efil	e Pu	ıblic Visı	al Render ObjectId: 202320589349300537 - Submissio	n: 2023-02	-27	T	[N: 51-0448002			
Return of Organization Exempt From Income Tax							OMB No. 1545-0047			
Form			Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code	ıs)	<b>2021</b>					
		f the Treasury	► Go to <u>www.irs.gov/Form990</u> for instructions and the la				Open to Public Inspection			
		nue Service	alendar year, or tax year beginning 07-01-2021 , and ending 06-30	2022						
			elendar year, or tax year beginning 07-01-2021 , and ending 06-30 C Name of organization	-2022	D Employer i	dentif	ication number			
		applicable: change	CENTRAL FLORIDA CARES HEALTH SYSTEM INC		. ,					
		hange			51-044800	12				
O Ini			Doing business as							
		rn/terminated	Number and street (or P.O. box if mail is not delivered to street address) Room/suit	e	E Telephone n	umber				
		ion pending	707 MENDHAM BLVD 201		(407) 985-	3562				
			City or town, state or province, country, and ZIP or foreign postal code							
			ORLANDO, FL 32825		<b>G</b> Gross receip	ots \$ 9	3,939,616			
			F Name and address of principal officer: MARIA BLEDSOE	H(a) Is this	a group retur	n for				
			707 MENDHAM BLVD 201		dinates? subordinates		🗌 Yes 🗹 No			
<b>.</b>			ORLANDO, FL 32825	H(b) Ale all include			🗆 Yes 🔲 No			
I lax	-exe	mpt status:	✓ 501(c)(3) □ 501(c) ( ) ◀ (insert no.) □ 4947(a)(1) or □ 527		," attach a list.					
J W	ebsi	te: 🕨 CEN	TRALFLORIDACARES.ORG	H(C) Group	exemption nu	mber	•			
				L Year of forma	tion: 2003 M	State	of legal domicile: FL			
K Forn	n of c	organization:	Corporation 🗌 Trust 🗌 Association 🗌 Other 🕨			otute				
Pa	art I	Sum	nary							
	1 Briefly describe the organization's mission or most significant activities:									
Ce		MANAGES	BEHAVIORAL HEALTH SYSTEM FOR PERSONS WITH MENTAL HEALTH AND/(	JR SUBSTANC	E USE DISORI	JERS.				
191										
Governance	_	2 Check this box ►								
6	3		f voting members of the governing body (Part VI, line 1a)			3	20			
× ×	4	Number o	f independent voting members of the governing body (Part VI, line 1b) .			4	20			
Activities &	5	Total num	ber of individuals employed in calendar year 2021 (Part V, line 2a)			5	24			
μi.	6	Total num	ber of volunteers (estimate if necessary)			6	20			
Ac	7a	Total unre	elated business revenue from Part VIII, column (C), line 12		7		0			
	b	Net unrel	ated business taxable income from Form 990-T, Part I, line 11 $$ . $$ .			7b	0			
				Prie	or Year		Current Year			
ġ	8	Contribut	ions and grants (Part VIII, line 1h)		80,586,134		93,939,616			
Revenue	9		service revenue (Part VIII, line 2g)		C		0			
Rev			nt income (Part VIII, column (A), lines 3, 4, and 7d)		C		0			
		1 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)					0			
			nue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)		80,586,134		93,939,616			
	13		d similar amounts paid (Part IX, column (A), lines 1-3)		C		0			
	14			0						
365			other compensation, employee benefits (Part IX, column (A), lines 5–10)		1,739,535		1,814,230			
Exp enses			nal fundraising fees (Part IX, column (A), line 11e)		l		0			
Exp			aising expenses (Part IX, column (D), line 25) •0		70 510 741		01 000 742			
		-	enses (Part IX, column (A), lines 11a–11d, 11f–24e)		78,512,741		91,808,743			
			enses. Add lines 13–17 (must equal Part IX, column (A), line 25)		80,252,276		93,622,973			
ss Ss	19	L9 Revenue less expenses. Subtract line 18 from line 12					316,643 End of Year			
Net Assets or Fund Balances				Segning						
sse Bala	20	Total asse	ets (Part X, line 16)		18,944,729		26,850,905			
et A nd I	21	Total liabi	lities (Part X, line 26)		18,190,617		25,780,152			
ž	22	Net asset	s or fund balances. Subtract line 21 from line 20		754,112		1,070,753			
Pa	rt II	Signa	ature 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.

Page 2						2023-02-27	
Product of the formation of the component of the comparison	Sign	Si	ignature of officer			Date	
Image: Second	Here	111		CER			
Paid Propage Use Only       Prime and mail > MSL PA mine and mail > 25 \$270000       Prime and mail > 25 \$270000         Mail Section 2010 (MLMDD, FL 32801       Prime and mail > 25 \$270000       Prime and mail > 25 \$270000         May the IES discuss this return with the prepager shown above? (see instructions)       C.d. No. 11282Y       Prime and mail > 20 \$20000         For Papervork Reduction At Notice, see the separate instructions.       C.d. No. 11282Y       Form 990 (2021)         Page 2       Prime 900 (2021)       Page 2         Form 990 (2021)       Page 2         Part Min Statement of Program Service Accomptifiaments       Page 2         Check II Statellise to Applications an angoance or note to any line in this Part III       Immediate angoance on table to any line in this Part III         1       Breffy discribe the expanded on table angoance on table to any line in this Part III       Immediate angoance on table to any line in this Part III         2       Breffy discribe the separate on table to any line in this Part III       Immediate angoance on table to any line in this Part IIII.       Immediate angoance on table to any line in this Part III.         2       Breffy discribe the separate on table to any line in this Part III.       Immediate angoance on table to any line angoance to angoance on table to any line angoance o		Ту					
Prove address > 555 S DRANGE AVENUE SUITE 600       Prone no. (407) 740-5400         May the IRS discuss this etum with the proper shown above? (see instructions)       Cat. No. 11282Y       Form 900 (2021)         For Paperwork Reduction Act Notice, see the separate instructions.       Cat. No. 11282Y       Form 900 (2021)         Page 2	Paio	d	Print/Type preparer's name	Preparer's signature	Date	Check 📙 if	
<ul> <li></li></ul>			Firm's name 🕨 MSL PA			Firm's EIN 🕨 59	-3070669
May the IRS discuss this neturn with the preparer shown above? (see instructions)       Image:	Use	Only	Firm's address 🕨 255 S ORANGE AV	ENUE SUITE 600		Phone no. (407)	740-5400
For Paperwork Reduction Act Notice, see the separate instructions.       Cat. No. 11282Y       Form 990 (2021)         Page 2       Form 990 (2021)       Page 2         Form 990 (2021)       Check if Schedule O contains a response or note to any line in this Part III       Image: Check if Schedule O contains a response or note to any line in this Part III       Image: Check if Schedule O contains a response or note to any line in this Part III       Image: Check if Schedule O contains a response or note to any line in this Part III       Image: Check if Schedule O contains a response or note to any line in this Part III       Image: Check if Schedule O contains a response or note to any line in this Part III       Image: Check if Schedule O contains a response or note to any line in this Part III       Image: Check if Schedule O contains a response or note to any line in this Part III       Image: Check if Schedule O contains an response or note to any line in this Part III       Image: Check if Schedule O contains an response or note to any line in this Part III       Image: Check if Schedule O contains an response or note to any line in this Part III       Image: Check if Schedule O contains an response or O check and the note of Part Part III Check and Part IIII Check and Part IIIII Check and Part IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII			ORLANDO, FL 328	301			
Page 2         Form 990 (201)       Page 2         PartIII       Statement of Program Service Accomplishments         Creek if Schedule 0 contains a response or note to any line in this Part III       Image: Contains a response or note to any line in this Part III         ************************************	May t	the IRS dis	cuss this return with the preparer	shown above? (see instructions)			Yes 🗌 No
Form 990 (2021)       Page 27         Part III       Statement of Program Service Accomplishments Check If Schedule O contains a response or note to any line in this Part III       Image: Control of Contrel of Contrel of Control of Control of Control of Co	For P	Paperwork	Reduction Act Notice, see the	separate instructions.	Cat.	No. 11282Y	Form <b>990</b> (2021
Form 990 (2021)       Page 27         Part III       Statement of Program Service Accomplishments Check If Schedule O contains a response or note to any line in this Part III       Image: Control of Contrel of Contrel of Control of Control of Control of Co							
Part III       Statement of Program Service Accomplishments       Image: Check If Schedule O contains a response or note to any line in this Part III       Image: Check If Schedule O contains a response or note to any line in this Part III       Image: Check II Schedule O contains a response or note to any line in this Part III       Image: Check II Schedule O contains a response or note to any line in this Part III       Image: Check II Schedule O contains a response or note to any line in this Part III       Image: Check II Schedule O contains a response or note to any line in this Part III       Image: Check II Schedule O contains a response or note to any line in this Part III       Image: Check II Schedule O contains a response or note to any line in this Part III       Image: Check II Schedule O contains a response or note to any line in this Part III       Image: Check II Schedule O contains a response or note to any line in this Part III       Image: Check II Schedule O contains a response or note to any line in this Part III       Image: Check II Schedule O contains a response or note to any line in this Part III       Image: Check II Schedule O contains a response or note to any line in this Part III       Image: Check II Schedule O contains a response or note to any line in this Part III       Image: Check II Schedule O contains a response or note to any line in this Part III       Image: Check II Schedule O contains a response or note to any line in this Part III       Image: Check II Schedule O contains and the part II Schedule O contains and allocations to or sponse services and Schedule O.         Import II 'mse,'' describe these changes on Schedule O.       II 'mse,'' describe these response or note a complishments for each of its three largest program services, as messu	_	/		ruge z			
Check if Schedule 0. Obstains a response or note to any line in this Part III       ✓         1       Briefly describe the organization's mission:         ***CINTRAL FLORDA CARES HEALTH SYSTEM, INC. (CFCH5) IS A NON-PROFIT, 501(C)(3) ORGANIZATION ESTABLISHED BY A GROUP OF COMMUNT PROVIDERS FOR THE PURPOSE OF PROVIDING SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES TO FUNDIER AND ADULTS IN FLORIDA SUBSTANCE ABUSE AND ADULTS IN FLORIDA SUBSTANCE ABUSE AND ADULTS IN FLORIDA SUBSTANCE ABUSE AND ADULES (CFCH5 GONTRACTED WITH A NETWORK OF BEHAVIORAL HEALTH PROVIDER AGENCIES TO FROVIDE AM ARAY OF PROVIDERS HAVE A LOVEN HISTORY OF PROVIDING SUBSTANCE ABUSE AND ADURTAL HEALTH PROVIDER AGENCIES TO FROVIDE AM ARAY OF PROVIDERS HAVE A LOVEN HISTORY OF PROVIDING SUBSTANCE ABUSE AND ADURTAL HEALTH PROVIDER AGENCIES TO TRAVIDE AM ARAY OF PROVIDERS HAVE A LOVEN HISTORY OF PROVIDING SUBSTANCE ABUSE AND ADURTAL HEALTH PROVIDER AGENCIES TO FROVIDE AM ARAY OF PROVIDERS HAVE A LOVEN HISTORY OF PROVIDING SUBSTANCE ABUSE AND MENTAL HEALTH PROVIDER AGENCIES TO TRAVIDE AM ARAY OF SERVES. CFCHS CONTRACTS WITH THE DESIGNATED COMMUNITY MENTAL CENTERS FOR THE COUNTIES IN THE COMMUNITY ESTIMATE OFCHS SERVES. CFCHS CONTRACTS WITH THE MENT         2       Did the organization undertake any significant program services on INDEGRT. DURING THE FISCAL YEAR, AN UNDUPLICATED TOTAL OF 26,770 INDIVIDUALS WERE SERVED IN BOTH THE MENT         3       Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E72       \vee No         4       Did the organization cease conducting, or make significant changes in how it conducts, any program services?       \vee No         5       Did the organization cease conducting or make signifi	-			. A comuliation onto			Page 2
I       Briefly describe the organization's mission:         "CENTRAL FLORIDA CARES HEALTH SYSTEM, INC. (CFCHS) IS A NON-PROFIT, 501 (C)(3) ORGANIZATION ESTABLISHED BY A GROUP OF COMMUNIT PROVIDERS FOR THE PURPOSE OF PROVIDING SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES TO CHILDREN AND ADULTS IN FLORIDA DEPARTMENT OF CHILDREN & RAMILLES (DCF) CIRCUTS 9 AND 18, CFCHS BOARD OF DIRECTORS IS COMMISTED OF 25% PROVIDERS AND DEPARTMENT OF CHILDREN & RAMILLES (DCF) CIRCUTS 9 AND 18, CFCHS BOARD OF DIRECTORS IS COMMISTED OF 25% PROVIDERS AND DEPARTMENT OF CHILDREN & RAMILLES (DCF) CIRCUTS 9 AND 18, CFCHS BOARD OF DIRECTORS IS COMMISTED OF 25% PROVIDERS AND DEPARTMENT OF CHILDREN & RAMILLES (DCF) CIRCUTS 9 AND 18, CFCHS BOARD OF DIRECTORS IS COMMISTED COMMUNITY BETAL CENTS FOR THE COMMUNES IN THE COMMUNITYES THAT CFCHS SERVES, CFCHS CONTRACTS WITH THE DESIGNATED COMMUNITY MENTAL CHERS FOR THE COUNTIES IN ITS COMMUNITYES THAT CFCHS SERVES, CFCHS CONTRACTS WITH THE DESIGNATED COMMUNITY MENTAL CHERS FOR THE COUNTIES IN TIS COMMUNITYES THAT CFCHS SERVES, CFCHS CONTRACTS WITH THE DESIGNATED COMMUNITY MENTAL CHERS FOR THE COUNTIES IN TIS COMMUNITYES THAT CFCHS SERVES, CFCHS CONTRACTS WITH THE DESIGNATED COMMUNITY MENTAL CHERS FOR THE COUNTIES IN TIS COMMUNITYES THAT CFCHS SERVES, CFCHS COMMUNITY HENTAL CENTS SERVES ARE HOMELESS OR INDIGENT. JURITY CHERS FOR THE COUNTES IN TIS COMMUNITY ACTICLES TO CITCAL OF 26,770 INDIVIDUALS WERE SERVED IN BOTH THE MENT   2 Did the organization undertake any significant program services during the year which were not listed on the prior form 900 or 900-E22	Par		-	-	art III		
PROVIDERS FOR THE PURPOSE OF PROVIDING SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES TO CHILDREN AND ADULTS IN FLORIDA DEPARTMENT OF CHILDREN A RAMILES' (COC) CIRCUITS 9 AND 18. CFCHS BOARD OF JURGETORS IS COMPARISED OF 25%, PROVIDER AND 75%, COMMUNITY MEMBERS. CFCHS OWTH A NETWORK OF BEHAVIORAL HEALTH PROVIDER AGENCIES TO PROVIDE AN ARRAY OF SUBSTANCE ABUSE AND MENTAL HEALTH NETWORK OF BEHAVIORAL HEALTH SERVICES IN THE COMMUNITIES THAT CFCHS SERVICES TO CLEARTS WITH NO INSURANCE OF INADEQUATE INSURANCE COVERAGE. ACK. A STGNITLCANT TRANSPORTED COMMUNITIES IN THE COMMUNITIES THAT CFCHS SERVICES TO CLEARTS AND MENTAL HEALTH SERVICES. IN THE COMMUNITIES THAT CFCHS SERVICES TO PROVIDER A SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES. IN THE COMMUNITIES THAT CFCHS SERVICES THE CHIEFTS FOR THE COUNTIES IN THE COMMUNITIES THAT CFCHS SERVICES THE CHIEFTS FOR THE COUNTIES IN THE COMMUNITIES THAT CFCHS SERVICES THE CHIEFTS FOR THE COUNTIES IN THE COMMUNITIES THAT CFCHS SERVICES TO THE MENT	1			onse or note to any line in this Pa			· · · · · · · · ·
the prior Form 990 or 990-E27	PROV DEPAI COMM SUBS PROV SERV PERCI	IDERS FOF RTMENT O MUNITY ME TANCE ABU DERS HAN ES. CFCHS ENT OF TH	R THE PURPOSE OF PROVIDING SU F CHILDREN & FAMILIES' (DCF) CI EMBERS.CFCHS CONTRACTED WITH USE AND MENTAL HEALTH SERVICI VE A LONG HISTORY OF PROVIDIN CONTRACTS WITH THE DESIGNA E CLIENTS THAT CFCHS SERVES A	JBSTANCE ABUSE AND MENTAL H RCUITS 9 AND 18. CFCHS' BOAF H A NETWORK OF BEHAVIORAL I ES TO CLIENTS WITH NO INSUR G SUBSTANCE ABUSE AND MENT TED COMMUNITY MENTAL CENTE	HEALTH SERVICES TO RD OF DIRECTORS IS HEALTH PROVIDER AG ANCE OR INADEQUAT TAL HEALTH SERVICE ERS FOR THE COUNTI	CHILDREN AND COMPRISED OF ENCIES TO PRO E INSURANCE C S IN THE COMMUNES IN ITS COVEN	ADULTS IN FLORIDA 25% PROVIDERS AND 75% VIDE AN ARRAY OF OVERAGE. CFCHS' JNITIES THAT CFCHS RAGE AREA. A SIGNIFICANT
the prior Form 990 or 990-E27							
the prior Form 990 or 990-E27							
4       Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.         4a       (Code: ) (Expenses \$ 91,037,676 including grants of \$ ) (Revenue \$ )         cENTRAL FLORIDA CARES HEALTH SYSTEM, INC. (CFCHS) IS A NON-PROFIT, 501(C)(3) ORGANIZATION ESTABLISHED BY A GROUP OF COMMUNITY PROVIDERS FOR THE PURPOSE OF PROVIDING AFFORDABLE, HIGH-QUALITY SUBSTANCE ABUSE AND MENTAL HEALTH MERVICES TO CHILDREN AND ADULTS IN FLORIDA DEPARTMENT OF CHILDREN & FAMILES' (DCF) CIRCUITS 9 AND 18. CFCHS' BOARD OF DEHAVIDARI. HEALTH MEALTH AND ADULTS IN FLORIDA ARRAY OF SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES TO CLIBRES OF DRIVIDER AGNOLIZES TO ROVIDER AND ARRAY OF SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES TO CLIBRYS WITH A NETWORK OF BEHAVIDARI HEALTH MEALTH SERVICES TO RUBINE AND ADULES TO ROVIDER AGNOLIZES AND THE TOSCAL YEAR, AN UNDPUTCE ABUSE AND MENTAL HEALTH SERVICES IN THE NO INSURANCE OR INADEQUATE INSURANCE COMMUNITY METAL CENTERS FOR THE COMMUNITES THAT CFCHS SERVES AND SUBSTANCE ABUSE PROGRAMS. DURING SAID PRIOD, 14,520 ADULTS AND 4,058 CHILDREN AND ADOLESCENTS RECEIVED MENTAL HEALTH SERVICES.         4b       (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ ) )       )	3	the prior I If "Yes," c Did the or	Form 990 or 990-EZ? describe these new services on Sch rganization cease conducting, or m	nedule O. nake significant changes in how i			
<ul> <li>Describe organizations program service required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.</li> <li>(Code: ) (Expenses \$ 91,037,676 including grants of \$ ) (Revenue \$ )</li> <li>CENTRAL FLORIDA CARES HEALTH SYSTEM, INC. (CFCHS) IS A NON-PROFIT, 501(C)(3) RGANIZATION ESTABLISHED BY A GROUP OF COMMUNITY PROVIDERS FOR THE PURPOSE OF PROVIDING AFFORDABLE, HIGH-QUALITY SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES TO CHILDREN AND ADULTS IN FLORIDA DEPARTMENT OF CHILDREN A KING AFFORDABLE, HIGH-QUALITY SUBSTANCE ABUSE AND DETAIL HEALTH SERVICES TO CHILDREN AND ADULTS IN FLORIDA DEPARTMENT OF CHILDREN &amp; FAMILLES' (DCF) CIRCUITS 9 AND 18. CFCHS' BOARD OF DIRECTORS IS COMPRISED OF 25% PROVIDERS AND 75% COMMUNITY MEMBERS. SEE SCHEDULE O FOR MORE INFORMATION.CFCHS CONTRACTED WITH A NETWORK OF BEHAVIORAL HEALTH FROVIDER AGENCIES TO PROVIDERS AND 75% COMMUNITY MEMBERS. SEE SCHEDULE O FOR MORE INFORMATION.CFCHS CONTRACTES WITH NO INSURANCE OR INADEQUATE INSTANCE ADUSE AND MENTAL HEALTH SERVICES TO LLEIN'S TO ALL MENTARS FOR THE COUNTES IN THE COMMUNITIES THAT CCHS SERVES. CFCHS CONTRACTS WITH A THE DESIGNATED COMMUNITY MEMBERS AS EXPORTS FOR THE COUNTES IN THE COMMUNITIES THAT CCHS SERVES AND 4,058 CHILDREN AND ADOLESCENTS RECEIVED IN BOTH THE MENTAL HEALTH AND SUBSTANCE ADUSE RORGANS. DURING THE FISCAL YEAR, AND ADOLESCENTS RECEIVED SUBSTANCE ABUSE SERVICES.</li> <li>(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )</li> <li>(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )</li> </ul>	-		-				
CENTRAL FLORIDA CARES HEALTH SYSTEM, INC. (CFCHS) IS A NON-PROFIT, 501(C)(3) ORGANIZATION ESTABLISHED BY A GROUP OF COMMUNITY PROVIDERS         FOR THE PURPOSE OF PROVIDING AFFORDABLE, HIGH-QUALITY SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES TO CHILDREN AND ADULTS IN FLORIDA         DEPARTMENT OF CHILDREN & FAMILLES' (DC) CIRCUITS 9 AND 18. CFCHS' BOARD OF DIRECTORS IS COMPRISED OF 25% PROVIDER AND ADDUTS IN FLORIDA         DEPARTMENT OF CHILDREN & FAMILLES' (DC) CIRCUITS 9 AND 18. CFCHS' BOARD OF DIRECTORS IS COMPRISED OF 25% PROVIDER AND 57% COMMUNITY         MEMBERS. SEE SCHEDULE O FOR MORE INFORMATION. CFCHS CONTRACTED WITH A NETWORK OF BEHAVIORAL HEALTH PROVIDER AGENCIES TO PROVIDE AN ARRAY OF SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES TO TIND SURANCE OR INADEQUATE INSURANCE COVERAGE. CFCHS' PROVIDERS HAVE A LONG HISTORY OF PROVIDING SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES IN THE COMMUNITY MENTAL CENTERS FOR THE COUNTIES IN ITS COVERAGE AREA. A SIGNIFICANT PERCENT OF THE CLIENTS WITH THE DESIGNATED CONTACTED WINDUPLICATED TOTAL OF 31, 580 INDIVIDUALS WERE SERVED IN BOTH THE MENTAL HEALTH AND SUBSTANCE ABUSE PROGRAMS. DURING THE FISCAL YEAR, 14,717 ADULTS AND 2,362 CHILDREN AND ADOLESCENTS RECEIVED MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES.         4b       (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )         COLD FOR MORE \$       (Including grants of \$ ) (Revenue \$ )	4	Section 5	01(c)(3) and 501(c)(4) organizatio	ons are required to report the am			
FOR THE PURPOSE OF PROVIDING AFFORDABLE, HIGH-QUALITY SUBSTANCE ABUŠE ÁND MENTAL HEALTH SERVICES TO CHILDREN & NAD ADULTS IN FLORIDA         DEPARTMENT OF CHILDREN & FAMILIES' (DCF) CIRCUITS 9 AND 18. CFCHS' BOARD OF DIRECTORS IS COMPRISED OF 25% PROVIDERS AND 75% COMMUNITY         MEMBERS. SEE SCHEDULE O FOR MORE INFORMATION.CFCHS CONTRACTED WITH A NETWORK OF BEHAVIORAL HEALTH PROVIDER AGENCIES TO PROVIDE AN         ARRAY OF SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES TO CLIENTS WITH NO INSURANCE OR INADEQUATE INSURANCE COVERAGE. CFCHS 'DROVIDERS         HAVE A LONG HISTORY OF PROVIDING SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES IN THE COMMUNITIES THAT CFCHS SERVES. CFCHS CONTRACTS WITH         THE DESIGNATED COMMUNITY MENTAL CENTERS FOR THE COUNTIES IN ITS COVERAGE AREA. A SIGNIFICANT PERCENT OF THE CLIENTS THAT CFCHS SERVES ARE HOMELESS OR INDIGENT.DURING THE FISCAL YEAR, AN UNDUPLICATED TOTAL OF 31,580 INDIVIDUALS WERE SERVED IN BOTH THE MENTAL HEALTH AND SUBSTANCE ABUSE PROGRAMS. DURING THE FISCAL YEAR, 14,717 ADULTS AND 2,362 CHILDREN AND ADOLESCENTS RECEIVED MENTAL HEALTH SERVICES. <b>4b</b> (Code:       ) (Expenses \$       including grants of \$       ) (Revenue \$       )	4a	(Code:	) (Expenses \$	91,037,676 including grants of	of \$	) (Revenue \$	)
		FOR THE P DEPARTME MEMBERS. ARRAY OF HAVE A LO THE DESIG HOMELESS SUBSTANC	URPOSE OF PROVIDING AFFORDABLE, H NT OF CHILDREN & FAMILIES' (DCF) CIF SEE SCHEDULE O FOR MORE INFORMAT SUBSTANCE ABUSE AND MENTAL HEALT NG HISTORY OF PROVIDING SUBSTANC GNATED COMMUNITY MENTAL CENTERS I O RINDIGENT.DURING THE FISCAL YEA E ABUSE PROGRAMS. DURING THE FISC	HIGH-QUALITY SUBSTANCE ABUSE AN RCUITS 9 AND 18. CFCHS' BOARD OF FION.CFCHS CONTRACTED WITH A NE H SERVICES TO CLIENTS WITH NO IN E ABUSE AND MENTAL HEALTH SERVI FOR THE COUNTIES IN ITS COVERAGI RR, AN UNDUPLICATED TOTAL OF 31,5 CAL YEAR, 14,717 ADULTS AND 2,362	D MENTAL HEALTH SERVI DIRECTORS IS COMPRIS ETWORK OF BEHAVIORAL ISURANCE OR INADEQUA CES IN THE COMMUNITIE E AREA. A SIGNIFICANT 80 INDIVIDUALS WERE S CHILDREN AND ADOLES(	ICES TO CHILDREN ED OF 25% PROVII HEALTH PROVIDEF TE INSURANCE CO ES THAT CFCHS SE SERCENT OF THE C SERVED IN BOTH TI CENTS RECEIVED N	I AND ADULTS IN FLORIDA DERS AND 75% COMMUNITY & AGENCIES TO PROVIDE AN VERAGE. CFCHS' PROVIDERS RVES. CFCHS CONTRACTS WITH LIENTS THAT CFCHS SERVES ARE HE MENTAL HEALTH AND
4c       (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )	4b	(Code:	) (Expenses \$	including grants of	of \$	) (Revenue \$	)
4c     (Code:     ) (Expenses \$ including grants of \$ ) (Revenue \$ )							
	4c	(Code:	) (Expenses \$	including grants of	of \$	) (Revenue \$	)

4d	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$	)		
4e	Total program service expenses     91,037,676	)		
		F	orm <b>99</b>	<b>0</b> (202)
	Page 3			
Form	990 (2021)			Page
Pa	t IV Checklist of Required Schedules		Vac	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete		Yes Yes	No
-	Schedule A 🕲	1	100	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions. $rac{99}{2}$	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III .			
		5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D</i> ,Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> 🗐	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 😼	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 🔞	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 📽	11a	Yes	
	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>	11b		No
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 😼	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> 😼	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🗐	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 😒	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 🗐	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional "	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			No

7/26/24, 4:54 PM	
------------------	--

Central Florida Cares Health S	vstem Inc - Full Filina-	Nonprofit Explorer - ProPublica

	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	INU
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions.	17	No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	No

Form **990** (2021)

	Page 4			
Farma				
	990 (2021) t IV Checklist of Required Schedules (continued)			Page 4
1 0			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5 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? If "Yes," complete Schedule L, Part II	26		No
27	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</i> ,Part III	27		No
28	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):			
а	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		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV			
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28b 28c		No No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M .	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		

7/26/24	, 4:54 PM Central Florida Cares Health System Inc - Full Filing- Nonprofit Explorer - ProPu	blica						
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No				
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>							
	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.							
Par	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			$\Box$				
	Enter the number was studie base 2 of Ferry 1000. Feter 0, if not emplicable 1, to 1		Yes	No				
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable       1a       4         Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable       1b       0							
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes					
				<b>0</b> (2021)				
				. ,				
	Page 5							
Fe une (	(2021)							
	990 (2021)			Page 5				
Par								
	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							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	2b	Yes					
	Did the organization have unrelated business gross income of $1,000$ or more during the year?	3a		No				
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b						
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).							
5a	<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?							
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No				
c	<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T?							
6a	a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?							
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?							
7	Organizations that may receive deductible contributions under section 170(c).							
а	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?							
b	• If "Yes," did the organization notify the donor of the value of the goods or services provided?							
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No				
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d							
_								
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No				
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as							
	required?	7g		<b></b>				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h						
	<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?	8						
9	Sponsoring organizations maintaining donor advised funds.							
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>				
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		<u> </u>				
	Section 501(c)(7) organizations. Enter:							
	Initiation fees and capital contributions included on Part VIII, line 12 <b>10a</b>							
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities							
	Section 501(c)(12) organizations. Enter:							
	Gross income from members or shareholders							
h	Gross income from other sources (Do not net amounts due or naid to other sources	1		•				

7/26/24	4.54 PM Central Florida Cares Health System Inc - Full Filing- Nonprofit Explorer - ProPu	ıblica		
-	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans <b>13b</b>			
с	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year? $\ldots$ .	14a		No
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess	14b		
	parachute payment(s) during the year?	15		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . If "Yes," complete Form 4720, Schedule O.	16		No
17	<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? If "Yes," complete Form 6069.	17		
		F	orm <b>99</b>	<b>0</b> (2021)
	Page 6			
	rage 0			
	990 (2021)			Page <b>6</b>
Par	tVI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	lo" resp	onse to	
Se	ction A. Governing Body and Management			
		r	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year1a20If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.1a20	-		
b	Enter the number of voting members included in line 1a, above, who are independent <b>1b</b> 20			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? $\cdot$	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
/a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code		Na
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	No No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the		Vac	<b> </b>
b	form?	11a	Yes	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on			
https://	projects.propublica.org/nonprofits/organizations/510448002/202320589349300537/full			

Central Florida	Caroo Hoalth	Svotom Inc	Eull Eiling	Nonprofit Ev	plarar DroDu	hling
Central Florida	Cares Health	System Inc -	Full Filling-	NONDFOLL EX	piorer - ProPu	piica

	Scneaule U now this was aone	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Form 1023 (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 in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records: DANIEL NYE 707 MENDHAM BLVD 201 ORLANDO, FL 32825 (407) 985-3562			
		F	orm <b>99</b>	<b>0</b> (2021)

Form 990 (2021)

7/26/24 4·54 PM

#### Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, Part VII 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.

Page 7

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

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

• List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee)

who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

 $\Box$ 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	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					er	compensation from the organization (W-	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099- MISC/1099- NEC)	(W-2/1099- MISC/1099- NEC)	organization and related organizations	
(1) R WAYNE HOLMES PRESIDENT	0.50	x		x				0	0	0	
(2) LUIS DELGADO VICE PRESIDENT	0.50	x		x				0	0	0	
(3) IAN GOLDEN SECRETARY	0.50	х		x				0	0	0	
(4) MARK BROMS	0.70	v									

https://projects.propublica.org/nonprofits/organizations/510448002/202320589349300537/full

Page 7

П

TREASURER		X	^			
(5) DEBBIE OWENS	0.40					
PAST PRESIDENT		Х			0 0	
(6) AMBER CARROLL DIRECTOR	0.30	х			о с	1
(7) VALERIE HOLMES DIRECTOR	0.30	х			o c	)
(8) BILL VINTROUX DIRECTOR	0.30	х			0 0	1
(9) JULES BRACE DIRECTOR	0.30	х			0 0	
(10) SHERRI GONZALES DIRECTOR	0.30	х			o c	1
(11) BABETTE HANKEY DIRECTOR	0.20	х			o c	ı
(12) KRISTEN HUGHES DIRECTOR	0.20	х			o c	1
(13) TRACY LUTZ DIRECTOR	0.30	х			o c	1
(14) LISA PORTELLI DIRECTOR	0.20	х			0 C	1
(15) NATALIE MULLETT DIRECTOR	0.20	х			0 0	
(16) THOMAS TODD DIRECTOR	0.30	х			0 0	
(17) ERIC WELCH	0.20	х			o c	)

Form **990** (2021)

Page **8** 

Form 990 (2021)

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

	1	1								
(A) Name and title	(B) Average hours per week (list any hours	than c is b	one bo	ox,ι n of	t ch unle fice	r and a	son	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099- MISC/1099- NEC)	(W-2/1099- MISC/1099- NEC)	organization and related organizations
(18) JOEL HUNTER DIRECTOR	0.20	х						0	0	0
(19) KEN PEACH DIRECTOR	0.60	×						0	0	0
(20) DONNA WALSH DIRECTOR	0.20	х						0	0	0
(21) MARIA BLEDSOE CHIEF EXECUTIVE OFFICER	40.00			x				156,625	0	13,345
	1			-	1	1				· · · · · · · · · · · · · · · · · · ·

40.00	Ι.			I I		J	al		
CHIEF FINANCIAL OFFICER		×			102,54	3	0		7,044
(23) TRINITY SCHAWB									
CHIEF OPERATIONS OFFICER			Х		113,00	1	0		10,509
	_	-				_			
40.00			х		110,17	8	0		11,886
CHIEF INFORMATION OFFICER		_							
(25) NIKAURY MUNOZ 40.00			х		107,034	4	0		11,147
CHIEF INFORMATION OFFICER							-		,
		_							
		_							
1b Sub-Total		1	•						
c Total from continuation sheets to Part VII, Section A	•		•						
<u>d</u> Total (add lines 1b and 1c)		1	•		589,381		0		53,931
2 Total number of individuals (including but not limited to those list	ed ab	ove) v	vho rec	eived mo	re than \$10	0,000			
of reportable compensation from the organization $\blacktriangleright$ 5									
								Yes	No
								163	
3 Did the organization list any former officer, director or trustee, k line 1a? If "Yes," complete Schedule J for such individual .		• •			•	mployee on			
	• •	•	• •	• •		• •	3		No
4 For any individual listed on line 1a, is the sum of reportable comp						the			
organization and related organizations greater than \$150,000? If	"Yes,	" com	plete S	chedule J	for such				
individual	•	• •	•	• • •		• • •	4	Yes	
<b>5</b> Did any person listed on line 1a receive or accrue compensation f	from a	ny un	related	l organiza	tion or indiv	idual for			
services rendered to the organization? If "Yes, " complete Schedule	e J for	such	person				5		No
Section B. Independent Contractors									
1 Complete this table for your five highest compensated independe	nt cor	tracto	re that	received	more than	#100 000 of cor	nnonc	ation	
from the organization. Report compensation for the calendar year							ilpens	ation	
(A)						(B)		(C)	
Name and business address						ption of services		Compen	
FIVE POINTS					TECHNOLOGY	SERVICES			282,833
PO BOX 37445									
TALLAHASSEE, FL 32315									
2 Total number of independent contractors (including but not limited t	to tho	se list	ed abo	ve) who r	eceived mor	re than \$100,00	0 of		
compensation from the organization $\blacktriangleright 1$				- / -					
								Form <b>990</b>	) (2021)
	Page	9 —							
	-								
Form 990 (2021)									Page 9
Part VIII Statement of Revenue									,
Check if Schedule O contains a response or note to any l	line in	this F	Part VIII						$\square$
		(A)	artviii		B)	(C)	<u> </u>	 (D)	
	Tota	l reve	nue		ted or	Unrelated		Reven	
					empt	business		excluded	
				fund	ction	revenue	ta	x under s 512 - 5	
Federated campaigns 1a				reve				512 .	/17
				reve	enue				
Contributions				reve	enue				
Contributions, <del>Cifts, Grants,</del>				reve	enue		I		
Contributions, <del>Sifts, Grants,</del> and Membership dues <b>1b</b>				reve	enue				
Cifta Cranta				reve	enue				
Sifts Grants, and Membership dues <u>1b</u> DtherAmt				reve	enue				
<del>Sifts, Grants,</del> and Membership dues1b				reve	enue				
Sifts, Grants, and Membership dues <u>1b</u> DtherAmt Similar AmoUNTS raising events <u>1c</u>				reve	enue				
Sifts Grants, and Membership dues <u>1b</u> DtherAmt				reve	enue				
Sifts, Grants, and Membership dues <u>1b</u> DtherAmt Similar Anfroting events <u>1c</u>				reve	enue				
Sifts, Grants, and Membership dues <u>1b</u> DtherAmt Similar Annotices <u>1c</u>				reve	enue				
Sifts, Grants, and Membership dues     1b       and Membership dues     1c       OtherAmt     1c       Similar     1c       Annotice     1d       d Related organizations     1d				reve	enue				

7/26/24, 4:54 PM (22) 2, 11122 1112

<ul> <li>f All other contributions, gifts, grants, and similar amounts not included above</li> <li>1f</li> </ul>				
g Noncash contributions included in lines 1a - 1f:\$ 1g				
<b>h Total.</b> Add lines 1a-1f	• • 93,939,616			
·	Business Code			
2a				
en				
, and the second s				
8	_			
	_			
i So				
Program Service Revenue	-			
<b>f</b> All other program service revenue.				
9 Total. Add lines 2a–2f			l	
<b>3</b> Investment income (including dividends,	interest, and other			
similar amounts)	•			
4 Income from investment of tax-exempt b				
5 Royalties	(ii) Personal			
6a Gross rents 6a				
b Less: rental expenses 6b				
c Rental income				
or (loss) 6c				
d Net rental income or (loss)	(ii) Other			
7a Gross amount				
from sales of assets other				
than inventory				
<b>b</b> Less: cost or other basis and <b>7b</b>				
sales expenses				
c Gain or (loss) 7c				
<b>d</b> Net gain or (loss)	· · · •	)		
<b>9</b> Gross income from fundraising events				
(not including \$ of contributions reported on line 1c). See Part IV, line 18 8a bl ess: direct expenses 8b				
See Part IV, line 18 · · · · 8a				
c Net income or (loss) from fundraising ev	ents 🕨	r		
Gross income from gaming activities.				
See Part IV, line 19 9a				
<b>b</b> Less: direct expenses 9b				
<b>c</b> Net income or (loss) from gaming activit	ies 🕨	r		
10aGross sales of inventory, less returns and allowances 10a				
<b>b</b> Less: cost of goods sold <b>10b</b>				
c Net income or (loss) from sales of invent	tory 🕨	• 		 
Miscellaneous Revenue	Business Code			
11a				

b	]				
с					
d All other revenue					
e Total. Add lines 11a–11d					
12 Total revenue. See instructions	· · · 🕨	93,939,616	0	0	0
					Form <b>990</b> (2021)

## ------ Page 10 ----

Form 990 (2021)

# Page **10**

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must of	amplete all columns	All other ergenizatio	no must complete col	
	-	_	-	
Check if Schedule O contains a response or note to ar	ny 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>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
<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.				
4 Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	304,846		304,846	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,204,269		1,204,269	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	65,238		65,238	
9 Other employee benefits	137,170		137,170	
<b>10</b> Payroll taxes	102,707		102,707	
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal	817		817	
<b>c</b> Accounting				
<b>d</b> Lobbying				
e Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<ul><li>g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)</li></ul>	91,324,319	91,037,676	286,643	
12 Advertising and promotion	62,032		62,032	
13 Office expenses	60,223		60,223	
<b>14</b> Information technology				
15 Royalties				
<b>16</b> Occupancy	179,400		179,400	
<b>17</b> Travel	6,623		6,623	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
<b>19</b> Conferences, conventions, and meetings	22,846		22,846	
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
22 Depreciation, depletion, and amortization	72,255		72,255	
23 Insurance	40,807		40,807	

24 Other expenses. Itemize expenses not covered above (List

https://projects.propublica.org/nonprofits/organizations/510448002/202320589349300537/full

l

l

## 7/26/24, 4:54 PM

## Central Florida Cares Health System Inc - Full Filing- Nonprofit Explorer - ProPublica

miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
a EQUIPMENT	24,781		24,781	
<b>b</b> OTHER EXPENSES	12,097		12,097	
c SUPPLIES	2,543		2,543	
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	93,622,973	91,037,676	2,585,297	0
<ul> <li>26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.</li> <li>Check here ► □ if following SOP 98-2 (ASC 958-720).</li> </ul>				
				Earm 000 (2021)

Form 990 (2021)

## ------ Page 11 ------

	Check if Schedule O contains a response or note to any line in this Part IX $\ .$			
				🗆
		<b>(A)</b> Beginning of year		<b>(B)</b> End of year
1	Cash-non-interest-bearing	11,042,526	1	18,249,920
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	7,717,572	4	8,340,421
5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
6	Loans and other receivables from other disqualified persons (as defined under section $4958(f)(1)$ ), and persons described in section $4958(c)(3)(B)$ .		6	
s 7	Notes and loans receivable, net		7	
ssets	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges	35,053	9	74,456
<b>10a</b>	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D <b>10a</b> 1,461,631			
ь	Less: accumulated depreciation <b>10b</b> 1,301,898	123,203	10c	159,733
11	Investments—publicly traded securities		11	
12	Investments—other securities. See Part IV, line 11		12	
13	Investments—program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11	26,375	15	26,375
16	Total assets. Add lines 1 through 15 (must equal line 33)	18,944,729	16	26,850,905
17	Accounts payable and accrued expenses	7,326,385	17	11,867,624
18	Grants payable		18	
19	Deferred revenue	7,073,267	19	8,223,522
20	Tax-exempt bond liabilities		20	
v) 21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22 Liabilities	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
<u> </u>	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	3,581,974		5,428,734
26	Total liabilities. Add lines 17 through 25	18,190,617	26	25,780,152
ances 27	Organizations that follow FASB ASC 958, check here F I and complete lines 27, 28, 32, and 33. Net assets without donor restrictions	754,112	27	1,070,753

## 7/26/24, 4:54 PM

## Central Florida Cares Health System Inc - Full Filing- Nonprofit Explorer - ProPublica

	-			
28	Net assets with donor restrictions		28	
29	Organizations that do not follow FASB ASC 958, check here  and complete lines 29 through 33. Capital stock or trust principal, or current funds		29	
30	Paid-in or capital surplus, or land, building or equipment fund		30	
31	Retained earnings, endowment, accumulated income, or other funds		31	
32	Total net assets or fund balances	754,112	32	1,070,753
33	Total liabilities and net assets/fund balances	18,944,729	33	26,850,905
				Form <b>990</b> (2021)

#### \_\_\_\_\_ Page 12 \_\_\_\_

Form	990 (2021)			Р	age <b>12</b>
Pa	rt XI Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		93,9	939,616
2	Total expenses (must equal Part IX, column (A), line 25)	2		93,6	522,973
3	Revenue less expenses. Subtract line 2 from line 1	3			316,643
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) .	4		7	754,112
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			-2
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10		1,0	070,753
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
			١	'es	No
1	Accounting method used to prepare the Form 990: Cash Z Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on				

	Schedule O.			1
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
	□ Separate basis □ Consolidated basis □ Both consolidated and separate basis			l
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	L
	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			l
с	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			l
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Form 990 (2021)

Yes

Зb

Form 990 (2021)	
Additional Data	Return to Form

efil	e Pul	blic Visual	Render	ObjectId: 2	20232058934930	0537 - Submi	ssion: 2023-(	02-27	FIN: 51-0448002
SC	HED	ULE A		Public	Charity Statu	s and Put	olic Suppo	ort	OMB No. 1545-0047
(Forr	n 990	)	Cor		rganization is a sect	ion 501(c)(3)	organization or		2021
Departi	ment of t	he Treasury			4947(a)(1) nonexe Attach to Form				
Interna	Revenu	le Service	•	Go to <u>www.irs</u>	<u>.gov/Form990</u> for in			rmation.	Open to Public Inspection
		he organiza						Employer identifi	
CENT	RAL FLC	RIDA CARES F	IEALTH SYSTEM	1 INC				51-0448002	
	rt I				us (All organization			See instructions.	
1 ne c 1	organiz		•		e it is: (For lines 1 thro ssociation of churches	5 ,	, ,		
2					1)(A)(ii). (Attach Sch			(A)(I):	
3					vice organization desc	-			
4				·	ed in conjunction with			2	- nter the hospital's
-	$\cup$		and state:			u nospital deseri			
5	$\square$				t of a college or unive	rsity owned or op	perated by a gov	ernmental unit descr	ibed in <b>section</b>
6				mplete Part II.)	) · governmental unit de	scribed in sectio	n 170(h)(1)(A	)(v)	
7				-	a substantial part of it				al public described in
-		section 17	70(b)(1)(A)	(vi). (Complete	e Part II.)		-	file of from the gene	
8			•		n 170(b)(1)(A)(vi).				
9					escribed in <b>170(b)(1)</b> ee instructions. Enter				lege or university or a
10		An organiza	ation that no	rmally receives:	(1) more than 331/3% nctions—subject to cer	6 of its support fr	rom contributions	s, membership fees,	and gross receipts
		investment	income and	unrelated busin	ess taxable income (le				organization after June
11	$\square$				omplete Part III.) d exclusively to test fo	r public safety. S	ee section 509	(a)(4).	
12		An organiza	ation organiz	ed and operated	d exclusively for the be	enefit of, to perfo	rm the functions	of, or to carry out t	ne purposes of one or
					described in <b>section 5</b> s the type of supportin				a)(3). Check the box
а		Type I. A	supporting or	ganization oper	ated, supervised, or c	ontrolled by its s	upported organiz	ation(s), typically by	
				er to regularly a ctions A and B	appoint or elect a majo •	ority of the direct	ors or trustees o	of the supporting org	anization. <b>You must</b>
b					ervised or controlled i ation vested in the sar				
		must com	plete Part I	V, Sections A	and C.	·	-		
С					supporting organizatio ions). <b>You must com</b>				ated with, its
d					<b>d.</b> A supporting organi n generally must satis				nization(s) that is not
		instruction	s). You mus	t complete Pa	rt IV, Sections A and	Í D, and Part V.			
е					ved a written determir integrated supporting		RS that it is a Ty	pe I, Type II, Type II	I functionally
f	Enter							<u>.</u>	
g		de the follow Name of supp	2	ion about the su (ii) EIN	upported organization( (iii) Type of		anization listed	(v) Amount of	(vi) Amount of
	(1)	organizatio			organization	in your govern		monetary support	other support (see
					(described on lines 1- 10 above (see			(see instructions)	instructions)
					instructions))				
						Yes	No		
				I					
Take									
Tota For F		work Reduc	tion Act No	tice, see the I	nstructions for	Cat. No. 11285	δF	Schedule	A (Form 990) 2021
Form	n 990	or 990-EZ.							
					Pa	ge 2			
					ra	<u> </u>			
Sche	dule A	(Form 990)	2021						Page <b>2</b>
Ра	rt II				zations Described				
					ne box on line 5, 7, ify under the tests l				alify under Part III.
		n A. Public							
	ndar Inroiec		ora/popprofi	I te/organizatione	I /510448002/20232058	I 203/0300537/full	I	1	1

https://projects.propublica.org/nonprofits/organizations/510448002/202320589349300537/full the state of the

	24, 4:54 PM	Central Flori	da Cares Health S	ystem Inc - Full Fil	ling- Nonprofit Exp	lorer - ProPublica	
	r fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.").	71,612,403	81,689,083	80,755,264	80,586,134	93,939,616	408,582,500
2	Tax revenues levied for the organization's benefit and either						
	paid to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
4	<b>Total.</b> Add lines 1 through 3	71,612,403	81,689,083	80,755,264	80,586,134	93,939,616	408,582,500
5	The portion of total contributions by each person (other than a						
	governmental unit or publicly supported organization) included on						
	line 1 that exceeds 2% of the amount shown on line 11, column						
_	(f)						
6	<b>Public support.</b> Subtract line 5 from line 4.						408,582,500
	Section B. Total Support lendar year						
	r fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 8	Amounts from line 4 Gross income from interest,	71,612,403	81,689,083	80,755,264	80,586,134	93,939,616	408,582,500
Ŭ	dividends, payments received on securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated						
	business activities, whether or not the business is regularly carried on						
10	 Other income. Do not include gain						
10	or loss from the sale of capital						
11	assets (Explain in Part VI.) Total support. Add lines 7 through						408,582,500
12	10 Gross receipts from related activities,	etc. (see instructi	ons)	 		12	
13	First 5 years. If the Form 990 is for t	the organization's	first, second, third	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organ	ization, check
	this box and <b>stop here</b>					► 🗆	
	Section C. Computation of Publi	••	-			T T	
	Public support percentage for 2021 (li Public support percentage for 2020 Sc					14 15	100.000 % 100.000 %
	33 1/3% support test—2021. If the						
Ł	and <b>stop here.</b> The organization qual <b>33</b> 1/3% <b>support test—2020.</b> If th						
17a	box and <b>stop here.</b> The organization <b>10%-facts-and-circumstances tes</b> and if the organization meets the "fac	t-2021. If the or	rganization did not	check a box on li	ne 13, 16a, or 16b	, and line 14 is 10	% or more,
	meets the "facts-and-circumstances"			-	•	-	
t	10%-facts-and-circumstances te	<b>st—2020.</b> If the c	organization did no	ot check a box on I	line 13, 16a, 16b,	or 17a, and line 15	5 is 10% or
	more, and if the organization meets meets the "facts-and-circumstances"						_
18	Private foundation. If the organizat	ion did not check	a box on line 13, 1	l6a, 16b, 17a, or 1	17b, check this bo	and see	
	instructions						▶ □ Form 990) 2021
						Schedule A (I	0111 330) 2021
			Page 3				
Sch	edule A (Form 990) 2021						Page <b>3</b>
	Part III Support Schedule f (Complete only if you					d to qualify und	or Dort II If
	the organization fails						
	Section A. Public Support						
	lendar year r fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
2	include any "unusual grants.") .						
~					-		-

	merenanaise sola or services	
	performed, or facilities furnished in	
	any activity that is related to the	
	organization's tax-exempt purpose	
3	Gross receipts from activities that are	
	not an intelated thad at hisings	-

merchandise sold or services

7/26/2	4, 4:54 PM	Central Florida	a Cares Health Sy	stem Inc - Full F	iling- Nonprofit Exp	lorer - ProPublic	ca			
	not an unrelated trade of pushess under section 513		1		1					
4	Tax revenues levied for the									
-	organization's benefit and either paid									
5	to or expended on its behalf The value of services or facilities									
5	furnished by a governmental unit to									
-	the organization without charge					_				
6	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and					-				
/a	3 received from disqualified persons									
b	Amounts included on lines 2 and 3									
	received from other than disqualified persons that exceed the greater of									
	\$5,000 or 1% of the amount on line									
	13 for the year.									
	Add lines 7a and 7b.					_				
8	<b>Public support.</b> (Subtract line 7c from line 6.)									
Se	ction B. Total Support	•				•				
	endar year	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f)	Total		
-	fiscal year beginning in) 🕨	(4) 2017	(5) 2010	(0) 2013	(4) 2020	(0) 2021	(.)	local		
9 10a	Amounts from line 6 Gross income from interest,									
100	dividends, payments received on									
	securities loans, rents, royalties and income from similar sources.									
b	Unrelated business taxable income									
	(less section 511 taxes) from									
	businesses acquired after June 30, 1975.									
с	Add lines 10a and 10b.									
11	Net income from unrelated business									
	activities not included on line 10b, whether or not the business is									
	regularly carried on.									
12	Other income. Do not include gain or loss from the sale of capital assets									
	(Explain in Part VI.)									
13	Total support. (Add lines 9, 10c,									
14	11, and 12.) First 5 years. If the Form 990 is for t	he organization's	first, second, thir	d, fourth, or fifth	n tax year as a sect	tion 501(c)(3) c	organizati	on, ch	eck	
	-	-			-		-		_	
	this box and <b>stop here</b>								_	
Se	this box and stop here.	Support Perce	entage							
<u>Se</u> 15	ection C. Computation of Public Public support percentage for 2021 (lin	Support Perce ne 8, column (f) c	<b>entage</b> divided by line 13,	, column (f))		15				
	ction C. Computation of Public	Support Perce ne 8, column (f) c	<b>entage</b> divided by line 13,	, column (f))						
15 16 Se	ction C. Computation of Public Public support percentage for 2021 (lin Public support percentage from 2020 section D. Computation of Invest	Support Perce ne 8, column (f) c Schedule A, Part I ment Income	entage divided by line 13, III, line 15 Percentage	, column (f)) .   .		15				
15 16 Se 17	Ction C. Computation of Public           Public support percentage for 2021 (lin           Public support percentage from 2020 S           Ction D. Computation of Invest           Investment income percentage for 20	Support Perce ne 8, column (f) c Schedule A, Part I ment Income 21 (line 10c, colu	entage divided by line 13, III, line 15 Percentage Imn (f) divided by	, column (f))	(f))	15 16 17				
15 16 Se 17 18	Investment income percentage for 2021           Restaurce           Public support percentage for 2020           Restaurce           Public support percentage from 2020           Restaurce           Restaurce <th>Support Perce ne 8, column (f) c Schedule A, Part I ment Income 21 (line 10c, colu 2020 Schedule A,</th> <th>entage divided by line 13, III, line 15 Percentage Imn (f) divided by Part III, line 17 .</th> <th>. column (f)) </th> <th>(f))</th> <th>15 16 17 18</th> <th></th> <th></th> <th></th>	Support Perce ne 8, column (f) c Schedule A, Part I ment Income 21 (line 10c, colu 2020 Schedule A,	entage divided by line 13, III, line 15 Percentage Imn (f) divided by Part III, line 17 .	. column (f)) 	(f))	15 16 17 18				
15 16 Se 17 18	Action C. Computation of PublicPublic support percentage for 2021 (linPublic support percentage from 2020 stateCtion D. Computation of InvestInvestment income percentage for 20Investment income percentage from 233 1/3% support tests-2021. If the	Support Perce ne 8, column (f) c Schedule A, Part I ment Income 21 (line 10c, colu 2020 Schedule A, organization did	entage divided by line 13, III, line 15 Percentage Imn (f) divided by Part III, line 17 . not check the box	column (f))	(f))	15 16 17 18 an 33 1/3%, and	line 17 is	s not		
15 16 5e 17 18 19a	<ul> <li>ction C. Computation of Public</li> <li>Public support percentage for 2021 (lin</li> <li>Public support percentage from 2020 section D. Computation of Invest</li> <li>Investment income percentage for 20</li> <li>Investment income percentage from 2</li> <li>33 1/3% support tests-2021. If the</li> <li>more than 33 1/3%, check this box and</li> </ul>	Support Perce ne 8, column (f) c Schedule A, Part I ment Income 21 (line 10c, colu 2020 Schedule A, organization did id stop here. The	divided by line 13, III, line 15 Percentage Imn (f) divided by Part III, line 17 . not check the box organization qual	column (f))	(f))	<b>15</b> <b>16</b> <b>17</b> <b>18</b> an 33 1/3%, and zation	line 17 is	s not		
15 16 5e 17 18 19a	<ul> <li>Action C. Computation of Public</li> <li>Public support percentage for 2021 (lin</li> <li>Public support percentage from 2020 section D. Computation of Invest</li> <li>Investment income percentage for 20</li> <li>Investment income percentage from 2</li> <li>33 1/3% support tests-2021. If the</li> <li>more than 33 1/3%, check this box and</li> <li>33 1/3% support tests-2020. If the</li> </ul>	Support Perce ne 8, column (f) c Schedule A, Part I ment Income 21 (line 10c, colu 2020 Schedule A, organization did d stop here. The e organization did	divided by line 13, III, line 15 Percentage Imn (f) divided by Part III, line 17 . not check the box organization qual I not check a box	column (f))	(f))	<b>15</b> <b>16</b> <b>17</b> <b>18</b> an 33 1/3%, and zation s more than 33	line 17 is	s not		
15 16 Se 17 18 19a b	<b>action C. Computation of Public</b> Public support percentage for 2021 (lin Public support percentage from 2020 section <b>D. Computation of Invest</b> Investment income percentage for <b>20</b> Investment income percentage from <b>2</b> <b>33</b> 1/3% support tests-2021. If the more than 33 1/3%, check this box and <b>33</b> 1/3% support tests-2020. If the not more than 33 1/3%, check this box	Support Perce ne 8, column (f) c Schedule A, Part I ment Income 21 (line 10c, colu 020 Schedule A, organization did d stop here. The e organization did c and stop here.	divided by line 13, III, line 15 Percentage Imn (f) divided by Part III, line 17 . not check the box organization qual I not check a box The organization	r column (f))	(f))	15 16 17 18 an 33 1/3%, and zation s more than 33 ganization	line 17 is  1/3% and 	s not		
15 16 5e 17 18 19a	<ul> <li>Action C. Computation of Public</li> <li>Public support percentage for 2021 (lin</li> <li>Public support percentage from 2020 section D. Computation of Invest</li> <li>Investment income percentage for 20</li> <li>Investment income percentage from 2</li> <li>33 1/3% support tests-2021. If the</li> <li>more than 33 1/3%, check this box and</li> <li>33 1/3% support tests-2020. If the</li> </ul>	Support Perce ne 8, column (f) c Schedule A, Part I ment Income 21 (line 10c, colu 020 Schedule A, organization did d stop here. The e organization did c and stop here.	divided by line 13, III, line 15 Percentage Imn (f) divided by Part III, line 17 . not check the box organization qual I not check a box The organization	r column (f))	(f))	15 16 17 18 an 33 1/3%, and zation s more than 33 ganization e instructions .	line 17 is  1/3% and 	s not d line :	18 is	
15 16 Se 17 18 19a b	<b>action C. Computation of Public</b> Public support percentage for 2021 (lin Public support percentage from 2020 section <b>D. Computation of Invest</b> Investment income percentage for <b>20</b> Investment income percentage from <b>2</b> <b>33</b> 1/3% support tests-2021. If the more than 33 1/3%, check this box and <b>33</b> 1/3% support tests-2020. If the not more than 33 1/3%, check this box	Support Perce ne 8, column (f) c Schedule A, Part I ment Income 21 (line 10c, colu 020 Schedule A, organization did d stop here. The e organization did c and stop here.	divided by line 13, III, line 15 Percentage Imn (f) divided by Part III, line 17 . not check the box organization qual I not check a box The organization	r column (f))	(f))	15 16 17 18 an 33 1/3%, and zation s more than 33 ganization	line 17 is  1/3% and 	s not d line :	18 is	
15 16 Se 17 18 19a b	<b>action C. Computation of Public</b> Public support percentage for 2021 (lin Public support percentage from 2020 section <b>D. Computation of Invest</b> Investment income percentage for <b>20</b> Investment income percentage from <b>2</b> <b>33</b> 1/3% support tests-2021. If the more than 33 1/3%, check this box and <b>33</b> 1/3% support tests-2020. If the not more than 33 1/3%, check this box	Support Perce ne 8, column (f) c Schedule A, Part I ment Income 21 (line 10c, colu 020 Schedule A, organization did d stop here. The e organization did c and stop here.	divided by line 13, III, line 15 Percentage Imn (f) divided by Part III, line 17 . not check the box organization qual I not check a box The organization a box on line 14,	r column (f))	(f))	15 16 17 18 an 33 1/3%, and zation s more than 33 ganization e instructions .	line 17 is  1/3% and 	s not d line :	18 is	
15 16 Se 17 18 19a b	<b>action C. Computation of Public</b> Public support percentage for 2021 (lin Public support percentage from 2020 section <b>D. Computation of Invest</b> Investment income percentage for <b>20</b> Investment income percentage from <b>2</b> <b>33</b> 1/3% support tests-2021. If the more than 33 1/3%, check this box and <b>33</b> 1/3% support tests-2020. If the not more than 33 1/3%, check this box	Support Perce ne 8, column (f) c Schedule A, Part I ment Income 21 (line 10c, colu 020 Schedule A, organization did d stop here. The e organization did c and stop here.	divided by line 13, III, line 15 Percentage Imn (f) divided by Part III, line 17 . not check the box organization qual I not check a box The organization	r column (f))	(f))	15 16 17 18 an 33 1/3%, and zation s more than 33 ganization e instructions .	line 17 is  1/3% and 	s not d line :	18 is	
15 16 Se 17 18 19a b 20	<ul> <li>Action C. Computation of Public</li> <li>Public support percentage for 2021 (lin</li> <li>Public support percentage from 2020 section D. Computation of Invest</li> <li>Investment income percentage for 20</li> <li>Investment income percentage from 2</li> <li>33 1/3% support tests-2021. If the more than 33 1/3%, check this box and 33 1/3% support tests—2020. If the not more than 33 1/3%, check this box</li> <li>Private foundation. If the organization</li> </ul>	Support Perce ne 8, column (f) c Schedule A, Part I ment Income 21 (line 10c, colu 020 Schedule A, organization did d stop here. The e organization did c and stop here.	divided by line 13, III, line 15 Percentage Imn (f) divided by Part III, line 17 . not check the box organization qual I not check a box The organization a box on line 14,	r column (f))	(f))	15 16 17 18 an 33 1/3%, and zation s more than 33 ganization e instructions .	line 17 is  1/3% and 	s not d line : 990)	18 is 2021	
15 16 Se 17 18 19a b 20	ction C. Computation of Public Public support percentage for 2021 (lin Public support percentage from 2020 section D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2 33 1/3% support tests-2021. If the more than 33 1/3%, check this box and 33 1/3% support tests-2020. If the not more than 33 1/3%, check this box Private foundation. If the organizati	Support Perce ne 8, column (f) of Schedule A, Part I ment Income 21 (line 10c, colu 020 Schedule A, organization did d stop here. The e organization did c and stop here. on did not check	divided by line 13, III, line 15 Percentage Imn (f) divided by Part III, line 17 . not check the box organization qual I not check a box The organization a box on line 14,	r column (f))	(f))	15 16 17 18 an 33 1/3%, and zation s more than 33 ganization e instructions .	line 17 is  1/3% and 	s not d line : 990)	18 is	
15 16 Se 17 18 19a b 20	tion C. Computation of Public Public support percentage for 2021 (lin Public support percentage from 2020 section D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2 33 1/3% support tests-2021. If the more than 33 1/3%, check this box and 33 1/3% support tests-2020. If the not more than 33 1/3%, check this box Private foundation. If the organization dule A (Form 990) 2021 t IV Supporting Organization	Support Perce ne 8, column (f) of Schedule A, Part I ment Income 21 (line 10c, colu 020 Schedule A, organization did d stop here. The e organization did c and stop here. on did not check	divided by line 13, III, line 15 Percentage Imn (f) divided by Part III, line 17 . not check the box organization qual not check a box The organization a box on line 14, Page 4	column (f))	(f))	15 16 17 18 an 33 1/3%, and zation s more than 33 ganization e instructions . Schedule A	line 17 is  1/3% and 	s not d line : 990)	18 is 2021	
15 16 Se 17 18 19a b 20	Action C. Computation of Public Public support percentage for 2021 (lin Public support percentage from 2020 section D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2 33 1/3% support tests-2021. If the more than 33 1/3%, check this box and 33 1/3% support tests—2020. If the not more than 33 1/3%, check this box Private foundation. If the organization dule A (Form 990) 2021 t IV Supporting Organization (Complete only if you checked	Support Perce ne 8, column (f) of Schedule A, Part I ment Income 21 (line 10c, colu 2020 Schedule A, organization did d stop here. The e organization did c and stop here. on did not check a box on line 12 of	entage         divided by line 13,         III, line 15         Percentage         umn (f) divided by         Part III, line 17 .         not check the box         organization qual         I not check a box         The organization         a box on line 14,         Page 4         of Part I. If you ch	column (f))	(f))	15 16 17 18 an 33 1/3%, and zation s more than 33 ganization e instructions . Schedule A Sections A and	line 17 is  1/3% and  A (Form B. If you	s not d line : <b>990)</b>	18 is 2021 age 4	
15 16 Se 17 18 19a b 20	tion C. Computation of Public Public support percentage for 2021 (lin Public support percentage from 2020 state <b>ction D. Computation of Invest</b> Investment income percentage for 20 Investment income percentage from 2 33 1/3% support tests-2021. If the more than 33 1/3%, check this box and 33 1/3% support tests-2020. If the not more than 33 1/3%, check this box Private foundation. If the organization dule A (Form 990) 2021 t IV Supporting Organization	Support Perce ne 8, column (f) of Schedule A, Part I ment Income 21 (line 10c, colu 020 Schedule A, organization did d stop here. The e organization did and stop here. The e organization did and stop here. The e organization did and stop here. The e organization did a box on line 12 of ections A and C. If	entage divided by line 13, III, line 15 Percentage Imm (f) divided by Part III, line 17 . not check the box organization qual I not check a box The organization a box on line 14, Page 4 of Part I. If you chef f you checked box	column (f))	(f))	15 16 17 18 an 33 1/3%, and zation s more than 33 ganization e instructions . Schedule A Sections A and	line 17 is  1/3% and  A (Form B. If you	s not d line : <b>990)</b>	18 is 2021 age 4	
15 16 5e 17 18 19a b 20 Schee Par	Action C. Computation of Public         Public support percentage for 2021 (lin         Public support percentage from 2020 section D. Computation of Invest         Investment income percentage for 20         Investment income percentage for 2         33 1/3% support tests-2021. If the         more than 33 1/3%, check this box and         33 1/3% support tests-2020. If the         not more than 33 1/3%, check this box         Private foundation. If the organization         dule A (Form 990) 2021         t IV       Supporting Organization         (Complete only if you checked box 12b, of Part I, complete Second	Support Perce ne 8, column (f) of Schedule A, Part I ment Income 21 (line 10c, colu 020 Schedule A, organization did d stop here. The e organization did and stop here. The e organization did and stop here. The e organization did a dot of here. The organizati	entage divided by line 13, III, line 15 Percentage Imm (f) divided by Part III, line 17 . not check the box organization qual I not check a box The organization a box on line 14, Page 4 of Part I. If you chef f you checked box	column (f))	(f))	15 16 17 18 an 33 1/3%, and zation s more than 33 ganization e instructions . Schedule A Sections A and	line 17 is  1/3% and  A (Form B. If you	s not d line : <b>990)</b>	18 is 2021 age 4	
15 16 5e 17 18 19a b 20 Schee Par	Action C. Computation of Public         Public support percentage for 2021 (lin         Public support percentage from 2020 section D. Computation of Invest         Investment income percentage for 20         Investment income percentage for 2         33 1/3% support tests-2021. If the         more than 33 1/3%, check this box and         33 1/3% support tests-2020. If the         not more than 33 1/3%, check this box         Private foundation. If the organization         dule A (Form 990) 2021         t IV         Supporting Organization         (Complete only if you checked box 12b, of Part I, complete Section	Support Perce ne 8, column (f) of Schedule A, Part I ment Income 21 (line 10c, colu 020 Schedule A, organization did d stop here. The e organization did and stop here. The e organization did and stop here. The e organization did a dot of here. The organizati	entage divided by line 13, III, line 15 Percentage Imm (f) divided by Part III, line 17 . not check the box organization qual I not check a box The organization a box on line 14, Page 4 of Part I. If you chef f you checked box	column (f))	(f))	15 16 17 18 an 33 1/3%, and zation s more than 33 ganization e instructions . Schedule A Sections A and	line 17 is  1/3% and  A (Form B. If you you check	s not d line : <b>990)</b>	18 is 2021 age 4	
15 16 5e 17 18 19a b 20 Schee Par	Action C. Computation of Public         Public support percentage for 2021 (lin         Public support percentage from 2020 section D. Computation of Invest         Investment income percentage for 20         Investment income percentage from 2         33 1/3% support tests-2021. If the         more than 33 1/3%, check this box and         33 1/3% support tests-2020. If the         not more than 33 1/3%, check this box         Private foundation. If the organization         (Complete only if you checked box 12b, of Part I, complete Section         ction A. All Supporting Organization's supported	Support Perce ne 8, column (f) of Schedule A, Part I ment Income 21 (line 10c, colu 2020 Schedule A, organization did d stop here. The e organization did and stop here. The e organization did and stop here. The e organization did and stop here. The e organization did a socon did not check of ections A and C. If ins A and D, and c cations organizations list	entage divided by line 13, III, line 15 Percentage Imn (f) divided by Part III, line 17 . not check the box organization qual I not check a box The organization a box on line 14, Page 4 of Part I. If you ch f you checked box complete Part V.) ted by name in th	column (f))	(f))	15         16         17         18         an 33 1/3%, and         zation         s more than 33         ganization         e instructions .         Schedule A         Sections A and         A, D, and E. If y         nts?	line 17 is  1/3% and  A (Form B. If you you check	s not d line : <b>990)</b> Pa u check ed boy	18 is 2021 age 4	
15 16 Se 17 18 19a b 20 Schee Par	Action C. Computation of Public         Public support percentage for 2021 (lin         Public support percentage from 2020 section D. Computation of Invest         Investment income percentage for 20         Investment income percentage for 20         33 1/3% support tests-2021. If the         more than 33 1/3%, check this box and         33 1/3% support tests-2020. If the         not more than 33 1/3%, check this box         Private foundation. If the organization         (Complete only if you checked box 12b, of Part I, complete Section         ction A. All Supporting Organization's supported If "No," describe in Part VI how the s	Support Perce ne 8, column (f) of Schedule A, Part I ment Income 21 (line 10c, colu 020 Schedule A, organization did d stop here. The e organization did and stop here. The e organization did and stop here. The e organization did a down here. The e organization did a down here. The	entage divided by line 13, III, line 15 Percentage Imn (f) divided by Part III, line 17 . not check the box organization qual I not check a box The organization a box on line 14, Page 4 of Part I. If you che f you checked box complete Part V.) ted by name in the ations are designation	column (f))	(f))	15         16         17         18         an 33 1/3%, and         zation         s more than 33         ganization         e instructions .         Schedule A         Sections A and         A, D, and E. If y         nts?	line 17 is  1/3% and  A (Form B. If you rou check	s not d line : <b>990)</b> Pa u check ed boy	18 is 2021 age 4	
15 16 Se 17 18 19a b 20 Schee Par 5 Se 1	ction C. Computation of Public         Public support percentage for 2021 (lin         Public support percentage from 2020 section D. Computation of Invest         Investment income percentage for 20         Investment income percentage for 2         33 1/3% support tests-2021. If the         more than 33 1/3%, check this box and         33 1/3% support tests-2020. If the         note than 33 1/3%, check this box and         33 1/3% support tests-2020. If the         note than 33 1/3%, check this box and         33 1/3% support tests-2020. If the         note than 33 1/3%, check this box         Private foundation. If the organization         (Complete only if you checked         box 12b, of Part I, complete Section         Complete only if you checked         box 12b, of Part I, complete Section         Tettion A. All Supporting Organization         Are all of the organization's supported         If "No," describe in Part VI how the s         describe the designation. If historic and	Support Perce ne 8, column (f) of Schedule A, Part I ment Income 21 (line 10c, colu 020 Schedule A, organization did d stop here. The e organization did a and stop here. The e organization did a box on line 12 of ections A and C. If in a A and D, and c. istions organizations list upported organizations list d continuing relations	entage divided by line 13, III, line 15 Percentage Imn (f) divided by Part III, line 17 . not check the box organization qual I not check a box The organization a box on line 14, Page 4 of Part I. If you che f you checked box complete Part V.) ted by name in the ations are designations tionship, explain.	column (f))	(f))	15         16         17         18         an 33 1/3%, and         zation         s more than 33         ganization         s chedule A         Sections A and         A, D, and E. If y         nts?         ose,	line 17 is  1/3% and  A (Form B. If you you check	s not d line : <b>990)</b> Pa u check ed boy	18 is 2021 age 4	
15 16 Se 17 18 19a b 20 Schee Par	ction C. Computation of Public         Public support percentage for 2021 (lin         Public support percentage from 2020 3         ction D. Computation of Invest         Investment income percentage for 20         Investment income percentage from 2         33 1/3% support tests-2021. If the         more than 33 1/3%, check this box and         33 1/3% support tests-2020. If the         not more than 33 1/3%, check this box and         33 1/3% support tests-2020. If the         not more than 33 1/3%, check this box         Private foundation. If the organization         (Complete foundation. If the organization         (Complete only if you checked         box 12b, of Part I, complete Section         Ction A. All Supporting Organiz         Are all of the organization's supported         If "No," describe in Part VI how the s         describe the designation. If historic and         Did the organization have any support	Support Perce ne 8, column (f) of Schedule A, Part I ment Income 21 (line 10c, colu 020 Schedule A, organization did d stop here. The e organization did c and stop here. The e organization did scale of the stop here. organizations list upported organization til red organization til	entage divided by line 13, III, line 15 Percentage Imm (f) divided by Part III, line 17 . not check the box organization qual I not check a box The organization a box on line 14, Page 4 of Part I. If you ch f you checked box complete Part V.) ted by name in the ations are designationship, explain. hat does not have	ecked box 12a, calculation's e organization's ean IRS determine	(f))	15         16         17         18         an 33 1/3%, and         zation         s more than 33         ganization         s chedule A         Schedule A         Sections A and         A, D, and E. If y         nts?         ose,         der section	line 17 is  1/3% and  A (Form B. If you rou check	s not d line : <b>990)</b> Pa u check ed boy	18 is 2021 age 4	
15 16 Se 17 18 19a b 20 Schee Par 5 Se 1	ction C. Computation of Public         Public support percentage for 2021 (lin         Public support percentage from 2020 section D. Computation of Invest         Investment income percentage for 20         Investment income percentage for 2         33 1/3% support tests-2021. If the         more than 33 1/3%, check this box and         33 1/3% support tests-2020. If the         note than 33 1/3%, check this box and         33 1/3% support tests-2020. If the         note than 33 1/3%, check this box and         33 1/3% support tests-2020. If the         note than 33 1/3%, check this box         Private foundation. If the organization         (Complete only if you checked         box 12b, of Part I, complete Section         Complete only if you checked         box 12b, of Part I, complete Section         Tettion A. All Supporting Organization         Are all of the organization's supported         If "No," describe in Part VI how the s         describe the designation. If historic and	Support Perce ne 8, column (f) of Schedule A, Part I ment Income 21 (line 10c, colu 020 Schedule A, organization did d stop here. The e organization did c and stop here. The e organization did scale of the stop here. organizations list upported organization til red organization til	entage divided by line 13, III, line 15 Percentage Imm (f) divided by Part III, line 17 . not check the box organization qual I not check a box The organization a box on line 14, Page 4 of Part I. If you ch f you checked box complete Part V.) ted by name in the ations are designationship, explain. hat does not have	ecked box 12a, calculation's e organization's ean IRS determine	(f))	15         16         17         18         an 33 1/3%, and         zation         s more than 33         ganization         s chedule A         Schedule A         Sections A and         A, D, and E. If y         nts?         ose,         der section	line 17 is 	s not d line : <b>990)</b> Pa u check ed boy	18 is 2021 age 4	
15 16 Se 17 18 19a b 20 Schee Par 1 2	ction C. Computation of Public         Public support percentage for 2021 (lin         Public support percentage from 2020 section D. Computation of Invest         Investment income percentage for 20         Investment income percentage from 2         33 1/3% support tests-2021. If the         more than 33 1/3%, check this box and         33 1/3% support tests-2020. If the         note than 33 1/3%, check this box and         33 1/3% support tests-2020. If the         note than 33 1/3%, check this box and         33 1/3% support tests-2020. If the         note than 33 1/3%, check this box         Private foundation. If the organization         (Complete only if you checked         box 12b, of Part I, complete Section         Complete only if you checked         box 12b, of Part I, complete Section         Are all of the organization's supported         If "No," describe in Part VI how the s         describe the designation. If historic and         Did the organization have any support         Did the organization have any support         Did the organization have any support <td col<="" th=""><th>Support Perce ne 8, column (f) of Schedule A, Part I ment Income 21 (line 10c, colu 020 Schedule A, organization did d stop here. The e organization did and stop here. The e organization did and stop here. The e organization did and stop here. The e organization did a stop here. The e organization did stop here. The e organization did stop here. The e organization did a stop here. The stop here. The e organization did a stop here. The stop here. The e organization did a stop here. The stop here.</th><th>entage         divided by line 13,         III, line 15         Percentage         umn (f) divided by         Part III, line 17 .         not check the box         organization qual         I not check the box         organization qual         I not check a box         The organization         a box on line 14,         Page 4         of Part I. If you che         f you checked box         complete Part V.)         ted by name in th         ations are designation         torganization deter</th><th>e organization's othermised that the s</th><th>(f))</th><th>15         16         17         18         an 33 1/3%, and         zation         s more than 33         ganization         s more than 33         ganization         s more than 33         ganization         e instructions .         Schedule A         Sections A and         A, D, and E. If y         nts?         ose,         der section         tion was</th><th>line 17 is </th><th>s not d line : <b>990)</b> Pa u check ed boy</th><th>18 is 2021 age 4</th></td>	<th>Support Perce ne 8, column (f) of Schedule A, Part I ment Income 21 (line 10c, colu 020 Schedule A, organization did d stop here. The e organization did and stop here. The e organization did and stop here. The e organization did and stop here. The e organization did a stop here. The e organization did stop here. The e organization did stop here. The e organization did a stop here. The stop here. The e organization did a stop here. The stop here. The e organization did a stop here. The stop here.</th> <th>entage         divided by line 13,         III, line 15         Percentage         umn (f) divided by         Part III, line 17 .         not check the box         organization qual         I not check the box         organization qual         I not check a box         The organization         a box on line 14,         Page 4         of Part I. If you che         f you checked box         complete Part V.)         ted by name in th         ations are designation         torganization deter</th> <th>e organization's othermised that the s</th> <th>(f))</th> <th>15         16         17         18         an 33 1/3%, and         zation         s more than 33         ganization         s more than 33         ganization         s more than 33         ganization         e instructions .         Schedule A         Sections A and         A, D, and E. If y         nts?         ose,         der section         tion was</th> <th>line 17 is </th> <th>s not d line : <b>990)</b> Pa u check ed boy</th> <th>18 is 2021 age 4</th>	Support Perce ne 8, column (f) of Schedule A, Part I ment Income 21 (line 10c, colu 020 Schedule A, organization did d stop here. The e organization did and stop here. The e organization did and stop here. The e organization did and stop here. The e organization did a stop here. The e organization did stop here. The e organization did stop here. The e organization did a stop here. The stop here. The e organization did a stop here. The stop here. The e organization did a stop here. The stop here.	entage         divided by line 13,         III, line 15         Percentage         umn (f) divided by         Part III, line 17 .         not check the box         organization qual         I not check the box         organization qual         I not check a box         The organization         a box on line 14,         Page 4         of Part I. If you che         f you checked box         complete Part V.)         ted by name in th         ations are designation         torganization deter	e organization's othermised that the s	(f))	15         16         17         18         an 33 1/3%, and         zation         s more than 33         ganization         s more than 33         ganization         s more than 33         ganization         e instructions .         Schedule A         Sections A and         A, D, and E. If y         nts?         ose,         der section         tion was	line 17 is 	s not d line : <b>990)</b> Pa u check ed boy	18 is 2021 age 4
15 16 Se 17 18 19a b 20 Schee Par 5 Se 1	ction C. Computation of Public         Public support percentage for 2021 (lin         Public support percentage from 2020 section D. Computation of Invest         Investment income percentage for 20         Investment income percentage from 2         33 1/3% support tests-2021. If the         more than 33 1/3%, check this box and         33 1/3% support tests-2020. If the         not more than 33 1/3%, check this box         Private foundation. If the organization         (Complete only if you checked         box 12b, of Part I, complete Section         Ction A. All Supporting Organization         Are all of the organization's supported         If "No," describe in Part VI how the s         describe the designation. If historic and         Did the organization have any support         Supporting Organization's supported	Support Perce ne 8, column (f) of Schedule A, Part I ment Income 21 (line 10c, colu 020 Schedule A, organization did d stop here. The e organization did and stop here. The e organization did and stop here. The e organization did and stop here. The e organization did a stop here. The e organization did stop here. The e organization did stop here. The e organization did a stop here. The stop here. The e organization did a stop here. The stop here. The e organization did a stop here. The stop here.	entage         divided by line 13,         III, line 15         Percentage         umn (f) divided by         Part III, line 17 .         not check the box         organization qual         I not check the box         organization qual         I not check a box         The organization         a box on line 14,         Page 4         of Part I. If you che         f you checked box         complete Part V.)         ted by name in th         ations are designation         torganization deter	e organization's othermised that the s	(f))	15         16         17         18         an 33 1/3%, and         zation         s more than 33         ganization         s more than 33         ganization         s more than 33         ganization         e instructions .         Schedule A         Sections A and         A, D, and E. If y         nts?         ose,         der section         tion was	line 17 is 	s not d line : <b>990)</b> Pa u check ed boy	18 is 2021 age 4	
15 16 5e 17 18 19a b 20 Schee Par 1 2 3a	ction C. Computation of Public         Public support percentage for 2021 (lin         Public support percentage from 2020 section D. Computation of Invest         Investment income percentage for 20         Investment income percentage from 2         33 1/3% support tests-2021. If the         more than 33 1/3%, check this box and         33 1/3% support tests-2020. If the         more than 33 1/3%, check this box         Private foundation. If the organization         More than 33 1/3%, check this box         Private foundation. If the organization         (Complete only if you checked         box 12b, of Part I, complete Section         Ction A. All Supporting Organization         More the organization's supported         If "No," describe in Part VI how the s         describe the designation. If historic and         Did the organization have any support         509(a)(1) or (2)? If "Yes," explain in I         described in section 509(a)(1) or (2).         Did the organization have a supported         More the organization have a supported	Support Perce ne 8, column (f) of Schedule A, Part I ment Income 21 (line 10c, colu 2020 Schedule A, organization did d stop here. The e organization did and stop here. The e organization did and stop here. The e organization did and stop here. The e organization did a stox on line 12 of ections A and D, and of cations organizations list upported organization the Part VI how the of l organization des	entage divided by line 13, III, line 15 Percentage Imn (f) divided by Part III, line 17 . not check the box organization qual I not check a box The organization a box on line 14, Page 4 of Part I. If you che f you checked box complete Part V.) ted by name in the ations are designation deter by the organization deter coribed in section secti	column (f))	(f))	15         16         17         18         an 33 1/3%, and         zation         s more than 33         ganization	line 17 is 	s not d line : <b>990)</b> Pa u check ed boy	18 is 2021 age 4	
15 16 Se 17 18 19a b 20 Schee Par 1 2	section C. Computation of Public         Public support percentage for 2021 (lin         Public support percentage from 2020 section D. Computation of Invest         Investment income percentage for 20         Investment income percentage from 2         33 1/3% support tests-2021. If the         more than 33 1/3%, check this box and         33 1/3% support tests-2020. If the         note than 33 1/3%, check this box and         33 1/3% support tests-2020. If the         note than 33 1/3%, check this box and         33 1/3% support tests-2020. If the         note than 33 1/3%, check this box         Private foundation. If the organization         (Complete only if you checked         box 12b, of Part I, complete Section         Complete only if you checked         box 12b, of Part I, complete Section         Complete only if you checked         box 12b, of Part I, complete Section         Complete Section         Are all of the organization's supported         If "No," describe in Part VI how the s         describe the designation. If historic and         Did the organization	Support Perce ne 8, column (f) of Schedule A, Part I ment Income 21 (line 10c, colu 020 Schedule A, organization did d stop here. The e organization did a and stop here. The e organization did a stop here. The e organization slist upported organization the Part VI how the construction organization des a supported organization des	entage         divided by line 13,         III, line 15         Percentage         umn (f) divided by         Part III, line 17 .         not check the box         organization qual         I not check a box         The organization         a box on line 14,         Page 4         of Part I. If you che         f you checked box         complete Part V.)         ted by name in the         ations are designationship, explain.         hat does not have         organization qualified u	e organization's of the section Solution (f))	(f))	15         16         17         18         an 33 1/3%, and         zation         's more than 33         ganization	line 17 is 	s not d line : <b>990)</b> Pa u check ed boy	18 is 2021 age 4	

4, 4:54 PM Central Florida Cares Health System Inc - Full Filing- Nonprofit Explorer - ProPublic	а		
determination.	3b		
Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.			
Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or	4b		
Did the organization support any foreign supported organizations. 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .			
Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantia contributor? If "Yes," complete Part I of Schedule L (Form 990).			
Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).			
Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .			
Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI.</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? If "Yes," provide detail in <b>Part VI.</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)? If "Yes," answer line 10b below.			
Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).			
Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below. Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10a 10b	990)	202
	<ul> <li>aetermination.</li> <li>Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?</li> <li>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</li> <li>Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</li> <li>Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organization.</li> <li>Did the organization prot any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization suge to ensure that all support to the foreign supported organization supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organization saded, substitute, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document).</li> <li>Type I or Type II only. Was any added or substituted supported organization part of a class already designated in 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; <i>r</i> (iii) ther support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations; <i>r</i> (iii) individuals that are part of the charatbel class benefited by one or more of its supported organizations; <i>r</i> (iii) ther supporting organizations; <i>r</i> (iii) ther supporting organization is supported or</li></ul>	aetermination.       36         Did the organization ensure that all support to such organization was used exclusively for section 170(c)(2)(B) purposes?       32         If 'Yes,'' explain in Part V what controls the organization put in place to ensure such use.       32         Was any supported organization not organized in the United States ("foreign supported organization")? If 'Yes' and if you checked box 12 or 12b in Part V in how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organization had such control and discretion despite being controlled or supervised by or in connection with its supported organization as used exclusively for section 170(c)(2)(B) purposes.       48         Did the organization support any foreign supported organization such used exclusively for section 170(c)(2)(B) purposes.       48         Did the organization supported organization was used exclusively for section 170(c)(2)(B) purposes.       48         Did the organization supported organization sub subported organizations and the supported organizations and exclusively for section 170(c)(2)(B) purposes.       44         Did the organization so used exclusively for section 170(c)(2)(B) purposes.       44         Did the organization so used exclusively for section 170(c)(2)(B) purposes.       44         Did the organization provide agrant ty including (b) the names and EIN numbers of the supported organizations or anizing document?       55         Substituted, or removed; (i) the results of an event beyond the organization's control?       56 <t< td=""><td>actermination.       3b         Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?       3c         If "Yes," explain in Part V what controls the organization put in place to ensure such use.       3c         Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.       4a         Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organizations and you thow the organization have ultimate control and discretion of asplic bing controlled or supervised by or in connection with its supported organization have under the foreign supported organization as used exclusively for section 170(c)(2)(B) purposes.       4b         Did the organization supported organization has used exclusively for section 170(c)(2)(B) purposes.       4c         Did the organization as used exclusively for section 170(c)(2)(B) purposes.       4c         Did the organization as used exclusively for section 170(c)(2)(B) purposes.       5a         Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (If applicable). Also, provide detail in Part VI, including (I) the names and EIN numbers of the supported organizations organizing document?         Substitutions only. Was any added or substituted supported organizations removed (III) the rearback ass benefited by one or more of its supported organizations. (III) dividuals that are part of the charable class benefited by o</td></t<>	actermination.       3b         Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?       3c         If "Yes," explain in Part V what controls the organization put in place to ensure such use.       3c         Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.       4a         Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organizations and you thow the organization have ultimate control and discretion of asplic bing controlled or supervised by or in connection with its supported organization have under the foreign supported organization as used exclusively for section 170(c)(2)(B) purposes.       4b         Did the organization supported organization has used exclusively for section 170(c)(2)(B) purposes.       4c         Did the organization as used exclusively for section 170(c)(2)(B) purposes.       4c         Did the organization as used exclusively for section 170(c)(2)(B) purposes.       5a         Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (If applicable). Also, provide detail in Part VI, including (I) the names and EIN numbers of the supported organizations organizing document?         Substitutions only. Was any added or substituted supported organizations removed (III) the rearback ass benefited by one or more of its supported organizations. (III) dividuals that are part of the charable class benefited by o

с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in <b>Part VI</b> .	11c		
Se	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
		1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit			
	carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		

A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the

# Section C. Type II Supporting Organizations

Supporting Organizations (continued)

governing body of a supported organization?

A family member of a person described on 11a above?

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

Schedule A (Form 990) 2021

Part IV

11

а

b

Page 5

No

Yes

11a

11b

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

### Section D. All Type III Supporting Organizations

Yes No Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's 1 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? 1 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported 2 organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). 2 By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant 3 voice in the organization's investment policies and in directing the use of the organization's income or assets at all times 3 during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.

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

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):
  - **a** The organization satisfied the Activities Test. Complete **line 2** below.

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

#### 2 Activities Test. Answer lines 2a and 2b below.

	Activities fest. Answer fines 2a and 2D below.		Yes	No
а	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</i> 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 extended to the extinction of the support of th			
	substantially all of its activities.	2a		
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? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the			
	organization's involvement.	2b		
	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	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? If "Yes" or "No", provide details in <b>Part VI</b> .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its			
	supported organizations? If "Yes," describe in <b>Part VI.</b> the role played by the organization in this regard.	3b		

Schedule A (Form 990) 2021

Page 6

	5		0	6
Р	a	y	e	- 0

Schedule A (Form 990) 2021

3

				10
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting C	Drgani	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying truis instructions. All other Type III non-functionally integrated supporting organization			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
ā	Average monthly value of securities	1a		
t	Average monthly cash balances	1b		
6	Fair market value of other non-exempt-use assets	1c		

d	Total (add lines 1a, 1b, and 1c)	1d		
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in <b>Part VI</b></i> ):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		1
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-i instructions)	integrat	ed Type III support	ing organization (see

# Schedule A (Form 990) 2021

# —— Page 7 -

Schedule A (Form 990) 2021				Page <b>7</b>
Part V Type III Non-Functionally Integr	ated 509(a)(3) Supporting	Organizations (cont	inued)	
Section D - Distributions				Current Year
<b>1</b> Amounts paid to supported organizations to accom	plish exempt purposes		1	
2 Amounts paid to perform activity that directly furth		organizations in		
excess of income from activity	iers exempt purposes of supported	organizations, in	2	
<b>3</b> Administrative expenses paid to accomplish exemp	t purposes of supported organizati	ons	3	
<b>4</b> Amounts paid to acquire exempt-use assets			4	
5 Qualified set-aside amounts (prior IRS approval re	quired - provide details in <b>Part VI</b> )		5	
6 Other distributions (describe in <b>Part VI</b> ). See instr	ructions		6	
7 Total annual distributions. Add lines 1 through 6	j.		7	
8 Distributions to attentive supported organizations details in <b>Part VI</b> ). See instructions	to which the organization is respon	sive ( <i>provide</i>	8	
9 Distributable amount for 2021 from Section C, line	6		9	
10 Line 8 amount divided by Line 9 amount			10	
		(::)		(!!!)
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	s	(iii) Distributable Amount for 2021
	Excess Distributions	Underdistributions	s	Distributable
(see instructions)	Excess Distributions	Underdistributions	s	Distributable
<ul> <li>(see instructions)</li> <li>1 Distributable amount for 2021 from Section C, line</li> <li>2 Underdistributions, if any, for years prior to 2021 (reasonable cause required <i>explain in Part VI</i>). See instructions.</li> <li>3 Excess distributions carryover, if any, to 2021:</li> </ul>	Excess Distributions	Underdistributions	s	Distributable
<ul> <li>(see instructions)</li> <li>1 Distributable amount for 2021 from Section C, line</li> <li>2 Underdistributions, if any, for years prior to 2021 (reasonable cause required <i>explain in Part VI</i>). See instructions.</li> <li>3 Excess distributions carryover, if any, to 2021:</li> <li>a From 2016</li> </ul>	Excess Distributions	Underdistributions	5	Distributable
<ul> <li>(see instructions)</li> <li>1 Distributable amount for 2021 from Section C, line</li> <li>2 Underdistributions, if any, for years prior to 2021 (reasonable cause required <i>explain in Part VI</i>). See instructions.</li> <li>3 Excess distributions carryover, if any, to 2021:</li> <li>a From 2016</li> <li>b From 2017</li> </ul>	Excess Distributions	Underdistributions	5	Distributable
<ul> <li>(see instructions)</li> <li>1 Distributable amount for 2021 from Section C, line</li> <li>2 Underdistributions, if any, for years prior to 2021 (reasonable cause required <i>explain in Part VI</i>). See instructions.</li> <li>3 Excess distributions carryover, if any, to 2021:</li> <li>a From 2016</li> <li>b From 2017</li> <li>c From 2018</li> </ul>	Excess Distributions	Underdistributions	5	Distributable
<ul> <li>(see instructions)</li> <li>1 Distributable amount for 2021 from Section C, line</li> <li>2 Underdistributions, if any, for years prior to 2021 (reasonable cause required <i>explain in Part VI</i>). See instructions.</li> <li>3 Excess distributions carryover, if any, to 2021:</li> <li>a From 2016</li> <li>b From 2017</li> <li>c From 2018</li> <li>d From 2019</li> </ul>	Excess Distributions	Underdistributions	5	Distributable
<ul> <li>(see instructions)</li> <li>1 Distributable amount for 2021 from Section C, line</li> <li>2 Underdistributions, if any, for years prior to 2021 (reasonable cause required <i>explain in Part VI</i>). See instructions.</li> <li>3 Excess distributions carryover, if any, to 2021:</li> <li>a From 2016</li> <li>b From 2017</li> <li>c From 2018</li> </ul>	Excess Distributions	Underdistributions	5	Distributable
<ul> <li>(see instructions)</li> <li>1 Distributable amount for 2021 from Section C, line</li> <li>2 Underdistributions, if any, for years prior to 2021 (reasonable cause required <i>explain in Part VI</i>). See instructions.</li> <li>3 Excess distributions carryover, if any, to 2021:</li> <li>a From 2016</li> <li>b From 2017</li> <li>c From 2018</li> <li>d From 2019</li> </ul>	Excess Distributions	Underdistributions	s	Distributable
<ul> <li>(see instructions)</li> <li>1 Distributable amount for 2021 from Section C, line</li> <li>2 Underdistributions, if any, for years prior to 2021 (reasonable cause required explain in Part VI). See instructions.</li> <li>3 Excess distributions carryover, if any, to 2021:</li> <li>a From 2016</li> <li>b From 2017</li> <li>c From 2018</li> <li>d From 2019</li> <li>e From 2020</li> <li>f Total of lines 3a through e</li> <li>g Applied to underdistributions of prior years</li> </ul>	Excess Distributions	Underdistributions	5	Distributable
<ul> <li>(see instructions)</li> <li>1 Distributable amount for 2021 from Section C, line</li> <li>2 Underdistributions, if any, for years prior to 2021 (reasonable cause required <i>explain in Part VI</i>). See instructions.</li> <li>3 Excess distributions carryover, if any, to 2021:</li> <li>a From 2016</li> <li>b From 2017</li> <li>c From 2018</li> <li>d From 2019</li> <li>e From 2020</li> <li>f Total of lines 3a through e</li> <li>g Applied to underdistributions of prior years</li> <li>h Applied to 2021 distributable amount</li> </ul>	Excess Distributions	Underdistributions	5	Distributable
<ul> <li>(see instructions)</li> <li>1 Distributable amount for 2021 from Section C, line</li> <li>2 Underdistributions, if any, for years prior to 2021 (reasonable cause required explain in Part VI). See instructions.</li> <li>3 Excess distributions carryover, if any, to 2021:</li> <li>a From 2016</li> <li>b From 2017</li> <li>c From 2018</li> <li>d From 2019</li> <li>e From 2020</li> <li>f Total of lines 3a through e</li> <li>g Applied to underdistributions of prior years</li> </ul>	Excess Distributions	Underdistributions	5	Distributable
<ul> <li>(see instructions)</li> <li>1 Distributable amount for 2021 from Section C, line</li> <li>2 Underdistributions, if any, for years prior to 2021 (reasonable cause required explain in Part VI). See instructions.</li> <li>3 Excess distributions carryover, if any, to 2021:</li> <li>a From 2016</li> <li>b From 2017</li> <li>c From 2018</li> <li>d From 2019</li> <li>e From 2020</li> <li>f Total of lines 3a through e</li> <li>g Applied to underdistributions of prior years</li> <li>h Applied to 2021 distributable amount</li> <li>i Carryover from 2016 not applied (see</li> </ul>	Excess Distributions	Underdistributions	5	Distributable
<ul> <li>(see instructions)</li> <li>1 Distributable amount for 2021 from Section C, line</li> <li>2 Underdistributions, if any, for years prior to 2021 (reasonable cause required <i>explain in Part VI</i>). See instructions.</li> <li>3 Excess distributions carryover, if any, to 2021: <ul> <li>a From 2016</li></ul></li></ul>	Excess Distributions	Underdistributions	5	Distributable

	₽	1	1	1
	<ul> <li>Applied to underdistributions of prior years</li> </ul>			
I	<b>b</b> Applied to 2021 distributable amount			
	c Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in <b>Part VI</b></i> . See instructions.			
7	<b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.			
8	Breakdown of line 7:			
1	a Excess from 2017			
	<b>b</b> Excess from 2018			
	c Excess from 2019			
	d Excess from 2020			
	Excess from 2021			
			0.1	adula A (Farma 000) (2021)

Schedule A (Form 990) (2021)

Page 8

Page 8

#### Schedule A (Form 990) 2021

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

Facts And Circumstances Test			
Return Reference	Explanation		
	Schedule A (Form 990) 20		

# **Additional Data**

Software ID: Software Version:

efile Public Visual Ren	der Objectld: 202320589349300537 - Submission: 2023-02-27		TIN: 51-0448002				
Schedule B	Schedule of Contributors		OMB No. 1545-0047				
(Form 990) Department of the Treasury Internal Revenue Service	2021						
	Name of the organization Employer ide CENTRAL FLORIDA CARES HEALTH SYSTEM INC						
		51-0448002	51-0448002				
Organization type (che	eck one):						
Filers of:	Section:						
Form 990 or 990-EZ	□ 501(c)( ) (enter number) organization						
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private found	ation					
	□ 527 political organization						
Form 990-PF	$\Box$ 501(c)(3) exempt private foundation						
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation	ו					
	$\Box$ 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 other 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<sup>1</sup>/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), 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, 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

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.	Cat. No. 3061	3X Schedule B (Form 990) (2021)
	Page 2	
Schedule B (Form 990) (2021)		Page <b>2</b>
Name of organization		Employer identification number

Name of organization DEC UEALTU OVOTEM TNO

Part I Contributors	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
RESTRICTED			Person
REGIRICIED		-	Payroll
		\$ RESTRICTED	Noncash
	'		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-		_	Payroll
		\$	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-			Payroll
		\$	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-		\$	Payroll
			Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-		_	Payroll
		\$	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-		-	Payroll
		\$_	Noncash
			(Complete Part II for noncash contributions.)
			Schedule B (Form 990) (2021)

- Page 3 -----

Schedule E	B (Form 990) (2021)		Page 3
Name of or CENTRAL FI	ganization LORIDA CARES HEALTH SYSTEM INC	Employer identification number	
		51-0448002	
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

7/26/24, 4:54	PM Central Fi	orida Cares Health System Inc - Full	Filing- Nonprofit Explorer -	ProPublica
-			\$	-
(a) No. from Part I	(b) Description of noncash	property given	(c) FMV (or estimate) (See instructions)	(d) Date received
			C C C C C C C C C C C C C C C C C C C	
-			\$	-
(a) No. from Part I	(b) Description of noncash	property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-			\$	
(a) No. from Part I	(b) Description of noncash	property given	(c) FMV (or estimate) (See instructions)	(d) Date received
			\$	
(a) No. from Part I	(b) Description of noncash	property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-			\$	-
(a) No. from Part I	(b) Description of noncash	(c) FMV (or estimate) (See instructions)	(d) Date received	
-	-		\$	-
				Schedule B (Form 990) (2021)
		Page 4		
Schedule F	3 (Form 990) (2021)			Page 4
Name of or	ganization		Employer ide	entification number
	LORIDA CARES HEALTH SYSTEM INC		51-0448002	
Part III	Exclusively religious, charitable, etc., cor than \$1,000 for the year from any one cor organizations completing Part III, enter th year. (Enter this information once. See ins Use duplicate copies of Part III if additional s	tributor. Complete columns (a) the total of <i>exclusively</i> religious, clastructions.) ► \$\$	nrough (e) and the followi	ing line entry. For
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held
-				
F	Transferee's name, address, and	(e) Transfer of gift	Relationship of transferor	to transferee
F				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held
-				
F	Transferee's name, address, and	(e) Transfer of gift ZIP 4	Relationship of transferor	to transferee
Γ				
(a)				
		I	1 / n <b>-</b>	

**Additional Data** 

Software ID: Software Version:

# Central Florida Cares Health System Inc - Full Filing- Nonprofit Explorer - ProPublica

7/26/24, 4:54 PM	Central Florida	Cares Health System Inc - Full Filing- Nor	profit Explorer - ProPublica			
NO. Trom Part I	(b) Purpose of gift	(c) Use of gift	(a) Description of now gift is neia			
	Transferee's name, address, and ZIP		e) Transfer of gift 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			
. =	Transferee's name, address, and ZIP	(e) Transfer of gift 4 Relationsh	ip of transferor to transferee			

# 24/32

**Return to Form** 

Schedule B (Form 990) (2021)

efile Public Visual Render ObjectId: 20			ObjectId: 2023205	589349300537 - Submis	TIN: 51-0448002			
SCHEDULE D			Supplemen	tal Financial State	omonte		OMB No. 1545-0047	
(For	m 990)		••		2021			
			Complete if the or Part IV, line 6, 7, 8, 9, 1					
Department of the Treasury				Attach to Form 990.			<b>Open to Public</b>	
-	al Revenue Service		o to <u>www.irs.gov/Form</u>	1990 for instructions and th			Inspection ification number	
	CENTRAL FLORIDA CARES HEALTH SYSTEM INC							
						448002		
Pa	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.							
	comple	nd other accounts						
1	Total number at	end of year .						
2	Aggregate value	of contribution	ns to (during year)					
3	Aggregate value	of grants from	n (during year)					
4	Aggregate value at end of year							
5				rs in writing that the assets he clusive legal control?		unds are the	e 🗌 Yes 🗌 No	
6	Did the organiza	ation inform al	l grantees, donors, and do	onor advisors in writing that gra	ant funds can be use	d only for		
				or donor advisor, or for any ot		ng impermis		
	•						🗌 Yes 🗌 No	
Ра		<b>vation Ease</b> te if the orga		s" on Form 990, Part IV, lir	ie 7.			
1				nization (check all that apply).				
	Preservation	on of land for p	oublic use (e.g., recreation	n or education)	ervation of an histori	cally importa	ant land area	
	Protection	of natural hab	itat	Presi	ervation of a certified	l historic str	ucture	
	Preservation of open space							
2				qualified conservation contribu	tion in the form of a	conservatio	n	
_							he End of the Year	
а	Total number of	conservation e	easements		2a			
b	Total acreage re	stricted by con	servation easements		<b>2b</b>			
С				c structure included in (a)	-			
d	Number of conse structure listed i			ired after 7/25/06, and not on	a historic 2d			
3	Number of cons tax year <b>&gt;</b>	ervation easer	nents modified, transferre	d, released, extinguished, or to	erminated by the org	janization du	iring the	
4	Number of state	es where prope	erty subject to conservatio	n easement is located 🕨				
5	Does the organi	ization have a	written policy regarding th	ne periodic monitoring, inspect	ion, handling of viola	tions,		
			rvation easements it holds				Yes 🗌 No	
6	Staff and volunt	teer hours dev	oted to monitoring, inspec	cting, handling of violations, an	d enforcing conserva	ition easeme	ents during the year	
7	Amount of expe	enses incurred	in monitoring, inspecting,	handling of violations, and enf	orcing conservation	easements c	luring the year	
8	Does each cons	ervation easen	— nent reported on line 2(d)	above satisfy the requirement	s of section 170(h)(4	1)(B)(i)		
						_	Yes 🗌 No	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.							
Par				of Art, Historical Treasu		nilar Asse	ts.	
_				s" on Form 990, Part IV, lin		alanco choc	t works of art	
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.							
b	<b>b</b> If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:							
(	(i) Revenue includ	led on Form 99	90, Part VIII, line 1			▶\$		
(i	ii)Assets included	in Form 990,	Part X			. ▶\$_		
2				cal treasures, or other similar a ASC 958 relating to these items		ain, provide	the	
а						·		
b							<u></u>	
For	Paperwork Redu	uction Act No	tice, see the Instruction	ns f <mark>or Form 990.</mark>	Cat. No. 52283	D Schedu	ule D (Form 990) 2021	

art III       Oi         Using the items (chi         b       Using the items (chi         a       Put         b       Sch         c       Pre         Provide a Part XIII.       During the assets to         art IV       Ec         a       Is the org included of         a       Is the org included of         b       If "Yes," ef         c       Beginning of         d       Additions         e       Distributio         f       Ending bas         a       Beginning of         b       If "Yes," ef         c       Beginning of         b       If "Yes," ef         c       Beginning of         b       Contributio         c       Net investr         d       Grants or s         e       Other expected and programer         f       Administration of the percent organization of the per	Form 990) 2021 Organizations M the organization's acc (check all that apply) Public exhibition Scholarly research Preservation for futur a description of the II. the year, did the org to be sold to raise fu Escrow and Cusi Complete if the or line 21. organization an agen ed on Form 990, Part ," explain the arrange ing balance ons during the year .	uisition, accessic e generations organization's co nds rather than t todial Arrange rganization ans t, trustee, custod X?	on, and other ollections and or receive do to be maintai <b>ements.</b> swered "Yes dian or other	r records, d explain r nations of ined as pa " on Forr intermedi	check a d e now the f art, his irt of the	y furth	the fo Loan Other her the	Ilowing t or exch r e organiz sures or	hat are a ange pro <u>c</u> zation's ex other sim	significant Irams cempt purp ilar	use of its col	ection 	Page
art III       Oi         Using the items (chi         b       Using the items (chi         a       Put         b       Sch         c       Pre         Provide a Part XIII.       During the assets to         art IV       Ec         a       Is the org included of         a       Is the org included of         b       If "Yes," ef         c       Beginning of         d       Additions         e       Distributio         f       Ending bas         a       Beginning of         b       If "Yes," ef         c       Beginning of         b       If "Yes," ef         c       Beginning of         b       Contributio         c       Net investr         d       Grants or s         e       Other expected and programer         f       Administration of the percent organization of the per	Organizations M the organization's acc (check all that apply) Public exhibition Scholarly research Preservation for futur e a description of the II. the year, did the org to be sold to raise fu Escrow and Cus Complete if the or line 21. organization an agen ed on Form 990, Part ," explain the arrang- ing balance	uisition, accessic e generations organization's co nds rather than t todial Arrange rganization ans t, trustee, custod X?	on, and other ollections and or receive do to be maintai <b>ements.</b> swered "Yes dian or other	r records, d explain r nations of ined as pa " on Forr intermedi	check a d e now the f art, his irt of the	y furth	the fo Loan Other her the	Ilowing t or exch r e organiz sures or	hat are a ange pro <u>c</u> zation's ex other sim	significant Irams cempt purp ilar	use of its col	ection 	
Using the items (ch. A Pub C Sch C Pre Provide a Part XIII. During th assets to A divisons C Beginning A dditions Beginning a Additions Distributio C If "Yes," e Beginning a Additions C Contributio C C C C C C C C C C C C C C C C	the organization's acc (check all that apply) Public exhibition Scholarly research Preservation for futur e a description of the II. the year, did the org to be sold to raise fu <b>Escrow and Cus</b> Complete if the or line 21. organization an agen ed on Form 990, Part ," explain the arrang ing balance	uisition, accessic e generations organization's co nds rather than t todial Arrange rganization ans t, trustee, custod X?	on, and other ollections and or receive do to be maintai <b>ements.</b> swered "Yes dian or other	r records, d explain r nations of ined as pa " on Forr intermedi	check a d e now the f art, his irt of the	y furth	the fo Loan Other her the	Ilowing t or exch r e organiz sures or	hat are a ange pro <u>c</u> zation's ex other sim	significant Irams cempt purp ilar	use of its col	ection 	
Pub Pub Sch	Public exhibition Scholarly research Preservation for futur e a description of the II. the year, did the org to be sold to raise fu <b>Escrow and Cus</b> Complete if the or line 21. organization an agen ed on Form 990, Part ," explain the arrange ing balance	e generations organization's co anization solicit o nds rather than t todial Arrange rganization ans t, trustee, custod X? ement in Part XII	or receive do to be maintai ements. swered "Yes dian or other	nations of ined as pa " on Forr intermedi	e now the f art, his art of the	storical e orgai	Other her the	r e organiz sures or	zation's ex other sim	empt purp	oose in	0	
Sch     Sch     Sch     Pre     Provide a     Part XIII.     During th     assets to     art IV Es     Co     If "Yes," e     Beginning     Additions     Distributio     Did the ou     If "Yes," e     Beginning e     Additions     Did the ou     If "Yes," e     Co     Beginning e     Additions     Did the ou     If "Yes," e     Co     Beginning e     Additions     Did the ou     If "Yes," e     Co     Beginning e     Additions     Did the ou     If "Yes," e     Co     Beginning e     Contributio     Contributio     Contributio     Net investr     Grants or s     Other expe     and progra     Administra'     End of yeau     Provide th     Board des     Permaner     Term end     The perce     Are there     organizat     (i) Unrela     (ii) Relatu     If "Yes" ou     Describe i	Preservation for futur e a description of the II. the year, did the org to be sold to raise fu <b>Escrow and Cus</b> Complete if the or line 21. organization an agen ed on Form 990, Part ," explain the arrang ing balance	organization's conductor of the solicit of the soli	or receive do to be maintai ements. swered "Yes dian or other	nations of ined as pa " on Forr intermedi	now the f art, his irt of the	storical e orgai	ner the I treas	e organiz sures or	zation's ex other sim	empt purp	oose in	0	
Provide a Part XIII. During th assets to art IV Es Co lin Is the org included of Beginning Additions Distributio Ending ba Did the or Did the or Did the or Dif "Yes," e art V Er Co Beginning of Contributio So Contributio Net investr Grants or s Other expe and progra Administrar Beard of year Provide th Board des Permaner The perce organizati (i) Unrelati (ii) Relati	e a description of the II. the year, did the org to be sold to raise fu <b>Escrow and Cus</b> Complete if the or line 21. organization an agen ed on Form 990, Part ," explain the arrang- ing balance	organization's conductor of the solicit of the soli	or receive do to be maintai ements. swered "Yes dian or other	nations of ined as pa " on Forr intermedi	f art, his art of the	storical e orgai	l treas	sures or	other sim	ilar		Ο.	
Part XIII. During th assets to art IV Es Co Dif "Yes," e Beginning Additions Distribution Distribution Dif "Yes," e Beginning e Distribution Dif "Yes," e Distribution Dif "Yes" e Dif	II. the year, did the org to be sold to raise fu Escrow and Cus Complete if the or line 21. organization an agen d on Form 990, Part ," explain the arrang ing balance .	anization solicit on ds rather than t todial Arrange rganization ans t, trustee, custod X?	or receive do to be maintai ements. swered "Yes dian or other	nations of ined as pa " on Forr intermedi	f art, his art of the	storical e orgai	l treas	sures or	other sim	ilar		<b>—</b> ••	
assets to art IV Es Co If "Yes," e Beginning Additions Distribution Distributio	to be sold to raise fu Escrow and Cus Complete if the or line 21. organization an agen d on Form 990, Part ," explain the arrang- ing balance	nds rather than t todial Arrange rganization ans t, trustee, custod X? ement in Part XII	to be maintai ements. wered "Yes dian or other	ined as pa " on Forr intermedi	irt of the	e orgai					🗌 Yes	□ •	
a Is the org included of b If "Yes," e c Beginning d Additions e Distributio f Ending ba a Did the or b If "Yes," e c Car a Beginning of b Contributio c Net investr d Grants or s e Other expe and progra f Administrar g End of yeau Provide th a Board des b Permaner c Term end The perce a Are there organizat (i) Unrela (ii) Relatu b If "Yes" of Describe i	Complete if the or line 21. organization an agen ed on Form 990, Part ," explain the arrang- ing balance	rganization ans t, trustee, custod X? ement in Part XII	wered "Yes	intermedi	m 990,	Part							0
a Is the org included of b If "Yes," e c Beginning d Additions e Distributio f Ending ba a Did the or b If "Yes," e Part V Er Co a Beginning of b Contributio c Net investr d Grants or s e Other expe and progra f Administrar g End of yeau Provide th Board des b Permaner c Term end The perce a Are there organizat (ii) Nelatu b If "Yes" or Describe i art VI La	organization an agen ed on Form 990, Part ," explain the arrang- ing balance	X?				rait	IV, lir	ne 9, or	reporte	d an amo	ount on Form		-
<ul> <li>Beginning</li> <li>Additions</li> <li>Distribution</li> <li>Ending bathering</li> <li>Did the orgonic structure</li> <li>Did the orgonic structure</li> <li>Did the orgonic structure</li> <li>Beginning of the contribution</li> <li>Net investructure</li> <li>Contribution</li> <li>Net investructure</li> <li>Administration</li> <li>End of year</li> <li>Provide the Board desting</li> <li>Permaner</li> <li>Term enducture</li> <li>Term enducture</li> <li>Are there organization</li> <li>(i) Unrelation</li> <li>(ii) Relation</li> <li>Describe in the structure</li> </ul>	ing balance										🗌 Yes		o
<ul> <li>Beginning</li> <li>Additions</li> <li>Distribution</li> <li>Ending bather</li> <li>Did the original properties of the percent of the</li></ul>	ing balance								r - r				_
<ul> <li>Additions</li> <li>Additions</li> <li>Distribution</li> <li>Ending bare</li> <li>Did the one</li> <li>Contribution</li> <li>Contributio</li></ul>	5										Amount		_
e Distribution f Ending bar a Did the or b If "Yes," or contribution c Net investre d Grants or s e Other expension f Administration g End of year Provide the Board des b Permaner c Term end The perce a Are there organization (ii) Relate b If "Yes" on Describe in art VI La	ns during the year .								1c				_
Ending bar Did the or Dif "Yes," e Part V Er Co Beginning of Contribution Net investre Grants or s Other experiment Grants or s Othe									1d				_
Did the or Did the or Dif "Yes," e art V Er Co Beginning of Contributio Net investr Grants or s Other expe and progra Contributio Net investr Grants or s Other expe and progra Administrar End of year Provide th Board des Permaner The perce Are there organizati (i) Unrela (ii) Relatu Describe	utions during the yea	ar						•	1e				_
<ul> <li>If "Yes," e</li> <li>art V Er</li> <li>Beginning of</li> <li>Contributio</li> <li>Net investri</li> <li>Grants or s</li> <li>Other experiments</li> <li>Administration</li> <li>End of year</li> <li>Provide the Board dess</li> <li>Permaner</li> <li>Term ender</li> <li>The percestion</li> <li>Are there organization</li> <li>(i) Unrelation</li> <li>(ii) Relation</li> <li>Describe in</li> </ul>	balance						• • •		1f				_
art V Er Co Beginning of Contributio Net investr Grants or s Other expe and progra Administrar End of yeau Provide th Board des Permaner Term end The perce organizati (i) Unrela (ii) Relatu Describe	e organization include	e an amount on F	orm 990, Pa	rt X, line 2	21, for e	escrow	or cu	stodial a	account lia	bility?	. 🗌 Yes		0
art V Er Co Beginning of Contributio Net investr Grants or s Other expe and progra Administrar End of year Provide th Board des Permaner Term end The perce organizati (i) Unrela (ii) Relatu Describe	," explain the arrange												
Contribution Beginning of Contribution Net investration Contribution Net investration Contribu	Endowment Fun				.pranae.c			promac	a a. c ,				
<ul> <li>b Contribution</li> <li>c Net investrie</li> <li>d Grants or signature</li> <li>e Other expending and program</li> <li>f Administration</li> <li>g End of year</li> <li>provide the Board destination</li> <li>permaner</li> <li>c Term end The percesion</li> <li>a Are there organization</li> <li>(i) Unrelation</li> <li>(ii) Relation</li> <li>if "Yes" on Describe in the term of term of the term of the term of term</li></ul>	Complete if the or	ganization ans	wered "Yes	on Forr	m 990,	Part	IV, lir	ne 10.					
<ul> <li>b Contribution</li> <li>c Net investrie</li> <li>d Grants or signature</li> <li>e Other expending and program</li> <li>f Administration</li> <li>g End of year</li> <li>provide the Board destination</li> <li>permaner</li> <li>c Term end The percesion</li> <li>a Are there organization</li> <li>(i) Unrelation</li> <li>(ii) Relation</li> <li>if "Yes" on Describe in the term of term of the term of the term of term</li></ul>			(a) Curre	nt year	<b>(b)</b> Pr	rior yea	r	<b>(c)</b> Two y	ears back	(d) Three y	/ears back (e)	Four yea	rs back
<ul> <li>Net investr</li> <li>Grants or s</li> <li>Other expendent of the program</li> <li>Administration</li> <li>End of year</li> <li>Provide the Board dest</li> <li>Permaner</li> <li>Term endition</li> <li>The percest</li> <li>Are there organization</li> <li>(i) Unrelation</li> <li>(ii) Relation</li> <li>Describe in the percest</li> </ul>	ng of year balance .												
Grants or s Cher expe and progra Administrat F Administrat F Administrat Provide th Board des Permaner Term end The perce Are there organizati (i) Unrelati (ii) Relation Describe Tert VI La	itions												
<ul> <li>Other expendent of the second program</li> <li>Administration</li> <li>End of year</li> <li>Provide the Board destination</li> <li>Permaner</li> <li>Term ender</li> <li>Term end</li></ul>	stment earnings, gai	ns, and losses											
Administrar Administrar End of year Provide th Board des Permaner Term end The perce organizati (i) Unrela (ii) Relati Discribe	or scholarships .												
<ul> <li>Find of year</li> <li>Provide the</li> <li>Board design</li> <li>Permaner</li> <li>Term end</li> <li>The perces</li> <li>Are there</li> <li>organizati</li> <li>(i) Unrelati</li> <li>(ii) Relation</li> <li>Describe in</li> </ul>	penditures for facilit	ies											
Provide the Board des Permaner Term end The perce Are there organizati (i) Unrela (ii) Relate Dif "Yes" of Describe art VI La	trative expenses .												
<ul> <li>Board des</li> <li>Permaner</li> <li>Term end The perce</li> <li>Are there organizati</li> <li>(i) Unrelation</li> <li>(ii) Relation</li> <li>If "Yes" of Describe in</li> </ul>	ear balance												
<ul> <li>Board des</li> <li>Permaner</li> <li>Term end</li> <li>The perce</li> <li>Are there organizati</li> <li>(i) Unrelati</li> <li>(ii) Relation</li> <li>If "Yes" or Describe in</li> <li>Tert VI Lation</li> </ul>	e the estimated perce	entage of the curr	rent vear end	d balance	(line 1a	. colur	mn (a`	)) held a	is:		I		
<ul> <li>Permaner</li> <li>Term ender</li> <li>The percet</li> <li>Are there organizati</li> <li>(i) Unrelati</li> <li>(ii) Relate</li> <li>If "Yes" or Describe in art VI Lational Action 1000 (1000)</li> </ul>	designated or quasi-	-	,			,	<b>X</b> -2	,,					
c Term end The perce a Are there organizati (i) Unrela (ii) Relati b If "Yes" or Describe art VI La	nent endowment 🕨												
The perce Are there organizati (i) Unrelative (ii) Relative If "Yes" on Describe in art VI Lative	ndowment 🕨												
<ul> <li>Are there organizati</li> <li>(i) Unrelati</li> <li>(ii) Relati</li> <li>(ii) Relati</li> <li>(iii) R</li></ul>	rcentages on lines 2a	a, 2b, and 2c sho	uld equal 10	0%.									
(ii) Relate b If "Yes" of Describe art VI La	ere endowment funds		•		ion that	are he	eld an	d admin	istered fo	r the		Yes	No
b If "Yes" of Describe i art VI La	related organizations										3a(i)		
Describe i art VI La	lated organizations										3a(ii)		
art VI La	" on 3a(ii), are the re	elated organizatio	ons listed as i	required o	n Schee	dule Ra	?.				. 3b		
	pe in Part XIII the int	ended uses of the	e organizatio	on's endow	vment f	unds.							
Co	Land B 17 11			" on Forr	m 990,	Part	IV, lir	ne 11a.	See For	m 990, Pa	art X, line 10	).	
Description	Land, Buildings, Complete if the or	(a) Cost or ot (investm		(b) Cost	or other	basis (o	other)	(c) Acc	cumulated o	lepreciation	(d) B	ook value	3
		+											
<ul> <li>Buildings</li> </ul>	Complete if the or tion of property												
c Leasehold	Complete if the or tion of property												
<b>d</b> Equipment	Complete if the or tion of property					1,46	51,631			1,301,898	3		159,73
<b>e</b> Other .	Complete if the or tion of property  s							1			1		

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021

Part VII Investments - Other Securities. Complete if the organization answered "Yes" on Form 990	) Part IV	line 11b See Fo	rm 990 Part X	line 12
(a) Description of security or category (including name of security)	(b) Book value	Cos	(c) Method of variation of variation (c) Method of variation of variation (c)	aluation:
(1) Financial derivatives				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)         Part VIII       Investments - Program Related.         Complete if the organization answered 'Yes' on Form 990	), Part IV,	line 11c. See Fo	rm 990, Part X	, line 13.
(a) Description of investment		(b) Book value	(c) Metl Cost or end-	nod of valuation: of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)	Þ			
Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, (a) Description	, Part IV, I	ine 11d. See Fo	rm 990, Part X	, line 15. (b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	• •			
Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990,	, Part IV, I	ine 11e or 11f.S	ee Form 990, I	Part X, line 25.

1. (1) Federal income taxes (a) Description of liability

Page **3** 

(b) Book value

	<u> </u>	
DUE TO FLORIDA DEPT OF CHILDREN AND FAMILIES		5,428,734
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	•	5,428,734
2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the	e organization's financial statements tha	t reports the
organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if	the text of the footnote has been provide	ed in Part XIII 🛛 🗹

— Page 4 —

## Schedule D (Form 990) 2021

	lule D (Form 990) 2021 t XI Reconciliation of Revenue per Audited Financial Stat	omorte W	th Dovenue	Poture	Page <b>4</b>
Pai	Complete if the organization answered 'Yes' on Form 990,			r Return.	
1	Total revenue, gains, and other support per audited financial statements			1	93,939,616
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines <b>2a</b> through <b>2d</b>			2e	0
	Subtract line <b>2e</b> from line <b>1</b>			3	93,939,616
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a				
b	Other (Describe in Part XIII.)	4b			
с	Add lines <b>4a</b> and <b>4b</b>			4c	0
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	12.)		5	93,939,616
ar	XII Reconciliation of Expenses per Audited Financial Sta	tements W	/ith Expenses p	er Return.	
	Complete if the organization answered 'Yes' on Form 990,		12a.		
	Total expenses and losses per audited financial statements			1	93,622,973
	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
с	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines <b>2a</b> through <b>2d</b>			2e	0
	Subtract line <b>2e</b> from line <b>1</b>			3	93,622,973
	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b $~$ .	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines <b>4a</b> and <b>4b</b>			4c	0
	Total expenses. Add lines ${\bf 3}$ and ${\bf 4c.}$ (This must equal Form 990, Part I, line	e 18.)		5	93,622,973
'ar	t XIII Supplemental Information				
	vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a s 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid			Part V, line 4; Pa	rt X, line 2; Part XI,
	Return Reference		Explanation	1	
١RT	X, LINE 2: CFCHS HAS BEEN REC 501(C)(3) OF THE INTI FURTHERANCE OF ITS TAXES. ACCORDINGLY, TAXES.	ERNAL REVEN TAX-EXEMPT	UE CODE ("IRC"). / PURPOSE IS EXEM	AS A RESULT, IN PT FROM FEDER/	COME EARNED IN AL AND STATE INCO

Schedule D (Form 990) 2021

# **Additional Data**

**Return to Form** 

Software ID: Software Version:

chedule J	l Render	-		300537 - Submission: 202	3-02-27	TIN: 5	51-04	48002	
	Compensation Information					OMB N	OMB No. 1545-0047		
(Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest				Highest		<b>^</b>			
	► Com	plete if the organiz		ated Employees vered "Yes" on Form 990, Part	IV, line 23.	2	U2	1	
Attach to Form 990.							Open to Public		
							Inspection		
Name of the organiza CENTRAL FLORIDA CARE	tion				Employer ide	ntification	numb	er	
	o nenemo forten	- Mo			51-0448002				
Part I Questio	ons Regardin	ng Compensatior	1						
							Ye	s No	
<ul> <li>Check the appro 990, Part VII, Se</li> </ul>	piate box(es) if action A, line 1a	the organization pro . Complete Part III t	ovided any of to provide an	f the following to or for a person l y relevant information regarding	isted on Form these items.				
First-class	or charter trave	el		Housing allowance or residence	for personal use				
Travel for	companions			Payments for business use of pe	rsonal residence				
0	-	oss-up payments		Health or social club dues or init					
□ Discretion	ary spending ac	count	$\Box$	Personal services (e.g., maid, ch	nauffeur, chef)				
b If any of the box reimbursement	es on Line 1a a or provision of a	re checked, did the o all of the expenses do	organization escribed abo	follow a written policy regarding ve? If "No," complete Part III to e	payment or explain	1	ь		
Did the organiza	tion require sub	ostantiation prior to r	reimbursing	or allowing expenses incurred by	all	2			
directors, truste	es, officers, inclu	uding the CEO/Execu	utive Directo	r, regarding the items checked on	Line 1a?	·	-		
Indicate which.	if any, of the foll	lowing the filing ora:	anization use	d to establish the compensation o	of the				
organization's C	EO/Executive Di	irector. Check all that	t apply. Do r	ot check any boxes for methods CEO/Executive Director, but expla					
Compensa	ation committee			Written employment contract					
Independent	ent compensatio	on consultant		Compensation survey or study					
Form 990	of other organiz	zations		Approval by the board or compe	nsation committee				
During the year, related organiza		listed on Form 990,	Part VII, Se	ction A, line 1a, with respect to th	ne filing organizatio	n or a			
-	ince payment or	r change-of-control r	navment?			4		No	
a Receive a severa				ified retirement plan?		. 4		No No	
<ul><li>a Receive a severa</li><li>b Participate in, or</li></ul>	receive paymer	nt from, a suppleme	ntal nonqual	ified retirement plan?			b		
<ul> <li>a Receive a severa</li> <li>b Participate in, or</li> <li>c Participate in, or</li> </ul>	receive paymer receive paymer	ent from, a suppleme ent from, an equity-b	ental nonqual ased comper	ified retirement plan?		. 4	b	No	
<ul> <li>a Receive a severa</li> <li>b Participate in, or</li> <li>c Participate in, or</li> <li>If "Yes" to any or</li> </ul>	receive paymer receive paymer f lines 4a-c, list	ent from, a suppleme ent from, an equity-be the persons and pro	ntal nonqual ased comper ovide the app	ified retirement plan? nsation arrangement? ilicable amounts for each item in		. 4	b	No	
<ul> <li>a Receive a severa</li> <li>b Participate in, or</li> <li>c Participate in, or</li> <li>of "Yes" to any o</li> <li>Only 501(c)(3)</li> </ul>	receive paymer receive paymer f lines 4a-c, list ), 501(c)(4), a	Int from, a suppleme ant from, an equity-b the persons and pro and 501(c)(29) org	antal nonqual ased comper ovide the app ganizations	ified retirement plan? nsation arrangement? vlicable amounts for each item in must complete lines 5-9.	 Part III.	. 4	b	No	
<ul> <li>Receive a severa</li> <li>Participate in, or</li> <li>Participate in, or</li> <li>If "Yes" to any o</li> <li>Only 501(c)(3)</li> </ul>	receive paymer receive paymer f lines 4a-c, list ), <b>501(c)(4), a</b> ed on Form 990,	ent from, a suppleme ent from, an equity-b. the persons and pro and 501(c)(29) org Part VII, Section A,	antal nonqual ased comper ovide the app ganizations	ified retirement plan? nsation arrangement? ilicable amounts for each item in	 Part III.	. 4	b	No	
<ul> <li>a Receive a severa</li> <li>b Participate in, or</li> <li>c Participate in, or</li> <li>If "Yes" to any o</li> <li>Only 501(c)(3)</li> <li>For persons liste</li> <li>compensation componentiation componentiation</li> </ul>	receive payment receive payment f lines 4a-c, list <b>), 501(c)(4), a</b> ed on Form 990, ontingent on the	ant from, a suppleme int from, an equity-b the persons and pro- and 501(c)(29) org Part VII, Section A, e revenues of:	antal nonqual ased comper ovide the app ganizations	ified retirement plan? nsation arrangement? vlicable amounts for each item in must complete lines 5-9.	 Part III.	. 4	b c	No	
<ul> <li>a Receive a severa</li> <li>b Participate in, or</li> <li>c Participate in, or</li> <li>If "Yes" to any o</li> <li>Only 501(c)(3)</li> <li>For persons liste</li> <li>compensation cr</li> <li>a The organization</li> </ul>	receive paymen receive paymen f lines 4a-c, list ), <b>501(c)(4), a</b> d on Form 990, ontingent on the n?	nt from, a suppleme nt from, an equity-b the persons and pro and 501(c)(29) org Part VII, Section A, a revenues of:	antal nonqual ased comper ovide the app ganizations	ified retirement plan? nsation arrangement? vlicable amounts for each item in must complete lines 5-9.	 Part III.	. <u>4</u> . <u>4</u>	b c a	No No	
<ul> <li>a Receive a severa</li> <li>b Participate in, or</li> <li>c Participate in, or</li> <li>If "Yes" to any o</li> <li>Only 501(c)(3)</li> <li>For persons liste</li> <li>compensation cr</li> <li>a The organization</li> </ul>	receive paymen receive paymen f lines 4a-c, list <b>), 501(c)(4), a</b> d on Form 990, ontingent on the n?	nt from, a suppleme int from, an equity-b the persons and pro- and 501(c)(29) org Part VII, Section A, e revenues of:	antal nonqual ased comper ovide the app ganizations	ified retirement plan? nsation arrangement? vlicable amounts for each item in must complete lines 5-9.	 Part III.	· 4	b c a	No No No	
<ul> <li>a Receive a severa</li> <li>b Participate in, or</li> <li>c Participate in, or</li> <li>If "Yes" to any or</li> <li>Only 501(c)(3)</li> <li>For persons liste</li> <li>compensation companization</li> <li>b Any related orga</li> <li>If "Yes," on line</li> <li>For persons liste</li> </ul>	receive paymen receive paymen f lines 4a-c, list <b>), 501(c)(4), a</b> d on Form 990, ontingent on the n? mization? 5a or 5b, descril ed on Form 990,	Int from, a supplement int from, an equity-b- the persons and pro- and 501(c)(29) org Part VII, Section A, e revenues of: 	ntal nonqual ased comper ovide the app ganizations line 1a, did	ified retirement plan? nsation arrangement? vlicable amounts for each item in must complete lines 5-9.		· 4	b c a	No No No	
<ul> <li>a Receive a severa</li> <li>b Participate in, or Participate in, or If "Yes" to any o</li> <li>Only 501(c)(3)</li> <li>For persons liste compensation co</li> <li>a The organization</li> <li>b Any related orga If "Yes," on line</li> <li>For persons liste</li> </ul>	receive paymen receive paymen f lines 4a-c, list <b>), 501(c)(4), a</b> d on Form 990, ontingent on the n? 5a or 5b, descril d on Form 990, ontingent on the	Int from, a suppleme int from, an equity-bi- the persons and pro- and 501(c)(29) org Part VII, Section A, e revenues of: 	ntal nonqual ased comper ovide the app ganizations line 1a, did	ified retirement plan? nsation arrangement? licable amounts for each item in <b>must complete lines 5-9.</b> the organization pay or accrue an		· 4	a	No No No	
<ul> <li>a Receive a severa</li> <li>b Participate in, or Participate in, or If "Yes" to any o</li> <li>Only 501(c)(3)</li> <li>For persons liste compensation cr</li> <li>a The organization</li> <li>b Any related orga If "Yes," on line</li> <li>For persons liste compensation cr</li> <li>a The organization</li> </ul>	receive paymen receive paymen f lines 4a-c, list <b>), 501(c)(4), a</b> do n Form 990, ontingent on the n? Sa or 5b, descril do n Form 990, ontingent on the n?	Int from, a suppleme int from, an equity-b the persons and pro- and <b>501(c)(29) org</b> Part VII, Section A, e revenues of: 	ntal nonqual ased comper ovide the app ganizations line 1a, did	ified retirement plan? nsation arrangement? licable amounts for each item in <b>must complete lines 5-9.</b> the organization pay or accrue an		· 4 · 4	a a	Na Na Na Na	
<ul> <li>a Receive a severa</li> <li>b Participate in, or Participate in, or If "Yes" to any o</li> <li>Only 501(c)(3)</li> <li>For persons liste compensation cr</li> <li>a The organization</li> <li>b Any related organization</li> <li>compensation cr</li> <li>a The organization</li> </ul>	receive paymen receive paymen f lines 4a-c, list <b>), 501(c)(4), a</b> d on Form 990, ontingent on the n? Sa or 5b, descril ed on Form 990, ontingent on the n? anization?	Int from, a suppleme int from, an equity-b. the persons and pro- and 501(c)(29) org Part VII, Section A, e revenues of: 	ntal nonqual ased comper ovide the app ganizations line 1a, did	ified retirement plan? nsation arrangement? licable amounts for each item in <b>must complete lines 5-9.</b> the organization pay or accrue an		. 4 . 4 . 5 . 5	a a	No No No No	
<ul> <li>a Receive a severa</li> <li>b Participate in, or Participate in, or If "Yes" to any or</li> <li>Only 501(c)(3)</li> <li>For persons liste compensation cc</li> <li>a The organization</li> <li>b Any related orga If "Yes," on line</li> <li>For persons liste compensation cc</li> <li>a The organization</li> <li>b Any related orga If "Yes," on line</li> <li>For persons liste compensation cc</li> <li>a The organization</li> <li>b Any related orga If "Yes," on line</li> <li>For persons liste</li> </ul>	receive paymen receive paymen f lines 4a-c, list <b>), 501(c)(4), a</b> d on Form 990, ontingent on the r? 5a or 5b, descril d on Form 990, ontingent on the n? 6a or 6b, descril ed on Form 990,	Int from, a supplement int from, an equity-bi- the persons and pro- and 501(c)(29) org. Part VII, Section A, e revenues of: 	Intal nonqual ased comper- ovide the app ganizations line 1a, did	ified retirement plan? nsation arrangement? licable amounts for each item in <b>must complete lines 5-9.</b> the organization pay or accrue an		. 4 . 4 . 5 . 5	a b b b	No N	
<ul> <li>a Receive a severa</li> <li>b Participate in, or Participate in, or If "Yes" to any or</li> <li>Only 501(c)(3 For persons liste compensation cc</li> <li>a The organization</li> <li>b Any related orga If "Yes," on line For persons liste compensation cc</li> <li>a The organization</li> <li>b Any related orga If "Yes," on line For persons liste compensation cc</li> <li>a The organization</li> <li>b Any related orga If "Yes," on line For persons liste payments not d</li> <li>Were any amoun subject to the in</li> </ul>	receive paymen receive paymen f lines 4a-c, list <b>), 501(c)(4), a</b> d on Form 990, ontingent on the n? Sa or 5b, descrii d on Form 990, ontingent on the n? Ga or 6b, descrii d on Form 990, oscribed in lines nts reported on li	Int from, a supplement int from, an equity-bi- the persons and pro- and 501(c)(29) org Part VII, Section A, e revenues of: 	Intal nonqual ased comper- poide the app ganizations line 1a, did  line 1a, did escribe in Pa paid or accur Regulations	ified retirement plan?		. 4 . 4 5 5 5 7	b c c b b b	No No No No No No	
<ul> <li>a Receive a severa</li> <li>b Participate in, or Participate in, or If "Yes" to any o</li> <li>Only 501(c)(3) For persons liste compensation cc</li> <li>a The organization</li> <li>b Any related orga If "Yes," on line For persons liste compensation cc</li> <li>a The organization</li> <li>b Any related orga If "Yes," on line For persons liste payments not di Were any amoun subject to the in in Part III .</li> </ul>	receive payment receive payment f lines 4a-c, list <b>), 501(c)(4), a</b> d don Form 990, ontingent on the n? 5a or 5b, descril d on Form 990, ontingent on the n? 6a or 6b, descril d on Form 990, secribed in lines nts reported on l itial contract excert	nt from, a suppleme int from, an equity-bi- the persons and pro- and 501(c)(29) org Part VII, Section A, e revenues of: 	Intal nonqual ased comper- poide the app ganizations line 1a, did  line 1a, did escribe in Pa paid or accur Regulations	ified retirement plan?	Part III. y	. 4 . 4 5 5 5 5 7	b c c b b b	No N	

— Page 2 ———

Schedule J (Form 990) 2021 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 are not listed on Form 990, Part VII. Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII. Section A, line 1a, applicable column (D) and (E) amounts for that individual. (F) Compensation in (A) Name and Title (B) Breakdown of W-2, 1099-MISC compensation, (C) Retirement (D) Nontaxable (E) Total of and/or 1099-NEC and other benefits columns column (B) reported as deferred (B)(i)-(D) (i) Base (iii) Other (ii) Bonus & incentive compensation compensation reportable deferred on prior compensation Form 990 compensation 1 MARIA BLEDSOE CHIEF EXECUTIVE OFFICER 156,625 5,796 7,549 (i) 0 0 169,970 0 - - - - - -0 (ii) ----0 0 0 0 ----

Explanation

Image: Second
Schedule J (Form 990
Page 3
i age 5
le J (Form 990) 2021
III Supplemental Information
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.

**Additional Data** 

Return Reference

Return to Form

Schedule J (Form 990) 2021

Software ID: Software Version:

efile Public	Visual Render ObjectId: 202320589349300537 - Submission: 2023	3-02-27	TIN: 51-0448002 OMB No. 1545-0047				
SCHEDUL (Form 990) Department of the Trea	Complete to provide information for responses to specific ques Form 990 or 990-EZ or to provide any additional informat Multiple Attach to Form 990 or 990-EZ.	stions on ion.	<b>2021</b> Open to Public				
Internal Revenue Servi			Inspection				
Name of the org CENTRAL FLORIDA	anization CARES HEALTH SYSTEM INC	Employer identi 51-0448002	fication number				
Return Reference	Explanation						
FORM 990, PART VI, SECTION B, LINE 11B	THE FORM 990 WILL BE PRESENTED TO THE FINANCE COMMITTEE FOR REVIEW AND APPROVAL. THE FINANCE COMMITTEE CHAIR WILL THEN PRESENT THE BOARD WITH THE APPROVED FORM 990 FOR REVIEW AND APPROVAL. UPON APPROVAL BY THE BOARD, THE FORM 990 WILL BE FILED WITH THE IRS.						
FORM 990, PART VI, SECTION B, LINE 12C	CFCHS DISTRIBUTES A LIST OF ITS PROVIDERS, CONTRACTORS AND VENDORS AT LEAST ONCE PER YEAR. RECIPIENTS ARE ASKED TO REVIEW THE LIST AND HAVE WITH THE LISTED ENTITIES. CONFLICTS ARE DISCLOSED ON A FORM AND ATTEST TO THEIR COMPLETED FORM. STAFF IS PROVIDED WITH TRAINING ON AND REPORTING REQUIREMENTS. A LIST OF ALL DISCLOSED CONFLICTS IS MA MEETINGS TO ENSURE THAT, AS APPLICABLE, MEMBERS WITH DISCLOSED CON	DISCLOSE ANY CO RECIPIENTS ARE CONFLICT OF INTE INTAINED AND USE	NFLICT THAT THEY REQUIRED TO REST DEFINITIONS ED AT BOARD				
FORM 990, PART VI, SECTION B, LINE 15	THE CEO, CFO, AND COO WERE INTERVIEWED AND HIRED BY CENTRAL FLORIE DIRECTORS' EXECUTIVE COMMITTEE. DETERMINATION FOR COMPARABILITY D SUBSTANTIATION WAS PERFORMED BY THE EXECUTIVE COMMITTEE.						
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTER STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.	REST POLICY, AND	FINANCIAL				
FORM 990, PART IX, LINE 11G	ADULT MENTAL HEALTH: PROGRAM SERVICE EXPENSES 45,115,656. MANAGEM FUNDRAISING EXPENSES 0. TOTAL EXPENSES 45,115,656. CHILD & ADOLESCEN EXPENSES 3,987,779. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING 3,987,779. CHILD SUBSTANCE ABUSE: PROGRAM SERVICE EXPENSES 11,689,400 EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 11,689,400. ADULT SERVICE EXPENSES 30,244,841. MANAGEMENT AND GENERAL EXPENSES 0. FU EXPENSES 30,244,841. OTHER PROFESSIONAL FEES: PROGRAM SERVICE EXPE EXPENSES 286,643. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 286,643.	T MENTAL HEALTH S EXPENSES 0. TO 0. MANAGEMENT A SUBSTANCE ABUS NDRAISING EXPEN	: PROGRAM SERVICE FAL EXPENSES ND GENERAL E: PROGRAM ISES 0. TOTAL				
FORM 990, PART XI, LINE 9:	ROUNDING -2.						
FORM 990, PART XII, LINE 2C	OVERSIGHT OF AUDIT AND SELECTION OF INDEPENDENT ACCOUNTANT: THE F FOR THE SELECTION, MONITORING AND EVALUATION OF AN INDEPENDENT AU AUDIT OF ITS FINANCIAL STATEMENTS. THERE WAS NO CHANGE IN THIS PROC	DIT FIRM AND OVER					
For Paperwork Reduc	tion Act Notice, see the Instructions for Form 990 or 990-EZ. Cat. No. 51056K		Schedule O (Form 990) 2021				

# **Additional Data**

**Return to Form** 

Software ID: Software Version: