PROVIDE EMERGENCY CARE EXAMPLES INCLUDE MOBILE CRISIS, CRISIS SUPPORT, CRISIS/EMERGENCY SCREENING, CRISIS TELEPHONE, AND EMERGENCY WALK-IN 6 CCST - SERVICES PROVIDED INCLUDE ASSESSMENT, CASE MANAGEMENT, INTENSIVE CASE MANAGEMENT, SUPPORTED HOUSING, AFTERCARE, SUPPORTED EMPLOYMENT, OUTREACH, OUTPATIENT, IN-HOME/ON-SITE, INTERVENTION, INFORMATION AND REFERRAL, PREVENTION, PREVENTION/INTERVENTION AND OTHER TRANSITION AND NON-TRADITIONAL SUPPORT SERVICES AS NEGOTIATED BY THE DEPARTMENT AND THE PROVIDER THE SERVICES ARE DESIGNED TO ASSIST AND GUIDE INDIVIDUALS IN RECONNECTING WITH SOCIETY AND REBUILDING SKILLS IN IDENTIFIED ROLES IN THEIR ENVIRONMENT 7 DAY-NIGHT - DAY-NIGHT SERVICES PROVIDE A STRUCTURED SCHEDULE OF NON-RESIDENTIAL SERVICES FOR FOUR (4) OR MORE CONSECUTIVE HOURS PER DAY ACTIVITIES FOR CHILDREN AND ADULT MENTAL HEALTH PROGRAMS ARE DESIGNED TO ASSIST INDIVIDUALS TO ATTAIN SKILLS AND BEHAVIORS NEEDED TO FUNCTION SUCCESSFULLY IN LIVING, LEARNING, WORK, AND SOCIAL ENVIRONMENTS GENERALLY, A PERSON RECEIVES THREE (3) OR MORE SERVICES A WEEK ACTIVITIES FOR SUBSTANCE ABUSE PROGRAMS EMPHASIZE REHABILITATION, TREATMENT, AND EDUCATION SERVICES, USING MULTIDISCIPLINARY TEAMS TO PROVIDE INTEGRATED PROGRAMS OF ACADEMIC, THERAPEUTIC, AND FAMILY SERVICES 8 DROP-IN/SELF-HELP CENTERS - THESE CENTERS ARE INTENDED TO PROVIDE A RANGE OF OPPORTUNITIES FOR PERSONS WITH SEVERE AND PERSISTENT MENTAL ILLNESS TO INDEPENDENTLY DEVELOP, OPERATE, AND PARTICIPATE IN SOCIAL, RECREATIONAL, AND NETWORKING ACTIVITIES 9 FLORIDA ASSERTIVE COMMUNITY TREATMENT (FACT) TEAM - THESE NON-RESIDENTIAL CARE SERVICES ARE AVAILABLE TWENTY-FOUR (24) HOURS PER DAY, SEVEN (7) DAYS PER WEEK, AND INCLUDE COMMUNITY-BASED TREATMENT, REHABILITATION, AND SUPPORT SERVICES PROVIDED BY A MULTIDISCIPLINARY TEAM TO PERSONS WITH SEVERE AND PERSISTENT MENTAL ILLNESS 10 INCIDENTAL EXPENSES - THIS COST CENTER PROVIDES FOR INCIDENTAL EXPENSES, SUCH AS CLOTHING, MEDICAL CARE, EDUCATIONAL NEEDS, DEVELOPMENTAL SERVICES, FACT TEAM HOUSING SUBSIDIES AND PHARMACEUTICALS (IF NOT REQUIRED BY THE RFP TO BE REIMBURSED THROUGH A SEPARATE COST REIMBURSEMENT CONTRACT), AND OTHER APPROVED COSTS ALL INCIDENTAL EXPENSES MUST HAVE PRIOR WRITTEN AUTHORIZATION BY THE DEPARTMENT'S AUTHORIZED STAFF MEMBER OR BE AUTHORIZED IN THE CONTRACT 11 INFORMATION AND REFERRAL - THESE SERVICES MAINTAIN INFORMATION ABOUT RESOURCES IN THE COMMUNITY, LINK PEOPLE WHO NEED ASSISTANCE WITH APPROPRIATE SERVICE PROVIDERS, AND PROVIDE INFORMATION ABOUT AGENCIES AND ORGANIZATIONS THAT OFFER SERVICES THE INFORMATION AND REFERRAL PROCESS INVOLVES BEING READILY AVAILABLE FOR CONTACT BY THE INDIVIDUAL, ASSISTING THE INDIVIDUAL WITH DETERMINING WHICH RESOURCES ARE NEEDED, PROVIDING REFERRAL TO APPROPRIATE RESOURCES, AND FOLLOWING UP TO ENSURE THE INDIVIDUAL'S NEEDS HAVE BEEN MET, IF THE INDIVIDUAL AGREES TO SUCH FOLLOW-UP ACTIVITIES 12 IN-HOME AND ON-SITE - THERAPEUTIC SERVICES AND SUPPORTS ARE RENDERED IN NON-PROVIDER SETTINGS SUCH AS NURSING HOMES, ALTERNATIVE LIVING FACILITIES (ALF), RESIDENCES, SCHOOL, DETENTION CENTERS, COMMITMENT SETTINGS, FOSTER HOMES, AND OTHER COMMUNITY SETTINGS 13 INPATIENT - INPATIENT SERVICES ARE PROVIDED IN HOSPITALS, LICENSED UNDER CHAPTER 395, FLORIDA STATUTES, AS GENERAL HOSPITALS AND PSYCHIATRIC SPECIALTY HOSPITALS THEY ARE DESIGNED TO PROVIDE INTENSIVE TREATMENT TO PERSONS EXHIBITING VIOLENT BEHAVIORS, SUICIDAL BEHAVIORS, AND OTHER SEVERE DISTURBANCES DUE TO SUBSTANCE ABUSE OR MENTAL ILLNESS 14 INTENSIVE CASE MANAGEMENT - CASE MANAGEMENT SERVICES CONSIST OF ACTIVITIES AIMED AT ASSESSING RECIPIENT NEEDS, PLANNING SERVICES, LINKING THE SERVICE SYSTEM TO A RECIPIENT, COORDINATING THE VARIOUS SYSTEM COMPONENTS, MONITORING SERVICE DELIVERY, AND EVALUATING THE EFFECT OF SERVICES RECEIVED THESE SERVICES ARE TYPICALLY OFFERED TO PERSONS WHO ARE BEING DISCHARGED FROM A HOSPITAL OR CRISIS STABILIZATION UNIT WHO ARE IN NEED OF MORE PROFESSIONAL CARE AND WHO WILL HAVE CONTINGENCY NEEDS TO REMAIN IN A LESS RESTRICTIVE SETTING 15 INTERVENTION - INTERVENTION SERVICES FOCUS ON REDUCING RISK FACTORS GENERALLY ASSOCIATED WITH THE PROGRESSION OF SUBSTANCE ABUSE AND MENTAL HEALTH PROBLEMS INTERVENTION IS ACCOMPLISHED THROUGH EARLY IDENTIFICATION OF PERSONS AT RISK, PERFORMING BASIC INDIVIDUAL ASSESSMENTS, AND PROVIDING SUPPORTIVE SERVICES, WHICH EMPHASIZE SHORT-TERM COUNSELING AND REFERRAL THESE SERVICES ARE TARGETED TOWARD INDIVIDUALS AND FAMILIES 16 MEDICAL SERVICES - MEDICAL SERVICES PROVIDE PRIMARY MEDICAL CARE, THERAPY, AND MEDICATION ADMINISTRATION TO IMPROVE THE FUNCTIONING OR PREVENT FURTHER DETERIORATION OF PERSONS WITH MENTAL HEALTH OR SUBSTANCE ABUSE PROBLEMS INCLUDED IS PSYCHIATRIC MENTAL STATUS ASSESSMENT FOR ADULTS WITH MENTAL ILLNESS, MEDICAL SERVICES ARE USUALLY PROVIDED ON A REGULAR SCHEDULE, WITH ARRANGEMENTS FOR NON-SCHEDULED VISITS DURING TIMES OF INCREASED STRESS OR CRISIS THIS SERVICE INCLUDES MEDICATION ADMINISTRATION OF PSYCHOTROPIC DRUGS, INCLUDING CLOZARIL AND OTHER NEW MEDICATIONS, AND PSYCHIATRIC SERVICES 17 MENTAL HEALTH CLUBHOUSE SERVICES - STRUCTURED, COMMUNITY-BASED SERVICES DESIGNED TO BOTH STRENGTHEN AND/OR REGAIN THE CLIENT'S INTERPERSONAL SKILLS, PROVIDE PSYCHO-SOCIAL THERAPY TOWARD REHABILITATION, DEVELOP THE ENVIRONMENTAL SUPPORTS NECESSARY TO HELP THE CLIENT THRIVE IN THE COMMUNITY AND MEET EMPLOYMENT AND OTHER LIFE GOALS AND PROMOTE RECOVERY FROM MENTAL ILLNESS SERVICES ARE TYPICALLY PROVIDED IN A COMMUNITY-BASED PROGRAM WITH TRAINED STAFF AND MEMBERS WORKING AS TEAMS TO ADDRESS THE CLIENT'S LIFE GOALS AND TO PERFORM THE TASKS NECESSARY FOR THE OPERATIONS OF THE PROGRAM THE EMPHASIS IS ON A HOLISTIC APPROACH FOCUSING ON THE CLIENT'S STRENGTHS AND ABILITIES WHILE CHALLENGING THE CLIENT TO PURSUE THOSE LIFE GOALS THIS SERVICE WOULD INCLUDE, BUT NOT BE LIMITED TO, CLUBHOUSES CERTIFIED UNDER THE INTERNATIONAL CENTER FOR CLUBHOUSE DEVELOPMENT 18 OUTPATIENT - OUTPATIENT SERVICES PROVIDE A THERAPEUTIC ENVIRONMENT, WHICH IS DESIGNED TO IMPROVE THE FUNCTIONING OR PREVENT FURTHER DETERIORATION OF PERSONS WITH MENTAL HEALTH AND/OR SUBSTANCE ABUSE PROBLEMS THESE SERVICES ARE USUALLY PROVIDED ON A REGULARLY SCHEDULED BASIS BY APPOINTMENT, WITH ARRANGEMENTS MADE FOR NON-SCHEDULED VISITS DURING TIMES OF INCREASED STRESS OR CRISIS OUTPATIENT SERVICES MAY BE PROVIDED TO AN INDIVIDUAL OR IN A GROUP SETTING THE GROUP SIZE LIMITATIONS APPLICABLE TO THE MEDICAID PROGRAM SHALL APPLY TO ALL OUTPATIENT SERVICES FUNDED THROUGH A STATE SUBSTANCE ABUSE AND MENTAL HEALTH PROGRAM CONTRACT 19 OUTPATIENT DETOXIFICATION - OUTPATIENT DETOXIFICATION SERVICES UTILIZE MEDICATION OR A PSYCHOSOCIAL COUNSELING REGIMEN THAT ASSISTS RECIPIENTS IN THEIR EFFORTS TO WITHDRAW FROM THE PHYSIOLOGICAL AND PSYCHOLOGICAL EFFECTS OF THE ABUSE OF ADDITIVE SUBSTANCES

Return Reference	Explanation
FORM 990, PART III, LINE 4	20 OUTREACH - OUTREACH SERVICES ARE PROVIDED THROUGH A FORMAL PROGRAM TO BOTH INDIVIDUALS AND THE COMMUNITY COMMUNITY SERVICES INCLUDE EDUCATION, IDENTIFICATION, AND LINKAGE WITH HIGH-RISK GROUPS OUTREACH SERVICES FOR INDIVIDUALS ARE DESIGNED TO ENCOURAGE, EDUCATE, AND ENGAGE PROSPECTIVE CLIENTS WHO SHOW AN INDICATION OF SUBSTANCE ABUSE AND MENTAL HEALTH PROBLEMS OR NEEDS CLIENT ENROLLMENT IS NOT INCLUDED IN OUTREACH SERVICES 21 PREVENTION - PREVENTION SERVICES ARE THOSE INVOLVING STRATEGIES THAT PRECLUDE, FORESTALL, OR IMPEDE THE DEVELOPMENT OF SUBSTANCE ABUSE AND MENTAL HEALTH PROBLEMS, AND INCLUDE INCREASING PUBLIC AWARENESS THROUGH INFORMATION, EDUCATION, AND ALTERNATIVE-FOCUSED ACTIVITIES THESE SERVICES MAY BE DIRECTED EITHER AT A LEVEL II PREVENTION TARGET WHERE THE CLIENT HAS BEEN IDENTIFIED OR AT A LEVEL I PREVENTION TARGET WHERE THE CLIENT IS NOT IDENTIFIABLE 22 RESIDENTIAL LEVEL I - THESE LICENSED SERVICES PROVIDE A STRUCTURED, LIVE-IN, NON-HOSPITAL SETTING WITH SUPERVISION ON A TWENTY-FOUR (24) HOUR, SEVEN (7) DAYS PER WEEK BASIS A NURSE IS ON DUTY IN THESE FACILITIES AT ALL TIMES FOR ADULT MENTAL HEALTH, THESE SERVICES INCLUDE GROUP HOMES GROUP HOMES ARE FOR LONGER-TERM RESIDENTS THESE FACILITIES OFFER NURSING SUPERVISION PROVIDED BY, AT A MINIMUM, LICENSED PRACTICAL NURSES ON A TWENTY-FOUR (24) HOURS A DAY, SEVEN (7) DAYS PER WEEK BASIS FOR CHILDREN WITH SERIOUS EMOTIONAL DISTURBANCES, LEVEL 1 SERVICES ARE THE MOST INTENSIVE AND RESTRICTIVE LEVEL OF RESIDENTIAL THERAPEUTIC INTERVENTION PROVIDED IN A NON-HOSPITAL OR NON-CRISIS SUPPORT UNIT SETTING, INCLUDING RESIDENTIAL TREATMENT CENTERS MEDICAID RESIDENTIAL TREATMENT CENTERS (MRTC) AND RESIDENTIAL TREATMENT CENTERS (RTC) ARE REPORTED UNDER THIS COST CENTER ON-CALL MEDICAL CARE MUST BE AVAILABLE FOR SUBSTANCE ABUSE PROGRAMS LEVEL 1 PROVIDES A RANGE OF ASSESSMENT, TREATMENT, REHABILITATION, AND ANCILLARY SERVICES IN AN INTENSIVE THERAPEUTIC ENVIRONMENT, WITH AN EMPHASIS ON TREATMENT, AND MAY INCLUDE FORMAL SCHOOL AND ADULT EDUCATION PROGRAMS 23 RESIDENTIAL LEVEL II - LEVEL II FACILITIES ARE LICENSED, STRUCTURED REHABILITATION-ORIENTED GROUP FACILITIES THAT HAVE TWENTY-FOUR (24)HOURS PER DAY, SEVEN (7) DAYS PER WEEK, SUPERVISION LEVEL II FACILITIES HOUSE PERSONS WHO HAVE SIGNIFICANT DEFICITS IN INDEPENDENT LIVING SKILLS AND NEED EXTENSIVE SUPPORT AND SUPERVISION FOR CHILDREN WITH SERIOUS EMOTIONAL DISTURBANCES, LEVEL II SERVICES ARE PROGRAMS SPECIFICALLY DESIGNED FOR THE PURPOSE OF PROVIDING INTENSIVE THERAPEUTIC BEHAVIORAL AND TREATMENT INTERVENTIONS THERAPEUTIC GROUP HOME (TGH), SPECIALIZED THERAPEUTIC FOSTER HOME (STFH) - LEVEL II AND THERAPEUTIC FOSTER HOME (TFH) - LEVEL 2 ARE REPORTED UNDER THIS COST CENTER FOR SUBSTANCE ABUSE, LEVEL II SERVICES PROVIDE A RANGE OF ASSESSMENT, TREATMENT, REHABILITATION, AND ANCILLARY SERVICES IN A LESS INTENSIVE THERAPEUTIC ENVIRONMENT WITH AN EMPHASIS ON REHABILITATION, AND MAY INCLUDE FORMAL SCHOOL AND ADULT EDUCATIONAL PROGRAMS 24 RESIDENTIAL LEVEL III - THESE LICENSED FACILITIES PROVIDE TWENTY-FOUR (24) HOURS PER DAY, SEVEN (7) DAYS PER WEEK SUPERVISED RESIDENTIAL ALTERNATIVES TO PERSONS WHO HAVE DEVELOPED A MODERATE FUNCTIONAL CAPACITY FOR INDEPENDENT LIVING FOR CHILDREN WITH SERIOUS EMOTIONAL DISTURBANCES, LEVEL III SERVICES ARE SPECIFICALLY DESIGNED TO PROVIDE SPARSE THERAPEUTIC BEHAVIORAL AND TREATMENT INTERVENTIONS THERAPEUTIC GROUP HOME (TGH), SPECIALIZED THERAPEUTIC FOSTER HOME (STFH) - LEVEL I AND THERAPEUTIC FOSTER HOME (TFH) - LEVEL 1 ARE REPORTED UNDER THIS COST CENTER FOR ADULTS WITH SERIOUS MENTAL ILLNESS, THIS COST CENTER CONSISTS OF SUPERVISED APARTMENTS FOR SUBSTANCE ABUSE, LEVEL III PROVIDES A RANGE OF ASSESSMENT, REHABILITATION, TREATMENT AND ANCILLARY SERVICES ON A LONG-TERM, CONTINUING CARE BASIS WHERE, DEPENDING UPON THE CHARACTERISTICS OF THE CLIENTS SERVED, THE EMPHASIS IS ON REHABILITATION OR TREATMENT 25 RESIDENTIAL LEVEL IV - THIS TYPE OF FACILITY MAY HAVE LESS THAN TWENTY-FOUR (24) HOURS PER DAY, SEVEN (7) DAYS PER WEEK ON-PREMISE SUPERVISION RESIDENTIAL LEVEL IV SERVICES ARE THE LEAST INTENSIVE LEVEL OF RESIDENTIAL CARE IT IS PRIMARILY A SUPPORT SERVICE AND, AS SUCH, TREATMENT SERVICES ARE NOT INCLUDED IN THIS COST CENTER, ALTHOUGH SUCH TREATMENT SERVICES MAY BE PROVIDED AS NEEDED THROUGH OTHER COST CENTERS LEVEL IV INCLUDES SATELLITE APARTMENTS, SATELLITE GROUP HOMES, AND THERAPEUTIC FOSTER HOMES FOR CHILDREN WITH SERIOUS EMOTIONAL DISTURBANCES, LEVEL IV SERVICES ARE THE LEAST INTENSIVE AND RESTRICTIVE LEVEL OF RESIDENTIAL CARE PROVIDED IN GROUP OR FOSTER HOME SETTINGS, THERAPEUTIC FOSTER HOMES, AND GROUP CARE NOTE REGULAR THERAPEUTIC FOSTER CARE CAN BE PROVIDED EITHER THROUGH RESIDENTIAL LEVEL IV "DAY OF CARE TFH OR BY BILLING IN-HOME/NON-PROVIDER SETTING FOR A CHILD IN A FOSTER HOME 26 ROOM AND BOARD WITH SUPERVISION LEVEL I - THIS COST CENTER SOLELY PROVIDES FOR ROOM AND BOARD WITH SUPERVISION ON A TWENTY-FOUR (24) HOURS PER DAY, SEVEN (7) DAYS PER WEEK BASIS IT CORRESPONDS TO RESIDENTIAL LEVEL I THIS COST CENTER IS NOT APPLICABLE FOR PROVIDER FACILITIES WHICH MEET THE DEFINITION OF AN INSTITUTE FOR MENTAL DISEASE (IMD) AS DEFINED IN THE CENTER FOR MEDICAID SERVICES' STATE MEDICAID MANUAL, SECTION 4, MARCH 1994 27 ROOM AND BOARD WITH SUPERVISION LEVEL II - CORRESPONDS TO RESIDENTIAL LEVEL II SAME PROGRAMS, UNITS, AND DATA ELEMENTS AS ROOM AND BOARD WITH SUPERVISION LEVEL I 28 ROOM AND BOARD WITH SUPERVISION LEVEL III - CORRESPONDS TO RESIDENTIAL LEVEL III SAME PROGRAMS, UNITS, AND DATA ELEMENTS AS ROOM AND BOARD WITH SUPERVISION LEVEL I 29 SUBSTANCE ABUSE DETOXIFICATION - DETOXIFICATION PROGRAMS THAT UTILIZE MEDICAL AND CLINICAL PROCEDURES TO ASSIST ADULTS, CHILDREN, AND ADOLESCENTS WITH SUBSTANCE ABUSE PROBLEMS IN THEIR EFFORTS TO WITHDRAW FROM THE PHYSIOLOGICAL AND PSYCHOLOGICAL EFFECTS OF SUBSTANCE ABUSE RESIDENTIAL DETOXIFICATION AND ADDICTION RECEIVING FACILITIES PROVIDE EMERGENCY SCREENING, EVALUATION, SHORT-TERM STABILIZATION, AND TREATMENT IN A SECURE ENVIRONMENT THE MAXIMUM UNIT COST RATE FOR A JUVENILE ADDICTION RECEIVING FACILITY THAT IS INTEGRATED WITH A CHILDREN'S CRISIS STABILIZATION UNIT SHALL BE THE MAXIMUM UNIT COST RATE FOR THE CRISIS STABILIZATION COST CENTER RATHER THAN FOR THE SUBSTANCE ABUSE DETOXIFICATION COST CENTER 30 SUPPORTED EMPLOYMENT - SUPPORTED EMPLOYMENT SERVICES ARE COMMUNITY-BASED EMPLOYMENT SERVICES IN AN INTEGRATED WORK SETTING WHICH PROVIDES REGULAR CONTACT WITH NON-DISABLED CO-WORKERS OR THE PUBLIC A JOB COACH PROVIDES LONG-TERM, ONGOING SUPPORT FOR AS LONG AS IT IS NEEDED TO ENABLE THE RECIPIENT TO MAINTAIN EMPLOYMENT 31 SUPPORTIVE HOUSING/LIVING - SUPPORTED HOUSING/LIVING SERVICES ASSIST PERSONS WITH SUBSTANCE ABUSE AND PSYCHIATRIC DISABILITIES IN THE SELECTION OF HOUSING OF THEIR CHOICE THESE SERVICES ALSO PROVIDE THE NECESSARY SERVICES AND SUPPORTS TO ASSURE THEIR CONTINUED SUCCESSFUL LIVING IN THE COMMUNITY AND TRANSITIONING INTO THE COMMUNITY FOR CHILDREN WITH MENTAL HEALTH PROBLEMS, SUPPORTED LIVING SERVICES ARE A PROCESS WHICH ASSISTS ADOLESCENTS IN HOUSING ARRANGEMENTS AND PROVIDES SERVICES TO ASSURE SUCCESSFUL TRANSITION TO INDEPENDENT LIVING OR WITH ROOMMATES IN THE COMMUNITY SERVICES INCLUDE TRAINING IN INDEPENDENT LIVING SKILLS FOR SUBSTANCE ABUSE, SERVICES PROVIDE FOR THE PLACEMENT AND MONITORING OF RECIPIENTS WHO ARE PARTICIPATING IN NON-RESIDENTIAL SERVICES, RECIPIENTS WHO HAVE COMPLETED OR ARE COMPLETING SUBSTANCE ABUSE TREATMENT, AND THOSE RECIPIENTS WHO NEED ASSISTANCE AND SUPPORT IN INDEPENDENT OR SUPERVISED LIVING WITHIN A "LIVE-IN" ENVIRONMENT 32 RECOVERY AND RESILIANCY - SDC - FLORIDA SELF-DIRECTED CARE (SDC) IS AN INNOVATIVE SERVICE DELIVERY PARADIGM PLACING INDIVIDUALS WITH MENTAL ILLNESSES SQUARELY AT THE CENTER OF DECISION-MAKING THAT AFFECTS THEM FLORIDASDC PARTICIPANTS CAN USE THEIR BUDGETS TO PURCHASE MENTAL WELLNESS SERVICES FROM ANY MEMBER OF THE FLORIDASDC NETWORK THAT PROVIDES SERVICES WITHIN THE DISTRICT IN WHICH THE PARTICIPANT RESIDES THE PRIMARY PURPOSE OF THESE FUNDS IS TO PURCHASE PSYCHIATRIC AND MENTAL WELLNESS CARE HOWEVER, A UNIQUE OPTION WITHIN THE PROGRAM IS THE OPPORTUNITY FOR PARTICIPANTS TO ACCESS ALTERNATIVE AND NON-TRADITIONAL SERVICES THAT RESULT IN THE SAME OUTCOMES AS TRADITIONAL MENTAL HEALTH SERVICES FOR EXAMPLE, INSTEAD OF ATTENDING PSYCHOTHERAPY GROUP FOR DEPRESSION AT A LOCAL MENTAL HEALTH PROFESSIONAL'S OFFICE, A FLORIDASDC PARTICIPANT MAY ELECT TO PARTICIPATE IN A COMMUNITY-BASED SUPPORT GROUP

Return Reference	Explanation
FORM 990, PART III, LINE 4	33 RECOVERY AND SUPPORT - THESE SERVICES ARE DESIGNED TO STRENGTHEN AND/OR REGAIN THE CLIENT'S SKILLS, DEVELOP THE ENVIRONMENTAL SUPPORT NECESSARY TO HELP THE CLIENT THRIVE IN THE COMMUNITY AND MEET LIFE GOALS WHICH PROMOTE RECOVERY AND RESILIENCY SERVICES PROVIDED INCLUDE SUBSTANCE ABUSE EDUCATION, COORDINATION OF MEDICAL OR HEALTH ISSUES, EMPLOYMENT OR EDUCATIONAL COORDINATION AND SUPPORT, FAMILY/ MARITAL/PARENTING GUIDANCE, LIFE SKILLS, ANGER/STRESS MANAGEMENT COPING SKILLS, SUPPORT COUNSELING AND OTHER APPLICABLE SERVICES, APPROVED BY THE DEPARTMENT WHICH ARE DESIGNED TO FACILITATE RECOVERY AND RESILIENCY 34 METHADONE MAINTENANCE - METHADONE MEDICATION MAINTENANCE CONSISTS OF A GROUP OF OUTPATIENT SERVICES WHICH UTILIZE METHADONE AND OTHER OPIOID REPLACEMENT THERAPIES, WHERE PERMITTED, IN CONJUNCTION WITH ASSESSMENT, REHABILITATION AND TREATMENT SERVICES 35 TREATMENT ACCOUNTABILITY FOR SAFER COMMUNITIES (TASC) - TASC PROVIDES FOR IDENTIFICATION, SCREENING, COURT LIAISON, REFERRAL AND TRACKING OF PERSONS IN THE CRIMINAL JUSTICE SYSTEM WITH A HISTORY OF DRUG ABUSE OR ADDICTION 36 PREVENTION/INTERVENTION - DAY - THIS COST CENTER INCLUDES SCHOOL-BASED DAY SERVICES FOR CHILDREN AND ADOLESCENTS FOR FOUR (4) OR MORE CONSECUTIVE HOURS PER DAY FOR CHILDREN WITH MENTAL HEALTH PROBLEMS, THESE SERVICES INCLUDE SCHOOL-BASED MENTAL HEALTH SERVICES FOR CHILDREN WHO HAVE BEEN IDENTIFIED BY THE SCHOOL AS HAVING, OR ARE AT RISK OF DEVELOPING, MENTAL HEALTH PROBLEMS SERVICES ARE INDIVIDUALIZED AND MAY BE PROVIDED IN A SELF-CONTAINED CLASSROOM, A REGULAR CLASSROOM, OR AS A COMPONENT OF A FULL SERVICE SCHOOL FOR CHILDREN AND ADOLESCENTS WITH SUBSTANCE ABUSE PROBLEMS, IT INCLUDES ALPHA AND BETA TARGETED PREVENTION PROGRAMS SERVING STUDENTS IN GRADES 4-6 AND 6-8, RESPECTIVELY, WHO ARE IDENTIFIED AS AT RISK FOR ALCOHOL OR OTHER DRUG ABUSE THESE SERVICES CONSIST OF MULTIPLE, STRUCTURED CONTACTS OVER TIME TO SPECIFIC INDIVIDUALS OR GROUPS IDENTIFIED AS HAVING BEHAVIORAL, BIOLOGICAL OR ENVIRONMENTAL AT-RISK CHARACTERISTICS THESE PROGRAMS PROMOTE SKILLS BUILDING AND REDUCE THE RISK OF ESTABLISHING PATTERNS OF USE. SERVICES ARE PROVIDED THROUGH COMMUNITY PROVIDER AGENCIES IN PARTNERSHIP WITH COUNTY SCHOOL BOARDS COUNSELORS PROVIDE INDIVIDUAL, GROUP, AND FAMILY COUNSELING, AND SCHOOL PERSONNEL IMPLEMENT AN INTENSIVE EDUCATION PROGRAM 37 B-NET - THIS PROGRAM PROVIDES BEHAVIORAL HEALTH SERVICES TO CHILDREN WITH SEVERE EMOTIONAL OR SUBSTANCE-RELATED DISORDERS WHO ARE ALSO ELIGIBLE FOR SERVICES AND ARE ENROLLED UNDER THE FLORIDA KIDCARE PROGRAM ENROLLED CHILDREN SHALL BE PROVIDED ANY OF THE MEDICALLY NECESSARY BEHAVIORAL HEALTH SERVICES THAT ARE AVAILABLE TO MEDICAID ELIGIBLE CHILDREN

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

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

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

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	DEPENDING ON THE EXECUTIVE/BOARD MEETING SCHEDULE, FORM 990 WILL BE PRESENTED AT THE MEETING OR DISTRIBUTED TO THE EXECUTIVE COMMITTEE MEMBERS BY EMAIL FOR REVIEW AND APPROVAL

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	MEMBERS ANNUALLY RECEIVE, REVIEW, AND SIGN A CONFLICT OF INTEREST POLICY

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	CENTRAL FLORIDA BEHAVIORAL HEALTH NETWORK, INC PROVIDES COMPENSATION DATA AND EXTRACTS COMPENSATION DATA FROM AN ONLINE SALARY SURVEY DEVELOPED BY A REPUTABLE COMPENSATION CONSULTING FIRM A SALARY PLAN IS DEVELOPED FROM THE RESULTS OF THE COMPENSATION SURVEY ANNUAL SALARY/BENEFIT CHANGES ARE DICTATED BY THE ANNUAL BUDGET APPROVED BY THE BOARD OF DIRECTORS AND DOCUMENTED IN THE BOARD MINUTES THE EXECUTIVE COMMITTE RECOMMENDS AND APPROVES COMPENSATION CHANGES FOR THE CEO

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

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