

PUBLIC DISCLOSURE COPY

# TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING  
JUNE 30, 2022

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**PREPARED FOR:**

CENTRAL FLORIDA BEHAVIORAL  
HEALTH NETWORK, INC.  
719 US HWY 301 SOUTH  
TAMPA, FL 33619

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**PREPARED BY:**

CBIZ MHM, LLC  
140 FOUNTAIN PKWY N, STE 410  
ST. PETERSBURG, FL 33716

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**AMOUNT DUE OR REFUND:**

NOT APPLICABLE

---

**MAKE CHECK PAYABLE TO:**

NOT APPLICABLE

---

**MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:**

NOT APPLICABLE

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**RETURN MUST BE MAILED ON OR BEFORE:**

NOT APPLICABLE

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**SPECIAL INSTRUCTIONS:**

THIS COPY OF THE RETURN IS PROVIDED ONLY FOR PUBLIC DISCLOSURE PURPOSES. ANY CONFIDENTIAL INFORMATION REGARDING LARGE DONORS HAS BEEN REMOVED.

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-TE TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS. RETURN FORM 8879-TE TO US BY MAY 15, 2023.

Form **8879-TE**

# IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2021, or fiscal year beginning JUL 1, 2021, and ending JUN 30, 2022

# 2021

Department of the Treasury  
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**  
▶ **Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.**

Name of filer <b>CENTRAL FLORIDA BEHAVIORAL HEALTH NETWORK, INC.</b>	EIN or SSN <b>59-3467610</b>
Name and title of officer or person subject to tax <b>JULIE PATEL CFO</b>	

## Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not complete more than one line in Part I.**

<b>1a</b> Form 990 check here <input checked="" type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12) .....	<b>1b</b> <u>223,880,870.</u>
<b>2a</b> Form 990-EZ check here <input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990-EZ, line 9) .....	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here <input type="checkbox"/>	<b>b</b> Total tax (Form 1120-POL, line 22) .....	<b>3b</b> _____
<b>4a</b> Form 990-PF check here <input type="checkbox"/>	<b>b</b> Tax based on investment income (Form 990-PF, Part V, line 5) .....	<b>4b</b> _____
<b>5a</b> Form 8868 check here <input type="checkbox"/>	<b>b</b> Balance due (Form 8868, line 3c) .....	<b>5b</b> _____
<b>6a</b> Form 990-T check here <input type="checkbox"/>	<b>b</b> Total tax (Form 990-T, Part III, line 4) .....	<b>6b</b> _____
<b>7a</b> Form 4720 check here <input type="checkbox"/>	<b>b</b> Total tax (Form 4720, Part III, line 1) .....	<b>7b</b> _____
<b>8a</b> Form 5227 check here <input type="checkbox"/>	<b>b</b> FMV of assets at end of tax year (Form 5227, Item D) .....	<b>8b</b> _____
<b>9a</b> Form 5330 check here <input type="checkbox"/>	<b>b</b> Tax due (Form 5330, Part II, line 19) .....	<b>9b</b> _____
<b>10a</b> Form 8038-CP check here <input type="checkbox"/>	<b>b</b> Amount of credit payment requested (Form 8038-CP, Part III, line 22) .....	<b>10b</b> _____

## Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that  I am an officer of the above entity or  I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

### PIN: check one box only

I authorize CBIZ MHM, LLC to enter my PIN 67610  
 ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax \_\_\_\_\_ Date \_\_\_\_\_

## Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**50465100222**  
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ CBIZ MHM, LLC Date \_\_\_\_\_

**ERO Must Retain This Form - See Instructions**  
**Do Not Submit This Form to the IRS Unless Requested To Do So**

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

Form **8879-TE** (2021)

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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

**2021**

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

**A** For the 2021 calendar year, or tax year beginning **JUL 1, 2021** and ending **JUN 30, 2022**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>CENTRAL FLORIDA BEHAVIORAL HEALTH NETWORK, INC.</b>		<b>D</b> Employer identification number <b>59-3467610</b>
	Doing business as		<b>E</b> Telephone number <b>(813) 740-4811</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	<b>719 US HWY 301 SOUTH</b>		<b>G</b> Gross receipts \$ <b>223,880,870.</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>TAMPA, FL 33619</b>		
<b>F</b> Name and address of principal officer: <b>LINDA MCKINNON</b> <b>SAME AS C ABOVE</b>		<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> 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**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>CFBHN DEVELOPS AND MANAGES A TOTAL BEHAVIORAL HEALTH SYSTEM OF CARE IN 14 COUNTIES.</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>18</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>18</b>
	<b>5</b> Total number of individuals employed in calendar year 2021 (Part V, line 2a)	<b>5</b>	<b>72</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>26</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>208,986,173.</b>	<b>223,880,870.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>0.</b>	<b>0.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>500.</b>	<b>0.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>208,986,673.</b>	<b>223,880,870.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>202,178,868.</b>	<b>214,042,657.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>5,187,776.</b>	<b>5,265,148.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>	<b>0.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>0.</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>1,811,137.</b>	<b>4,620,834.</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>209,177,781.</b>	<b>223,928,639.</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>-191,108.</b>	<b>-47,769.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>29,153,585.</b>	<b>56,426,395.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>27,180,388.</b>	<b>54,500,967.</b>
		<b>1,973,197.</b>	<b>1,925,428.</b>

**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.

<b>Sign Here</b>	Signature of officer		Date	
	<b>JULIE PATEL, CFO</b> Type or print name and title			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN <b>P00100222</b>
	<b>PAUL DUNHAM</b>			
	Firm's name ▶ <b>CBIZ MHM, LLC</b>	Firm's EIN ▶ <b>27-3605969</b>		
	Firm's address ▶ <b>140 FOUNTAIN PKWY N, STE 410</b> <b>ST. PETERSBURG, FL 33716</b>		Phone no. <b>727-572-1400</b>	

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: MANAGING A QUALITY BEHAVIORAL HEALTH SYSTEM OF CARE THAT BRINGS HELP AND HOPE TO INDIVIDUALS, FAMILIES, AND COMMUNITIES.

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

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.

(CONTINUED ON SCHEDULE O)

4b (Code: ) (Expenses \$ 128,787,095. including grants of \$ 125,245,313. ) (Revenue \$ ) MENTAL HEALTH (SEE SCHEDULE O FOR DETAILED DESCRIPTIONS - PROGRAM NUMBERS CORRELATE WITH THE PROGRAM NUMBERS OF THE DETAILED PROGRAM SERVICE DESCRIPTIONS IN SCHEDULE O):

- 1. AFTERCARE
2. ASSESSMENT
3. CASE MANAGEMENT
4. CRISIS STABILIZATION
5. CRISIS SUPPORT/EMERGENCY
6. CCST
7. DAY-NIGHT
8. DROP-IN/SELF-HELP CENTERS
9. FLORIDA ASSERTIVE COMMUNITY TREATMENT (FACT) TEAM

4c (Code: ) (Expenses \$ 86,685,189. including grants of \$ 86,662,764. ) (Revenue \$ ) SUBSTANCE ABUSE (SEE SCHEDULE O FOR DETAILED DESCRIPTIONS - PROGRAM NUMBERS CORRELATE WITH THE PROGRAM NUMBERS OF THE DETAILED PROGRAM SERVICE DESCRIPTIONS IN SCHEDULE O):

- 1. AFTERCARE
2. ASSESSMENT
3. CASE MANAGEMENT
5. CRISIS SUPPORT/EMERGENCY
7. DAY-NIGHT
10. INCIDENTAL EXPENSES
11. INFORMATION AND REFERRAL
12. IN-HOME AND ON-SITE
15. INTERVENTION

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

4e Total program service expenses 217,606,864.

**CENTRAL FLORIDA BEHAVIORAL  
HEALTH NETWORK, INC.**

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	<b>X</b>	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions .....	<b>X</b>	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....		<b>X</b>
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....		<b>X</b>
<b>5</b> 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 Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....		<b>X</b>
<b>6</b> 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? <i>If "Yes," complete Schedule D, Part I</i> .....		<b>X</b>
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....		<b>X</b>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		<b>X</b>
<b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV</i> .....		<b>X</b>
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> .....		<b>X</b>
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	<b>X</b>	
<b>b</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? <i>If "Yes," complete Schedule D, Part VII</i> .....		<b>X</b>
<b>c</b> 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? <i>If "Yes," complete Schedule D, Part VIII</i> .....		<b>X</b>
<b>d</b> 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? <i>If "Yes," complete Schedule D, Part IX</i> .....		<b>X</b>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....		<b>X</b>
<b>f</b> 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)? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>X</b>	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	<b>X</b>	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....		<b>X</b>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		<b>X</b>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....		<b>X</b>
<b>b</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? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....		<b>X</b>
<b>15</b> 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? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....		<b>X</b>
<b>16</b> 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? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....		<b>X</b>
<b>17</b> 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? <i>If "Yes," complete Schedule G, Part I.</i> See instructions .....		<b>X</b>
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....		<b>X</b>
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....		<b>X</b>
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		<b>X</b>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<b>21</b> 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? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	<b>X</b>	

**CENTRAL FLORIDA BEHAVIORAL  
HEALTH NETWORK, INC.**

Form 990 (2021)

59-3467610 Page 4

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

	Yes	No
<b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	22	X
<b>23</b> 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? <i>If "Yes," complete Schedule J</i> .....	23	X
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....	24a	X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....	24b	
<b>c</b> 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	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....	24d	
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....	25a	X
<b>b</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? <i>If "Yes," complete Schedule L, Part I</i> .....	25b	X
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> .....	26	X
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....	27	X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....	28a	X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....	28b	X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....	28c	X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	29	X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....	30	X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....	31	X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....	32	X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....	33	X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	34	X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	35a	X
<b>b</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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	35b	
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	36	X
<b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI</i> .....	37	X
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? .....	38	X

**Note:** All Form 990 filers are required to complete Schedule O

**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
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....	1a	9
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....	1b	0
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	1c	X

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

		Yes	No
<b>2a</b>	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		
	72		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
<b>4a</b>	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)?		X
<b>b</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).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	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?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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?		X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	N/A	
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	N/A	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
	N/A		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
	N/A		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
	N/A		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
	N/A		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
	10b		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders		
	N/A		
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
	11b		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
	N/A		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state?		
	N/A		
<b>b</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		
<b>c</b>	Enter the amount of reserves on hand		
	13c		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?		X
	If "Yes," see the instructions and file Form 4720, Schedule N.		
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		X
	If "Yes," complete Form 4720, Schedule O.		
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		
	N/A		
	If "Yes," complete Form 6069.		



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

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

**Section A. Governing Body and Management**

			Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	<b>1a</b>	18		
<b>b</b> Enter the number of voting members included on line 1a, above, who are independent	<b>1b</b>	18		
<b>2</b> 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?	<b>2</b>			<b>X</b>
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	<b>3</b>			<b>X</b>
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>		<b>X</b>	
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>			<b>X</b>
<b>6</b> Did the organization have members or stockholders?	<b>6</b>		<b>X</b>	
<b>7a</b> 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?	<b>7a</b>		<b>X</b>	
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>		<b>X</b>	
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
<b>a</b> The governing body?	<b>8a</b>		<b>X</b>	
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>8b</b>		<b>X</b>	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	<b>9</b>			<b>X</b>

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

			Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates?	<b>10a</b>			<b>X</b>
<b>b</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?	<b>10b</b>			
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>11a</b>		<b>X</b>	
<b>b</b> Describe on Schedule O the process, if any, used by the organization to review this Form 990.				
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>12a</b>		<b>X</b>	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>12b</b>		<b>X</b>	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	<b>12c</b>		<b>X</b>	
<b>13</b> Did the organization have a written whistleblower policy?	<b>13</b>		<b>X</b>	
<b>14</b> Did the organization have a written document retention and destruction policy?	<b>14</b>		<b>X</b>	
<b>15</b> 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?				
<b>a</b> The organization's CEO, Executive Director, or top management official	<b>15a</b>		<b>X</b>	
<b>b</b> Other officers or key employees of the organization	<b>15b</b>		<b>X</b>	
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	<b>16a</b>			<b>X</b>
<b>b</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?	<b>16b</b>			

**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 Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 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 - (813)740-4811**  
**719 US HWY 301 SOUTH, TAMPA, FL 33619**

**CENTRAL FLORIDA BEHAVIORAL  
HEALTH NETWORK, INC.**

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

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

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

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

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

Check this box if neither the organization 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 line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LINDA J. MCKINNON CEO	40.00			X			250,412.	0.	23,678.	
(2) LAWRENCE ALLEN COO (UNTIL 4/4/22)	40.00			X			146,970.	0.	17,987.	
(3) JULIE PATEL CFO	40.00			X			144,345.	0.	17,856.	
(4) ALAN DAVIDSON COO (BEGAN 3/27/22)	40.00			X			107,549.	0.	5,377.	
(5) NANCY HAMILTON CHAIR	2.00	X		X			0.	0.	0.	
(6) AYESHA JOHNSON, PHD VICE CHAIR	1.00	X		X			0.	0.	0.	
(7) CRAIG LATIMER TREASURER	2.00	X		X			0.	0.	0.	
(8) RAY GADD SECRETARY	1.00	X		X			0.	0.	0.	
(9) BRENA SLATER DIRECTOR	1.00	X					0.	0.	0.	
(10) CAPTAIN TONI ROACH DIRECTOR	1.00	X					0.	0.	0.	
(11) DR. JOE BOHN DIRECTOR	1.00	X					0.	0.	0.	
(12) BENNIE ALLRED DIRECTOR	1.00	X					0.	0.	0.	
(13) TERRI CASSIDY DIRECTOR	1.00	X					0.	0.	0.	
(14) LIEUTENANT SAMUEL ROJKA DIRECTOR	1.00	X					0.	0.	0.	
(15) JEANNIE SUTTON DIRECTOR	1.00	X					0.	0.	0.	
(16) DR. JEROME JORDAN DIRECTOR	1.00	X					0.	0.	0.	
(17) JOSH DILLINGER DIRECTOR	1.00	X					0.	0.	0.	

**CENTRAL FLORIDA BEHAVIORAL  
HEALTH NETWORK, INC.**

**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 line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) NATHAN L. SCOTT III DIRECTOR	1.00	X					0.	0.	0.	
(19) RAY FISCHER DIRECTOR	1.00	X					0.	0.	0.	
(20) MASTER DEPUTY STEPHANIE KRAGER DIRECTOR	1.00	X					0.	0.	0.	
(21) PASTOR DOUGLAS WALKER DIRECTOR	1.00	X					0.	0.	0.	
(22) VICTOR E. AVILA DIRECTOR	1.00	X					0.	0.	0.	
(23) GUY BLANCHETTE DIRECTOR (7/1/21-12/17/21)	1.00	X					0.	0.	0.	
(24) J. SCOTT ELLER DIRECTOR (7/1/21-12/17/21)	0.00	X					0.	0.	0.	
(25) TRACEY KALY DIRECTOR (7/1/21-12/17/21)	0.00	X					0.	0.	0.	
(26) KATHLEEN PETERS DIRECTOR (7/1/21-12/17/21)	0.00	X					0.	0.	0.	
<b>1b Subtotal</b>							649,276.	0.	64,898.	
<b>c Total from continuation sheets to Part VII, Section A</b>							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b>							649,276.	0.	64,898.	

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

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
<b>4</b> 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? <i>If "Yes," complete Schedule J for such individual</i>	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

**Section B. Independent Contractors**

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

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

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

**SEE PART VII, SECTION A CONTINUATION SHEETS**

**CENTRAL FLORIDA BEHAVIORAL  
HEALTH NETWORK, INC.**

Form 990

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**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 line)	(C) Position (check all that apply)						(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			
(27) CLARA REYNOLDS DIRECTOR (7/1/21-12/17/21)	0.00	X						0.	0.	0.
(28) BOB RIHN DIRECTOR (7/1/21-12/17/21)	0.00	X						0.	0.	0.
(29) VICTORIA SCANLON DIRECTOR (7/1/21-12/17/21)	0.00	X						0.	0.	0.
(30) THOMAS STORMANNS DIRECTOR (7/1/21-12/17/21)	0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										

**CENTRAL FLORIDA BEHAVIORAL  
HEALTH NETWORK, INC.**

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**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	223,880,736.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	134.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$				
	<b>h Total.</b> Add lines 1a-1f .....			223880870.			
<b>Program Service Revenue</b>	<b>2 a</b> _____	<b>Business Code</b>					
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....						
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....						
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses ...	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss) .....						
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities				
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>					
	<b>c</b> Gain or (loss) .....	<b>7c</b>					
<b>d</b> Net gain or (loss) .....							
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>						
<b>b</b> Less: direct expenses .....	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events .....							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
<b>b</b> Less: direct expenses .....	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
<b>b</b> Less: cost of goods sold .....	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory .....							
<b>Miscellaneous Revenue</b>	<b>11 a</b> _____	<b>Business Code</b>					
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....						
<b>12 Total revenue.</b> See instructions .....			223880870.	0.	0.	0.	

**CENTRAL FLORIDA BEHAVIORAL  
HEALTH NETWORK, INC.**

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**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	214,042,657.	214,042,657.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	675,080.		675,080.	
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	3,582,711.		3,582,711.	
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	156,560.		156,560.	
<b>9</b> Other employee benefits	538,818.		538,818.	
<b>10</b> Payroll taxes	311,979.		311,979.	
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal	30,725.		30,725.	
<b>c</b> Accounting	58,350.		58,350.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	86,515.	22,425.	64,090.	
<b>12</b> Advertising and promotion	3,541,782.	3,541,782.		
<b>13</b> Office expenses	225,912.		225,912.	
<b>14</b> Information technology	254,636.		254,636.	
<b>15</b> Royalties				
<b>16</b> Occupancy	273,317.		273,317.	
<b>17</b> Travel	45,899.		45,899.	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	13,741.		13,741.	
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	44,798.		44,798.	
<b>23</b> Insurance	45,095.		45,095.	
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a</b> _____				
<b>b</b> _____				
<b>c</b> _____				
<b>d</b> _____				
<b>e</b> All other expenses _____	64.		64.	
<b>25</b> Total functional expenses. Add lines 1 through 24e	223,928,639.	217,606,864.	6,321,775.	0.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**CENTRAL FLORIDA BEHAVIORAL  
HEALTH NETWORK, INC.**

Form 990 (2021)

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**Part X Balance Sheet**

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

		<b>(A)</b>			<b>(B)</b>	
		Beginning of year			End of year	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	14,213,862.	<b>1</b>		52,594,971.	
	<b>2</b> Savings and temporary cash investments .....	1,000,000.	<b>2</b>		1,000,000.	
	<b>3</b> Pledges and grants receivable, net .....	13,806,914.	<b>3</b>		2,717,128.	
	<b>4</b> Accounts receivable, net .....		<b>4</b>			
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>			
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>			
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>			
	<b>8</b> Inventories for sale or use .....		<b>8</b>			
	<b>9</b> Prepaid expenses and deferred charges .....	29,253.	<b>9</b>		37,692.	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	2,635,167.				
	<b>b</b> Less: accumulated depreciation .....	2,568,936.				
	<b>11</b> Investments - publicly traded securities .....	93,183.	<b>10c</b>		66,231.	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>11</b>			
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>12</b>			
	<b>14</b> Intangible assets .....		<b>13</b>			
	<b>15</b> Other assets. See Part IV, line 11 .....	10,373.	<b>14</b>		10,373.	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	29,153,585.	<b>15</b>		56,426,395.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	27,082,914.	<b>16</b>		56,426,395.	
	<b>18</b> Grants payable .....		<b>17</b>		54,499,767.	
	<b>19</b> Deferred revenue .....	97,474.	<b>18</b>		1,200.	
	<b>20</b> Tax-exempt bond liabilities .....		<b>19</b>			
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>20</b>			
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>21</b>			
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>22</b>			
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>23</b>			
	<b>25</b> 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 .....		<b>24</b>			
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	27,180,388.	<b>25</b>		54,500,967.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>					
	<b>27</b> Net assets without donor restrictions .....	1,973,197.			1,925,428.	
	<b>28</b> Net assets with donor restrictions .....		<b>26</b>			
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>					
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>27</b>			
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>28</b>			
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>29</b>			
	<b>32</b> Total net assets or fund balances .....	1,973,197.	<b>30</b>		1,925,428.	
<b>33</b> Total liabilities and net assets/fund balances .....	29,153,585.	<b>31</b>		56,426,395.		

Form **990** (2021)

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	223,880,870.
2	Total expenses (must equal Part IX, column (A), line 25)	2	223,928,639.
3	Revenue less expenses. Subtract line 2 from line 1	3	-47,769.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,973,197.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1,925,428.

**Part XII Financial Statements and Reporting**

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

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

	Yes	No
1		
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

Form 990 (2021)



**SCHEDULE A**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

Open to Public Inspection

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

**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

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

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

**CENTRAL FLORIDA BEHAVIORAL  
HEALTH NETWORK, INC.**

**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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	190352829	201856186	210816045	208986173	223880870	1035892103.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	190352829	201856186	210816045	208986173	223880870	1035892103.
<b>5</b> 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						1035892103.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>7</b> Amounts from line 4 .....	190352829	201856186	210816045	208986173	223880870	1035892103.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						1035892103.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	24,883.
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	100.00	%
<b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14 .....	<b>15</b>	100.00	%
<b>16a 33 1/3% support test - 2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2020.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2021.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2020.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....			<input type="checkbox"/>

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

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

<b>15</b> Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2020 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

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

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

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

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

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>c</b> 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)? <i>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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b> A family member of a person described on line 11a above?		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

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

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

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
<b>1</b>		
<b>2</b>		
<b>3</b>		

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

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
<b>2</b> Activities Test. Answer lines 2a and 2b below.			
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No	
<b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>			
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.			
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>			
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			
<b>2a</b>			
<b>2b</b>			
<b>3a</b>			
<b>3b</b>			

**CENTRAL FLORIDA BEHAVIORAL  
HEALTH NETWORK, INC.**

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

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

Section A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1	
2 Recoveries of prior-year distributions	2	
3 Other gross income (see instructions)	3	
4 Add lines 1 through 3.	4	
5 Depreciation and depletion	5	
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7 Other expenses (see instructions)	7	
8 <b>Adjusted Net Income</b> (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):		
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 <b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e <b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
2 Acquisition indebtedness applicable to non-exempt-use assets	2	
3 Subtract line 2 from line 1d.	3	
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6 Multiply line 5 by 0.035.	6	
7 Recoveries of prior-year distributions	7	
8 <b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount	(A) Prior Year	(B) Current Year (optional)
1 Adjusted net income for prior year (from Section A, line 8, column A)	1	Current Year
2 Enter 0.85 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 <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

CENTRAL FLORIDA BEHAVIORAL  
HEALTH NETWORK, INC.

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

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b> Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b> Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b> Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7 Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b> Distributable amount for 2021 from Section C, line 6	<b>9</b>
<b>10</b> Line 8 amount divided by line 9 amount	<b>10</b>

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





**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990 or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Name of the organization

**CENTRAL FLORIDA BEHAVIORAL  
HEALTH NETWORK, INC.**

Employer identification number

**59-3467610**

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization <b>CENTRAL FLORIDA BEHAVIORAL HEALTH NETWORK, INC.</b>	Employer identification number <b>59-3467610</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ <u>221,406,638.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>CENTRAL FLORIDA BEHAVIORAL HEALTH NETWORK, INC.</b>	Employer identification number <b>59-3467610</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

Name of organization <b>CENTRAL FLORIDA BEHAVIORAL HEALTH NETWORK, INC.</b>	Employer identification number <b>59-3467610</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

Name of the organization CENTRAL FLORIDA BEHAVIORAL HEALTH NETWORK, INC.

Employer identification number 59-3467610

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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?, 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?

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 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, 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?, 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)?, 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.

Table with 2 columns: Revenue, Assets. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2021

**CENTRAL FLORIDA BEHAVIORAL  
HEALTH NETWORK, INC.**

Schedule D (Form 990) 2021

**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 make significant use of its collection items (check all that apply):

- |   |  |
|---|--|
| <b>a</b> <input type="checkbox"/> Public exhibition                   | <b>d</b> <input type="checkbox"/> Loan or exchange program |
| <b>b</b> <input type="checkbox"/> Scholarly research                  | <b>e</b> <input type="checkbox"/> Other _____              |
| <b>c</b> <input type="checkbox"/> Preservation for future generations |  |

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

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

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

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

**b** If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
<b>1c</b> Beginning balance	
<b>1d</b> Additions during the year	
<b>1e</b> Distributions during the year	
<b>1f</b> Ending balance	

**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 on Part XIII

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

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

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

- a** Board designated or quasi-endowment  \_\_\_\_\_ %
- b** Permanent endowment  \_\_\_\_\_ %
- c** Term endowment  \_\_\_\_\_ %

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

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

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

	Yes	No
<b>3a(i)</b>		
<b>3a(ii)</b>		
<b>3b</b>		

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

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

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

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

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

**CENTRAL FLORIDA BEHAVIORAL  
HEALTH NETWORK, INC.**

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

**CENTRAL FLORIDA BEHAVIORAL  
HEALTH NETWORK, INC.**

**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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements .....	<b>1</b>	223,863,024.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments .....	<b>2a</b>	
<b>b</b>	Donated services and use of facilities .....	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants .....	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) .....	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> .....	<b>2e</b>	0.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> .....	<b>3</b>	223,863,024.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.) .....	<b>4b</b>	17,846.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> .....	<b>4c</b>	17,846.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) .....	<b>5</b>	223,880,870.

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

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

<b>1</b>	Total expenses and losses per audited financial statements .....	<b>1</b>	223,928,639.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities .....	<b>2a</b>	
<b>b</b>	Prior year adjustments .....	<b>2b</b>	
<b>c</b>	Other losses .....	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) .....	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> .....	<b>2e</b>	0.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> .....	<b>3</b>	223,928,639.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.) .....	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> .....	<b>4c</b>	0.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) .....	<b>5</b>	223,928,639.

**Part XIII Supplemental Information.**

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

**PART X, LINE 2:**

CFBHN HAS BEEN RECOGNIZED AS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. THEREFORE, NO PROVISION FOR INCOME TAXES HAS BEEN PRESENTED IN THESE FINANCIAL STATEMENTS. CFBHN HAS NOT REPORTED ANY UNRELATED BUSINESS INCOME; HOWEVER, SUCH STATUS IS SUBJECT TO FINAL DETERMINATION UPON EXAMINATION, IF ANY, OF THE RELATED INCOME TAX RETURNS BY THE APPROPRIATE TAXING AUTHORITIES.

CFBHN IS NOT AWARE OF ANY TAX POSITIONS IT HAS TAKEN THAT ARE SUBJECT TO A SIGNIFICANT DEGREE OF UNCERTAINTY. TAX FILINGS FOR FISCAL YEARS AFTER 2018 REMAIN SUBJECT TO EXAMINATION BY FEDERAL AND STATE TAXING AUTHORITIES.



**Part XIII** Supplemental Information *(continued)*

PART XI, LINE 4B - OTHER ADJUSTMENTS:

FEDERAL, STATE, AND LOCAL GRANTS TO ACQUIRE AND IMPROVE

CAPITAL ASSETS 17,846.

Multiple horizontal lines for supplemental information.

**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

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

**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.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
211 TAMPA BAY CARES, INC. 14155 58TH STREET NORTH CLEARWATER, FL 33760	59-3355555	501C(3)	288,625.	0.	N/A	N/A	MENTAL HEALTH DCF SUNCOAST REGION
AGENCY FOR COMMUNITY TREATMENT SERVICES, INC. (ACTS) - 4612 NORTH 56TH STREET - TAMPA, FL 33610	59-1860626	501C(3)	12,857,617.	0.	N/A	N/A	SUBSTANCE ABUSE/MENTAL HEALTH DCF SUNCOAST REGION
BAYCARE BEHAVIORAL HEALTH, INC. PO BOX 428 NEW PORT RICHEY, FL 34656	59-1371752	501C(3)	16,736,680.	0.	N/A	N/A	SUBSTANCE ABUSE/MENTAL HEALTH DCF SUNCOAST REGION
BOLEY CENTER PO BOX 11389 ST PETERSBURG, FL 33733	59-1290089	501C(3)	5,242,152.	0.	N/A	N/A	MENTAL HEALTH DCF SUNCOAST REGION
CE MENDEZ FOUNDATION 601 S. MAGNOLIA AVE TAMPA, FL 33606	59-1086491	501C(3)	19,398.	0.	N/A	N/A	SUBSTANCE ABUSE DCF SUNCOAST REGION
CENTER FOR PROGRESS AND EXCELLENCE, INC. - 6360 TECHSTER BLVD STE 1 - FT MYERS, FL 33966	47-4810710	501C(3)	1,577,023.	0.	N/A	N/A	MENTAL HEALTH DCF SUNCOAST REGION

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

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

Schedule I (Form 990) 2021

**CENTRAL FLORIDA BEHAVIORAL  
HEALTH NETWORK, INC.**

Schedule I (Form 990)

59-3467610

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**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTERSTONE OF FLORIDA, INC. 379 SIXTH AVENUE W BRADENTON, FL 34205	59-1009537	501C(3)	19,859,162.	0.	N/A	N/A	SUBSTANCE ABUSE/MENTAL HEALTH DCF SUNCOAST REGION
CHARLOTTE BEHAVIORAL 1700 EDUCATION AVE PUNTA GORDA, FL 33950	59-1234922	501C(3)	9,152,124.	0.	N/A	N/A	SUBSTANCE ABUSE/MENTAL HEALTH DCF SUNCOAST REGION
COMMUNITY ASSISTANCE AND SUPPORTIVE LIVING - 7810 TAMIAMI TRIAL STE A14 - VENICE, FL 34293	65-0869993	501C(3)	2,643,151.	0.	N/A	N/A	MENTAL HEALTH DCF SUNCOAST REGION
CRISIS CENTER OF TAMPA BAY ONE CRISIS CENTER PLAZA TAMPA, FL 33613	59-1785265	501C(3)	650,336.	0.	N/A	N/A	SUBSTANCE ABUSE DCF SUNCOAST REGION
DRUG ABUSE COMPREHENSIVE COORDINATING OFFICE, INC. (DACCO) - 4422 E. COLUMBUS AVE - TAMPA, FL 33605	59-1514993	501C(3)	8,502,970.	0.	N/A	N/A	SUBSTANCE ABUSE/MENTAL HEALTH DCF SUNCOAST REGION
DAVID LAWRENCE CENTER 6075 GOLDEN GATE PARKWAY NAPLES, FL 34116	59-2206025	501C(3)	10,674,173.	0.	N/A	N/A	SUBSTANCE ABUSE/MENTAL HEALTH DCF SUNCOAST REGION
DIRECTIONS FOR MENTAL HEALTH, INC. 1437 SOUTH BELCHER ROAD CLEARWATER, FL 33764	59-2092715	501C(3)	3,684,980.	0.	N/A	N/A	SUBSTANCE ABUSE/MENTAL HEALTH DCF SUNCOAST REGION
DRUG FREE CHARLOTTE 1445 EDUCATION WAY PORT CHARLOTTE, FL 33948	02-0683619	501C(3)	549,263.	0.	N/A	N/A	SUBSTANCE ABUSE DCF SUNCOAST REGION
DRUG FREE COLLIER PO BOX 770759 NAPLES, FL 34107	02-3455197	501C(3)	159,112.	0.	N/A	N/A	SUBSTANCE ABUSE DCF SUNCOAST REGION

Schedule I (Form 990)

**CENTRAL FLORIDA BEHAVIORAL  
HEALTH NETWORK, INC.**

Schedule I (Form 990)

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**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DRUG FREE DESOTO 530 LASOLONA AVE ARCADIA, FL 34266	47-3817677	501C(3)	92,542.	0.	N/A	N/A	SUBSTANCE ABUSE DCF SUNCOAST REGION
DRUG FREE HARDEE PO BOX 1765 WAUCHULA, FL 33873	45-2278786	501C(3)	116,234.	0.	N/A	N/A	SUBSTANCE ABUSE DCF SUNCOAST REGION
FIRST STEP OF SARASOTA, INC. 1970 MAIN ST 5TH FLOOR SARASOTA, FL 34236	59-1304472	501C(3)	11,860,253.	0.	N/A	N/A	SUBSTANCE ABUSE/MENTAL HEALTH DCF SUNCOAST REGION
GLADES COUNTY SCHOOL DISTRICT PO BOX 459 MOORE HAVEN, FL 33471	59-6000624	501C(3)	92,760.	0.	N/A	N/A	MENTAL HEALTH DCF SUNCOAST REGION
GRACEPOINT (MHC) 5707 N 22ND ST TAMPA, FL 33610	59-0747306	501C(3)	20,424,347.	0.	N/A	N/A	MENTAL HEALTH DCF SUNCOAST REGION
HANLEY CENTER FOUNDATION 900 54TH ST W PALM BEACH, FL 33407	20-2871945	501C(3)	1,900,643.	0.	N/A	N/A	SUBSTANCE ABUSE DCF SUNCOAST REGION
HENDRY COUNTY SCHOOL DISTRICT 300 W COWBOY WAY LABELLE, FL 33935		501C(3)	133,105.	0.	N/A	N/A	SUBSTANCE ABUSE DCF SUNCOAST REGION
HILLSBOROUGH COUNTY ANTI DRUG ALLIANCE - 2815 E HENRY AVE STE B-1 - TAMPA, FL 33610	71-0950570	501C(3)	335,536.	0.	N/A	N/A	SUBSTANCE ABUSE DCF SUNCOAST REGION
HOPE CLUBHOUSE OF SOUTHWEST FLORIDA - 3602 BROADWAY AVE - FT MYERS, FL 33901	30-0437443	501C(3)	341,307.	0.	N/A	N/A	MENTAL HEALTH DCF SUNCOAST REGION

Schedule I (Form 990)

**CENTRAL FLORIDA BEHAVIORAL  
HEALTH NETWORK, INC.**

Schedule I (Form 990)

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**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IMPOWER 111 W. MAGNOLIA AVE LONGWOOD, FL 32750	65-0439778	501C(3)	159,922.	0.	N/A	N/A	SUBSTANCE ABUSE/MENTAL HEALTH DCF SUNCOAST REGION
INNER ACT ALLIANCE 621 S FLORIDA AVE LAKELAND, FL 33801	59-2844663	501C(3)	959,206.	0.	N/A	N/A	SUBSTANCE ABUSE/MENTAL HEALTH DCF SUNCOAST REGION
LEE COUNTY COALITION PO BOX 61688 FT MYERS, FL 33906	59-3052892	501C(3)	68,511.	0.	N/A	N/A	SUBSTANCE ABUSE DCF SUNCOAST REGION
LEE HEALTH 12550 NEW BRITTANY FT MYERS, FL 33907	59-0714812	501C(3)	209,430.	0.	N/A	N/A	MENTAL HEALTH DCF SUNCOAST REGION
MANATEE COUNTY SUBSTANCE ABUSE COALITION - PO BOX 1000 - BRADENTON, FL 34206	27-1254684	501C(3)	362,769.	0.	N/A	N/A	SUBSTANCE ABUSE DCF SUNCOAST REGION
MENTAL HEALTH RESOURCE CENTER, INC. - PO BOX 19249 - JACKSONVILLE, FL 32245	59-1905344	501C(3)	1,923,099.	0.	N/A	N/A	MENTAL HEALTH DCF SUNCOAST REGION
NAMI COLLIER COUNTY, INC. 6216 TRAIL BLVD BLD C NAPLES, FL 34108	65-0047747	501C(3)	783,346.	0.	N/A	N/A	MENTAL HEALTH DCF SUNCOAST REGION
NAMI LEE COUNTY, INC. PO BOX 50816 FT MYERS, FL 33994	65-0122844	501C(3)	112,745.	0.	N/A	N/A	MENTAL HEALTH DCF SUNCOAST REGION
NAMI PINELLAS COUNTY, INC. PO BOX 12773 ST PETERSBURG, FL 33733	59-2819044	501C(3)	98,489.	0.	N/A	N/A	SUBSTANCE ABUSE/MENTAL HEALTH DCF SUNCOAST REGION

Schedule I (Form 990)

**CENTRAL FLORIDA BEHAVIORAL  
HEALTH NETWORK, INC.**

Schedule I (Form 990)

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**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHSIDE MENTAL HEALTH CENTER 12512 BRUCE B DOWNS BLVD TAMPA, FL 33612	59-1641327	501C(3)	7,517,708.	0.	N/A	N/A	MENTAL HEALTH DCF SUNCOAST REGION
OPERATION PAR 6655 66TH ST NORTH PINELLAS PARK, FL 33781	59-1349234	501C(3)	13,758,556.	0.	N/A	N/A	SUBSTANCE ABUSE DCF SUNCOAST REGION
PEACE RIVER CENTER 1239 E MAIN ST BARTOW, FL 33830	59-0818924	501C(3)	12,331,322.	0.	N/A	N/A	MENTAL HEALTH DCF SUNCOAST REGION
PERSONAL ENRICHMENT THROUGH MENTAL HEALTH SERVICES, INC. - 11254 58TH ST NORTH - PINELLAS PARK, FL 33782	59-3153549	501C(3)	10,081,759.	0.	N/A	N/A	SUBSTANCE ABUSE/MENTAL HEALTH DCF SUNCOAST REGION
PHOENIX PROGRAMS OF FLORIDA, INC. DBA PHOENIX HOUSE - 510 VONDERBURG DR STE 301 - BRANDON, FL 33511	59-3172948	501C(3)	814,538.	0.	N/A	N/A	SUBSTANCE ABUSE DCF SUNCOAST REGION
POLK COUNTY BOCC 255 N BROADWAY AVE DRAWER J-150 BARTOW, FL 33830	59-3000809	501C(3)	144,534.	0.	N/A	N/A	SUBSTANCE ABUSE/MENTAL HEALTH DCF SUNCOAST REGION
PROJECT RETURN, INC. 303 W WATERS AVE TAMPA, FL 33604	59-2612753	501C(3)	262,723.	0.	N/A	N/A	MENTAL HEALTH DCF SUNCOAST REGION
RECOVERY EPICENTER 1270 ROGERS STREET CLEARWATER, FL 33756	46-5272217	501C(3)	186,607.	0.	N/A	N/A	SUBSTANCE ABUSE/MENTAL HEALTH DCF SUNCOAST REGION
SALUSCARE 3763 EVANS AVE FT MYERS, FL 33901	59-1965829	501C(3)	13,401,745.	0.	N/A	N/A	SUBSTANCE ABUSE/MENTAL HEALTH DCF SUNCOAST REGION

Schedule I (Form 990)

**CENTRAL FLORIDA BEHAVIORAL  
HEALTH NETWORK, INC.**

Schedule I (Form 990)

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**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE SALVATION ARMY 10291 MCGREGOR BLVD FT MYERS, FL 33919	58-0660607	501C(3)	66,614.	0.	N/A	N/A	MENTAL HEALTH DCF SUNCOAST REGION
SCHOOL DISTRICT-HIGHLANDS 426 SCHOOL STREET SEBRING, FL 33870	59-6000654	501C(3)	32,676.	0.	N/A	N/A	SUBSTANCE ABUSE/MENTAL HEALTH DCF SUNCOAST REGION
SCHOOL DISTRICT-DESOTO 530 LASOLONA AVE ARCADIA, FL 34266	59-6000580	501C(3)	187,916.	0.	N/A	N/A	SUBSTANCE ABUSE/MENTAL HEALTH DCF SUNCOAST REGION
SUCCESS 4 KIDS AND FAMILIES 1311 N WESTSHORE BLVD STE 302 TAMPA, FL 33607	14-1933532	501C(3)	2,323,513.	0.	N/A	N/A	MENTAL HEALTH DCF SUNCOAST REGION
SUNCOAST CENTER 4024 CENTRAL AVE ST PETERSBURG, FL 33711	59-2092717	501C(3)	3,604,603.	0.	N/A	N/A	SUBSTANCE ABUSE/MENTAL HEALTH DCF SUNCOAST REGION
TRI-COUNTY HUMAN SERVICES, INC. 1815 CRYSTAL LAKE DR LAKELAND, FL 33801	59-1708182	501C(3)	10,927,555.	0.	N/A	N/A	MENTAL HEALTH DCF SUNCOAST REGION
UNITED WAY OF LEE COUNTY 7273 CONCOURSE DR FORT MYERS, FL 33908	59-1005169	501C(3)	63,547.	0.	N/A	N/A	SUBSTANCE ABUSE DCF SUNCOAST REGION
VAN GOGHS PALATTE DBA VINCENT HOUSE - 4801 78TH AVE NORHT - PINELLAS PARK, FL 33781	59-3720139	501C(3)	883,547.	0.	N/A	N/A	MENTAL HEALTH DCF SUNCOAST REGION
VOLUNTEERS OF AMERICA 1205 E 8TH AVE TAMPA, FL 33605	58-1856992	501C(3)	1,644,190.	0.	N/A	N/A	MENTAL HEALTH DCF SUNCOAST REGION

Schedule I (Form 990)

**CENTRAL FLORIDA BEHAVIORAL  
HEALTH NETWORK, INC.**

Schedule I (Form 990)

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**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WESTCARE FLORIDA, INC. PO BOX 12019 ST PETERSBURG, FL 33733	59-3714627	501C(3)	1,431,512.	0.	N/A	N/A	SUBSTANCE ABUSE/MENTAL HEALTH DCF SUNCOAST REGION
YOUTH AND FAMILY ALTERNATIVES 7524 PLATHE RD NEW PORT RICHEY, FL 34653	59-1545990	501C(3)	370,765.	0.	N/A	N/A	SUBSTANCE ABUSE DCF SUNCOAST REGION
CHILDREN'S HOME SOCIETY OF FLORIDA 1515 MICHELIN CT LUTZ, FL 33549	59-0192430	501C(3)	20,728.	0.	N/A	N/A	BEHAVIORAL HEALTH HILLSBOROUGH COUNTY PUBLIC SCHOOLS/PASCO COUNTY SCHOOLS
CHRYSALIS CENTER, INC. 3800 W. BROWARD BLVD SUITE 100 FT. LAUDERDALE, FL 33312	20-1966531	501C(3)	860,291.	0.	N/A	N/A	BEHAVIORAL HEALTH HILLSBOROUGH COUNTY PUBLIC SCHOOLS/PASCO COUNTY SCHOOLS
ELITE DNA 4310 METRO PARKWAY FORT MYERS, FL 33916	46-3863542	501C(3)	30,788.	0.	N/A	N/A	BEHAVIORAL HEALTH HILLSBOROUGH COUNTY PUBLIC SCHOOLS
GULFCOAST JEWISH FAMILY & CHILDREN'S SERVICES - 14041 ICOT BLVD - CLEARWATER, FL 33760	59-1229354	501C(3)	45,985.	0.	N/A	N/A	SUBSTANCE ABUSE/MENTAL HEALTH DCF SUNCOAST REGION
HEALING EDUCATIONAL ALTERNATIVES FOR DESERVING STUDENTS (HEADS) - 1001 E. BAKER ST #100 - PLANT CITY, FL 33563	45-4924934	501C(3)	456,792.	0.	N/A	N/A	BEHAVIORAL HEALTH HILLSBOROUGH COUNTY PUBLIC SCHOOLS/PASCO COUNTY SCHOOLS
LIFESPAN SERVICES, INC. 7701 MASSACHUSETTS AVE NEW PORT RICHEY, FL 34653	59-2939922	501C(3)	11,970.	0.	N/A	N/A	BEHAVIORAL HEALTH PASCO COUNTY SCHOOLS
TRAUMA TREATMENT OF PASCO, DBA MERIDIAN COUSELING CTR - 38052 MERIDIAN AVE - DADE CITY, FL 33525	83-3451982	501C(3)	8,623.	0.	N/A	N/A	BEHAVIORAL HEALTH PASCO COUNTY SCHOOLS

Schedule I (Form 990)



**CENTRAL FLORIDA BEHAVIORAL  
HEALTH NETWORK, INC.**

**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 noncash assistance

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

**PART I, LINE 2:**

MONTHLY, THE CFO COMPLETES THE "SUBCONTRACTOR STATUS REPORT" WHICH TRACKS GRANTEE'S USAGE OF FUNDS. THE CFO THEN PASSES THE DOCUMENT TO THE CONTRACT MANAGERS WHO THEN COMPARES THE MONTHLY INVOICES FROM THE GRANTEES WITH THE DATA BACKUP THAT THE GRANTEES ARE REQUIRED TO SUBMIT. IN ADDITION TO THE FISCAL MONITORING, THE QI TEAM MAKES SITE VISITS ANNUALLY TO CONDUCT REVIEWS ENSURING THAT FUNDS ARE BEING USED AS INTENDED.

**PART II:**

**Part IV** Supplemental Information

THE NONPROFIT ORGANIZATIONS THAT COMPRISE THE MEMBERSHIP OF CENTRAL  
FLORIDA BEHAVIORAL HEALTH NETWORK, INC. (CFBHN) ARE AMONG THE SUBSTANCE  
ABUSE AND MENTAL HEALTH PROVIDERS WHO PERFORM SERVICES UNDER CFBHN'S  
MASTER CONTRACTS. FOR THE YEAR ENDED JUNE 30, 2022, SUBRECIPIENT  
PAYMENTS OF \$40,515,247 WERE PAID TO CFBHN MEMBERS.

Horizontal lines for supplemental information.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

Open to Public Inspection

Name of the organization

**CENTRAL FLORIDA BEHAVIORAL  
HEALTH NETWORK, INC.**

Employer identification number

**59-3467610**

**Part I Questions Regarding Compensation**

**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.

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

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

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

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

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

**4** During the year, did any person listed 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? .....
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....
- c** Participate in or receive payment from an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

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

- a** The organization? .....
- b** Any related organization? .....
- 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? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

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

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

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

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		<b>X</b>
<b>4b</b>		<b>X</b>
<b>4c</b>		<b>X</b>
<b>5a</b>		<b>X</b>
<b>5b</b>		<b>X</b>
<b>6a</b>		<b>X</b>
<b>6b</b>		<b>X</b>
<b>7</b>		<b>X</b>
<b>8</b>		<b>X</b>
<b>9</b>		

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

Schedule J (Form 990) 2021

**CENTRAL FLORIDA BEHAVIORAL  
HEALTH NETWORK, INC.**

Schedule J (Form 990) 2021

59-3467610

Page 2

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC 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 CEO	(i)	228,712.	21,700.	0.	12,521.	11,157.	274,090.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) LAWRENCE ALLEN COO (UNTIL 4/4/22)	(i)	140,970.	6,000.	0.	7,348.	10,639.	164,957.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JULIE PATEL CFO	(i)	138,345.	6,000.	0.	7,217.	10,639.	162,201.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III Supplemental Information**

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

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**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization	CENTRAL FLORIDA BEHAVIORAL HEALTH NETWORK, INC.	Employer identification number	59-3467610
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**FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:**

THE 12-YEAR SERVICE CONTRACT BEGINNING JUNE 1, 2010, TOTALS

\$2,206,607,160.

CFBHN IS THE CARF INTERNATIONAL ACCREDITED SERVICES MANAGEMENT NETWORK

IN FLORIDA. STATE AND FEDERAL FUNDS ARE USED TO PROVIDE SERVICES FOR

INDIVIDUALS UNDER ELIGIBILITY GUIDELINES - ANNUALLY SERVING

APPROXIMATELY 64,180 INDIVIDUALS IN TREATMENT AND 248,009 INDIVIDUALS

IN PREVENTION SERVICES. CFBHN PROVIDES A FULL CONTINUUM OF CARE, FULLY

ENGAGES WITH COMMUNITY PARTNERS AND STAKEHOLDERS, OPERATES AT A 3.4%

COST OF OPERATIONS, AND HAS A 99.4% EXPENDITURE RATE ON SERVICES.

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

ACCOMPLISHMENTS FOR THE YEAR ENDED JUNE 30, 2022 ARE AS FOLLOWS:

- 93,908 CLIENTS SERVED

- 108 CLIENTS DISCHARGED FROM THE FACT TEAM

- 14 INDIVIDUALS WERE DIVERTED FROM THE STATE HOSPITAL (14 WERE  
ADMITTED TO FACT AS PART OF THE DIVERSION)

- CFBHN TEAM PARTICIPATED IN 711 TOTAL CALLS WITH 294 BEING  
INTERAGENCY/CRITICAL SETTING CALLS

- 281 CHILDREN WERE DIVERTED FROM THE CHILD WELFARE SYSTEM

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

10. INCIDENTAL EXPENSES

11. INFORMATION AND REFERRAL

12. IN-HOME AND ON-SITE

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

Schedule O (Form 990) 2021

132211 11-11-21

Name of the organization <b>CENTRAL FLORIDA BEHAVIORAL HEALTH NETWORK, INC.</b>	Employer identification number <b>59-3467610</b>
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- 13. INPATIENT
- 14. INTENSIVE CASE MANAGEMENT
- 15. INTERVENTION
- 16. MEDICAL SERVICES
- 17. MENTAL HEALTH CLUBHOUSE SERVICES
- 18. OUTPATIENT
- 20. OUTREACH
- 22. RESIDENTIAL LEVEL I
- 23. RESIDENTIAL LEVEL II
- 24. RESIDENTIAL LEVEL III
- 25. RESIDENTIAL LEVEL IV
- 26. ROOM AND BOARD WITH SUPERVISION LEVEL I
- 27. ROOM AND BOARD WITH SUPERVISION LEVEL II
- 28. ROOM AND BOARD WITH SUPERVISION LEVEL III
- 30. SUPPORTED EMPLOYMENT
- 31. SUPPORTIVE HOUSING/LIVING
- 32. RECOVERY & RESILIENCY - SDC

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

- 16. MEDICAL SERVICES
- 18. OUTPATIENT
- 19. OUTPATIENT DETOXIFICATION
- 20. OUTREACH
- 21. PREVENTION
- 22. RESIDENTIAL LEVEL I
- 23. RESIDENTIAL LEVEL II
- 24. RESIDENTIAL LEVEL III
- 25. RESIDENTIAL LEVEL IV

Name of the organization CENTRAL FLORIDA BEHAVIORAL HEALTH NETWORK, INC.	Employer identification number 59-3467610
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- 26. ROOM AND BOARD WITH SUPERVISION LEVEL I
- 27. ROOM AND BOARD WITH SUPERVISION LEVEL II
- 28. ROOM AND BOARD WITH SUPERVISION LEVEL III
- 29. SUBSTANCE ABUSE DETOXIFICATION
- 30. SUPPORTED EMPLOYMENT
- 31. SUPPORTIVE HOUSING/LIVING
- 33. RECOVERY AND SUPPORT
- 34. METHADONE MAINTENANCE

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

SCHOOL PROJECTS: HILLSBOROUGH & PASCO COUNTY SCHOOLS

FOLLOWING THE TRAGIC SHOOTING AT MARJORY STONEMAN DOUGLAS HIGH SCHOOL IN FEBRUARY 2018, GOVERNOR SCOTT ISSUED EXECUTIVE ORDER 18-81. THE ORDER DIRECTS THE LOCAL BEHAVIORAL HEALTH MANAGING ENTITY TO MEET WITH LOCAL AUTHORITIES, INCLUDING THE SCHOOL DISTRICTS, WITH THE GOALS OF IMPROVING COMMUNICATION, COLLABORATION AND COORDINATION OF SERVICES. IN ADDITION TO THE EXECUTIVE ORDER, THE FLORIDA STATE LEGISLATURE PASSED THE MARJORY STONEMAN DOUGLAS SCHOOL PUBLIC SAFETY ACT THAT PROVIDED FUNDING FOR THE RECOMMENDATIONS IN THE GOVERNOR'S MAJOR ACTION PLAN. IN IMPLEMENTING THE RECOMMENDATIONS SET FORTH IN THE ACT, THE HILLSBOROUGH SCHOOL DISTRICT BEGAN MEETING WITH CFBHN TO FIND WAYS TO USE THE ADDITIONAL FUNDING TO HELP MEET THE NEEDS OF STUDENTS AND THE COMMUNITY WHO ARE FALLING THROUGH THE GAPS.

THE PASCO COUNTY SCHOOL SYSTEM BEHAVIORAL HEALTH PROGRAM (PCSSBHP) AND THE HILLSBOROUGH COUNTY PUBLIC SCHOOL INITIATIVE PROGRAM (HCPSMHIP) ASSUMED THE CURRENT MOU THAT THE SCHOOL BOARD HAD WITH COMMUNITY PROVIDERS AND ENHANCED THE EXPECTATION AND ACCOUNTABILITY OF THE



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PROVIDERS THROUGH CREATING SUBCONTRACTS AND VETTING THE PROVIDERS INTO  
A NETWORK IN SEPTEMBER 2018. THE HILLSBOROUGH COUNTY PUBLIC SCHOOL  
DISTRICT BEGAN RECEIVING REFERRALS FROM THE DISTRICT MENTAL HEALTH  
CLINICIANS AS WELL.

DUE TO THE COVID-19 STATE OF EMERGENCY, ALL PARTNERING AGENCIES  
CONTINUED WITH TELEHEALTH SERVICES.

EXPENSES \$ 2,134,580. INCLUDING GRANTS OF \$ 2,134,580. REVENUE \$ 0.

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

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

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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

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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

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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

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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.

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

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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

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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



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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

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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.

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31. SUPPORTIVE HOUSING/LIVING - SUPPORTED HOUSING/LIVING SERVICES

ASSIST PERSONS WITH SUBSTANCE ABUSE AND PSYCHIATRIC DISABILITIES IN THE SELECTION OF HOUSING OF THEIR CHOICE. THESE SERVICES ALSO PROVIDE THE NECESSARY SERVICES AND SUPPORTS TO ASSURE THEIR CONTINUED SUCCESSFUL LIVING IN THE COMMUNITY AND TRANSITIONING INTO THE COMMUNITY. FOR CHILDREN WITH MENTAL HEALTH PROBLEMS, SUPPORTED LIVING SERVICES ARE A PROCESS WHICH ASSISTS ADOLESCENTS IN HOUSING ARRANGEMENTS AND PROVIDES SERVICES TO ASSURE SUCCESSFUL TRANSITION TO INDEPENDENT LIVING OR WITH ROOMMATES IN THE COMMUNITY. SERVICES INCLUDE TRAINING IN INDEPENDENT LIVING SKILLS. FOR SUBSTANCE ABUSE, SERVICES PROVIDE FOR THE PLACEMENT AND MONITORING OF: RECIPIENTS WHO ARE PARTICIPATING IN NON-RESIDENTIAL SERVICES; RECIPIENTS WHO HAVE COMPLETED OR ARE COMPLETING SUBSTANCE ABUSE TREATMENT; AND THOSE RECIPIENTS WHO NEED ASSISTANCE AND SUPPORT IN INDEPENDENT OR SUPERVISED LIVING WITHIN A "LIVE-IN" ENVIRONMENT.

32. RECOVERY AND RESILIENCY - SDC - FLORIDA SELF-DIRECTED CARE (SDC)

IS AN INNOVATIVE SERVICE DELIVERY PARADIGM PLACING INDIVIDUALS WITH MENTAL ILLNESSES SQUARELY AT THE CENTER OF DECISION-MAKING THAT AFFECTS THEM. FLORIDASDC PARTICIPANTS CAN USE THEIR BUDGETS TO PURCHASE MENTAL WELLNESS SERVICES FROM ANY MEMBER OF THE FLORIDASDC NETWORK THAT PROVIDES SERVICES WITHIN THE DISTRICT IN WHICH THE PARTICIPANT RESIDES. THE PRIMARY PURPOSE OF THESE FUNDS IS TO PURCHASE PSYCHIATRIC AND MENTAL WELLNESS CARE. HOWEVER, A UNIQUE OPTION WITHIN THE PROGRAM IS THE OPPORTUNITY FOR PARTICIPANTS TO ACCESS ALTERNATIVE AND NON-TRADITIONAL SERVICES THAT RESULT IN THE SAME OUTCOMES AS TRADITIONAL MENTAL HEALTH SERVICES. FOR EXAMPLE, INSTEAD OF ATTENDING PSYCHOTHERAPY GROUP FOR DEPRESSION AT A LOCAL MENTAL HEALTH PROFESSIONAL'S OFFICE, A FLORIDASDC PARTICIPANT MAY ELECT TO

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PARTICIPATE IN A COMMUNITY-BASED SUPPORT GROUP.

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. 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.

FORM 990, PART VI, SECTION A, LINE 1A:

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THE EXECUTIVE COMMITTEE HAS THE ABILITY TO ACT ON BEHALF OF THE BOARD OF DIRECTORS. ALL MEMBERS OF THE EXECUTIVE COMMITTEE HAVE VOTING RIGHTS AND ARE PART OF THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION A, LINE 4:

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

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.

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.

FORM 990, PART VI, SECTION A, LINE 7B:

EACH MEMBER HAS THE RIGHT TO ONE (1) VOTE ON ALL CFBHN'S BUSINESS THAT IS SUBJECT TO A VOTE OF THE MEMBERS, PURSUANT TO APPLICABLE LAW, THE ARTICLES OF INCORPORATION, BYLAWS AND/OR OTHER GOVERNING POLICY.

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

THE EXECUTIVE COMMITTEE REVIEWS FORM 990 AND MAKES A RECOMMENDATION TO THE BOARD OF DIRECTORS PRIOR TO FILING WITH THE IRS. THE EXECUTIVE COMMITTEE PACKET IS MADE AVAILABLE TO ALL BOARD MEMBERS.

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

ALL BOARD MEMBERS ANNUALLY HAVE TO SIGN A CONFLICT OF INTEREST FORM. NONE OF THE BOARD OR EXECUTIVE COMMITTEE MEMBERS ARE PROVIDER REPRESENTATIVES. ALL ARE COMMUNITY MEMBERS, WHO ARE ON THE BOARD FOR THE INTEREST OF THE COMMUNITY. IF A BOARD MEMBER DOES NOT FEEL HE OR SHE CAN VOTE ON A CONSENT ITEM, THE MEMBER RECUSES THEMSELVES FROM THE VOTE.

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

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

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.

FORM 990, PART XII, LINE 2C:

THE FINANCE COMMITTEE IS COMPRISED OF THREE MEMBERS FROM THE BOARD OF

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