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

efil	e Pu	ıblic Visı	al Render ObjectId: 202410959349301016 - Submission	n: 2024-04	4-04	T)	IN: 51-0448002				
Form	00	20	Return of Organization Exempt From	Income	e Tax	(	OMB No. 1545-0047				
Form	33	0	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code	15)	2022						
			► Do not enter social security numbers on this form as it may			-,					
		f the Treasury	Go to <u>www.irs.gov/Form990</u> for instructions and the lagent structure in th	itest inform	ation.		Open to Public Inspection				
		nue Service									
			Ilendar year, or tax year beginning 07-01-2022 , and ending 06-30 C Name of organization	-2023	D Employer i	donti	ication number				
		applicable: change	CENTRAL FLORIDA CARES HEALTH SYSTEM INC		51-044800		ication number				
<ul> <li>Address change</li> <li>Name change</li> <li>Initial return</li> </ul>				)2							
_		eturn rn/terminated	Doing business as	Doing business as							
		ed return	Number and street (or P.O. box if mail is not delivered to street address) Room/suite	2	E Telephone n	umber					
	plicat	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								
					G Gross receip		14,067,239				
			F Name and address of principal officer: MARIA BLEDSOE		s a group retur	n for					
			707 MENDHAM BLVD 201 ORLANDO, FL 32825		dinates? Il subordinates		UYes VNo				
I Ta	x-exe	mpt status:	✓ 501(c)(3) □ 501(c) ( ) ◀ (insert no.) □ 4947(a)(1) or □ 527	includ	led? ," attach a list	Soo	Yes No				
JW	ebsi	te: CEN	TRALFLORIDACARES.ORG		exemption nu						
	000				·						
K For	m of o	organization:	✓ Corporation □ Trust □ Association □ Other ►	L Year of forma	ation: 2003 M	State	of legal domicile: FL				
	( ]										
F	art I	Sumi Briefly des	cribe the organization's mission or most significant activities:								
e			NAGES BEHAVIORAL HEALTH SYSTEM FOR PERSONS WITH MENTAL HEALTH AND/OR SUBSTANCE USE DISORDERS								
aŭ											
шə											
Governance		Check thi Number c		3	21						
*8			4	21							
Activities			f independent voting members of the governing body (Part VI, line 1b) . ber of individuals employed in calendar year 2022 (Part V, line 2a)			5	23				
IMI			ber of volunteers (estimate if necessary)			6	21				
Ac	7a	Total unre	lated business revenue from Part VIII, column (C), line 12			7a	0				
	b	Net unrel	ated business taxable income from Form 990-T, Part I, line 11 $\ldots$ .			7b	0				
				Prie	or Year		Current Year				
g	8		ons and grants (Part VIII, line 1h)		93,939,616		114,067,239				
Revenue	9	5	service revenue (Part VIII, line 2g)		0		0				
Rev			nt income (Part VIII, column (A), lines 3, 4, and 7d) . . . . enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0		0				
				0 114,067,239							
	_		nue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		93,939,616						
			d similar amounts paid (Part IX, column (A), lines 1–3)		0		852				
			other compensation, employee benefits (Part IX, column (A), line 4)		1,814,230		2,080,638				
Sec			nal fundraising fees (Part IX, column (A), line 11e)		0		0				
Exp enses			aising expenses (Part IX, column (D), line 25) ▶0								
ă			enses (Part IX, column (A), lines 11a–11d, 11f–24e)		91,808,743		111,816,244				
	18	Total expe	enses. Add lines 13-17 (must equal Part IX, column (A), line 25)		93,622,973		113,897,734				
	19	Revenue	ess expenses. Subtract line 18 from line 12	316,643		169,505					
s or	Γ		Beginning of Current Year								
sets alan	20	Total asse					End of Year				
92 cm			ts (Part X, line 16)								
₹P		Total liabi	ts (Part X, line 16)		26,850,905		End of Year 26,919,996 25,679,738				
Net Assets or Fund Balances	21				26,850,905		26,919,996				

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.

For Paper Form 990 ( Part III 1 Brief "CENTRAL I PROVIDERS DEPARTMEI COMMUNIT SUBSTANCI PROVIDERS SERVES. CI PERCENT CI PERCENT CI 2 Did t the p If "Ye	Y Firm's address ► 255 S ORANGE AVEN ORLANDO, FL 3280 S discuss this return with the preparer sh vork Reduction Act Notice, see the se	Preparer's signature NUE SUITE 600 1 nown above? See Instructions. eparate instructions. Page 2 Accomplishments se or note to any line in this Part III CFCHS) IS A NON-PROFIT, 501(C)(3) STANCE ABUSE AND MENTAL HEALTH CUITS 9 AND 18. CFCHS' BOARD OF IC STO CLIENTS WITH NO INSURANCE C SUBSTANCE ABUSE AND MENTAL HEALTH ED COMMUNITY MENTAL CENTERS FO E HOMELESS OR INDIGENT.	self-employed         Firm's EIN ▶ 59-3070         Phone no. (407) 740-3         Phone no. (407) 740-3         Cat. No. 11282Y         Cat. No. 11282Y         RGANIZATION ESTABLISHED BY A         SERVICES TO CHILDREN AND ADU         RECTORS IS COMPRISED OF 25%         PROVIDER AGENCIES TO PROVIDE         NADEQUATE INSURANCE COVER         INADEQUATE INSURANCE COVERAGE         THE COUNTIES IN THE COMMUNIT         THE COUNTIES IN ITS COVERAGE	63033 5400 <b>Yes</b> No Form <b>990</b> (2022 Page 2 A GROUP OF COMMUNIT N FLORIDA PROVIDERS AND 75% E AN ARRAY OF RAGE. CFCHS' IES THAT CFCHS
Paid Prepare Use On May the IR For Paper For Paper For 990 ( Part III 1 Brief "CENTRAL PROVIDERS DEPARTMEI COMMUNIT SUBSTANC PROVIDERS SERVES. CI PERCENT C	Type or print name and title         Print/Type preparer's name         Firm's name         MSL PA         Y         Firm's address         255 S ORANGE AVEN ORLANDO, FL 3280         S discuss this return with the preparer sh work Reduction Act Notice, see the set         2022)         Statement of Program Service         Check if Schedule O contains a respon         y describe the organization's mission:         CLORDA CARES HEALTH SYSTEM, INC. (r)         FOR THE PURPOSE OF PROVIDING SUB         IT OF CHILDREN & FAMILIES' (DCF) CIRNY         Y MEMBERS.CFCHS CONTRACTED WITH         ABUSE AND MENTAL HEALTH SERVICES         IN AVE A LONG HISTORY OF PROVIDING         CHS CONTRACTS WITH THE DESIGNATE         F THE CLIENTS THAT CFCHS SERVES AR	Preparer's signature NUE SUITE 600 1 nown above? See Instructions. eparate instructions. Page 2 Accomplishments se or note to any line in this Part III CFCHS) IS A NON-PROFIT, 501(C)(3) STANCE ABUSE AND MENTAL HEALTH CUITS 9 AND 18. CFCHS' BOARD OF IC STO CLIENTS WITH NO INSURANCE C SUBSTANCE ABUSE AND MENTAL HEALTH ED COMMUNITY MENTAL CENTERS FO E HOMELESS OR INDIGENT.	Check U if P003 self-employed P003 Firm's EIN ► 59-3070 Phone no. (407) 740-1 Cat. No. 11282Y Cat. No. 11282Y Cat. No. 11282Y	63033 5400 <b>Yes</b> No Form <b>990</b> (2022 Page 2 A GROUP OF COMMUNIT N FLORIDA PROVIDERS AND 75% E AN ARRAY OF RAGE. CFCHS' IES THAT CFCHS
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the p If "Ye		t program services during the year wh	ab ware not listed on	
the p If "Ye		c program services during the year wi		
If "Ye				🗆 Yes 🔽 No
3 Did t	s," describe these new services on Sche	dule O.		
	ne organization cease conducting, or ma	ke significant changes in how it condu	ts, any program	
servi If "Ye	ces? • • • • • • • • • • • • • • • • • • •	0		🗌 Yes 🛛 No
Secti	ribe the organization's program service a on 501(c)(3) and 501(c)(4) organization evenue, if any, for each program service	s are required to report the amount o		
4a (Code	: ) (Expenses \$	109,922,020 including grants of \$	852 ) (Revenue \$	)
CENT FOR DEPA MEME ARRA HAVE THE I HOMI SUBS	RAL FLORIDA CARES HEALTH SYSTEM, INC. (CF HE PURPOSE OF PROVIDING AFFORDABLE, HI RTMENT OF CHILDREN & FAMILIES' (DCF) CIRC ERS. SEE SCHEDULE O FOR MORE INFORMATI Y OF SUBSTANCE ABUSE AND MENTAL HEALTH A LONG HISTORY OF PROVIDING SUBSTANCE DESIGNATED COMMUNITY MENTAL CENTERS FO LESS OR INDIGENT.DURING THE FISCAL YEAR, TANCE ABUSE PROGRAMS. DURING THE FISCA NG SAID PERIOD, 14,068 ADULTS AND 2,985 C	CHS) IS A NON-PROFIT, 501(C)(3) ORGANI GH-QUALITY SUBSTANCE ABUSE AND MENT JUITS 9 AND 18. CFCHS' BOARD OF DIRECT ON.CFCHS CONTRACTED WITH A NETWORK SERVICES TO CLIENTS WITH NO INSURANI ABUSE AND MENTAL HEALTH SERVICES IN R THE COUNTIES IN ITS COVERAGE AREA. AN UNDUPLICATED TOTAL OF 26,106 INDI L YEAR, 12,415 ADULTS AND 1,378 CHILDR	ATION ESTABLISHED BY A GROUP OF C HEALTH SERVICES TO CHILDREN AND RS IS COMPRISED OF 25% PROVIDERS OF BEHAVIORAL HEALTH PROVIDER AGE OR INADEQUATE INSURANCE COVERA IE COMMUNITIES THAT CFCHS SERVES SIGNIFICANT PERCENT OF THE CLIENT IDUALS WERE SERVED IN BOTH THE ME N AND ADOLESCENTS RECEIVED MENTA	OMMUNITY POVIDERS ADULTS IN FLORIDA AND 75% COMMUNITY NCIES TO PROVIDE AN GE. CFCHS' PROVIDERS . CFCHS CONTRACTS WITH S THAT CFCHS SERVES ARE ENTAL HEALTH AND
<b>4b</b> (Code	: ) (Expenses \$	including grants of \$	) (Revenue \$	)
_				
_				
<b>4c</b> (Code	: ) (Expenses \$	including grants of \$	) (Revenue \$	)

4d	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$	)		
4e	Total program service expenses ►     109,922,020	,		
		F	orm <b>99</b>	<b>0</b> (2022
	Page 3			
Form	990 (2022)			Page 3
Pa	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section $501(c)(3)$ or $4947(a)(1)$ (other than a private foundation)? If "Yes," complete Schedule A $\textcircled{3}$	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions. 🐒	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>	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 <b>1</b> .	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? <i>If "Yes," complete Schedule D, Part V</i>	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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 🗐	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🗐	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> 2	11c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 💁	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 😒	11e	Yes	
	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	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 🕲	12a	Yes	<u> </u>
	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 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b		No
13	נו אין	13		No
	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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No

7/26/24, 4:49 PM

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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
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	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
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
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? <i>If "Yes," complete Schedule G, Part I.</i> See instructions.	17	No

Form 990 (2022)

	Page 4			
Form	990 (2022)			Page <b>4</b>
Pai	t IV Checklist of Required Schedules (continued)			
			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? $\ldots$ .	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? <i>If "Yes," complete Schedule L,</i> 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? <i>If "Yes," complete Schedule L, Part II</i>	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? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
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	28c		No
29	Did the organization receive more than $$25,000$ in non-cash contributions? If "Yes," complete Schedule M .	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$ ? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			NI-

7/26/24	4, 4:49 PM Central Florida Cares Health System Inc - Full Filing- Nonprofit Explorer - ProP	ublica				
1720/2	organization? If "Yes," complete Schedule R, Part V, line 2	36	I	NU		
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>	37		No		
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	Yes			
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance					
	Check if Schedule O contains a response or note to any line in this Part V					
			Yes	No		
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a	4				
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable . <b>1b</b>	C				
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes			
			orm <b>99</b>	<b>0</b> (2022		
	Page 5					
-						
	990 (2022)			Page		
	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)	_				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	3				
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No		
	b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O					
40	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No		
b	If "Yes," enter the name of the foreign country:  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? $$ . $$ .	5a		No		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No		
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c				
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b				
7	Organizations that may receive deductible contributions under section 170(c).					
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and service provided to the payor?	s <b>7a</b>		No		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		1		
	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?g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as

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

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

9 Sponsoring organizations maintaining donor advised funds.

${f a}$ Did the sponsoring organization make any taxable distributions under section 4966? .	•	•	•
--	---	---	---

- **b** Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .
- **10 Section 501(c)(7) organizations.** Enter:
  - **a** Initiation fees and capital contributions included on Part VIII, line 12  $\ldots$
  - ${\boldsymbol b}$  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities
- 11 Section 501(c)(12) organizations. Enter:
  - a Gross income from members or shareholders . . . . . . . . . .

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

10a	
10b	
11a	
11b	

. . .

7f

7g

7h

8

9a

9b

No

7/26/24, 4:4	9 PM
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7/26/24	4, 4:49 PM Central Florida Cares Health System Inc - Full Filing- Nonprofit Explorer - ProPu	blica		
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. <b>12b</b>			
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?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O $\ldots$ .	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	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	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person 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> (2022)
	Page 6			
Form	990 (2022)			Page <b>6</b>
Pai	tVI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No	o" resp	onse to	
	lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI			<
Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year <b>1a</b> 21 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent <b>1b</b> 21			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? $$ .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? $\$ .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	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 Revenue	e Code		
10-	Did the exercition have lead chapters, branches, or affiliates?	10-	Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		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		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990	12a	Yes	

**b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done

Nid the organization have a written whistlehlower nolicy? 12

https://projects.propublica.org/nonprofits/organizations/510448002/202410959349301016/full

12b

12c

Yes

Yes 17 Vac

7/26/24	, 4:49 F	PM Central Florida Cares Health System Inc - Full Filing- Nonprofit Explorer - ProPu	blica		
14		e organization have a written document retention and destruction policy?	14	Yes	
15		e process for determining compensation of the following persons include a review and approval by independent s, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The or	ganization's CEO, Executive Director, or top management official	15a	Yes	
b	Other of	officers or key employees of the organization	15b	Yes	
	If "Yes'	to line 15a or 15b, describe the process on Schedule O. See instructions.			
		e organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a e entity during the year?	16a		No
	in joint	," did the organization follow a written policy or procedure requiring the organization to evaluate its participation c venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt with respect to such arrangements?	16b		
See	ction (	C. Disclosure			
17	List the	e states with which a copy of this Form 990 is required to be filed			
18		n 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	0	wn website 🛛 Another's website 🗹 Upon request 🗌 Other (explain in Schedule O)			
19		pe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest and financial statements available to the public during the tax year.			
		he name, address, and telephone number of the person who possesses the organization's books and records: EL NYE 707 MENDHAM BLVD 201 ORLANDO, FL 32825 (407) 985-3562			
			F	orm <b>99</b>	<b>0</b> (2022
		Page 7			
Form	990 (20	)22)			Page 2
Part	VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Emp and Independent Contractors	oloyee	es,	
		Check if Schedule O contains a response or note to any line in this Part VII			
See	ction /	A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees			
<b>1a</b> Co year.	mplete	this table for all persons required to be listed. Report compensation for the calendar year ending with or within the	ie orga	nization	's tax

• 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, box 6 of 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.

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

		5				,		, ,		
<b>(A)</b> 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)					an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	for related organizations below dotted line)	Individual trustee or director			Key employee	Highest compensated employee	Former	(W-2/1099- MISC/1099- NEC)	(W-2/1099- MISC/1099- NEC)	from the organization and related organizations
(1) WAYNE R HOLMES PRESIDENT	0.50	x		x				0	0	0
(2) LUIS DELGADO VICE PRESIDENT		x		x				0	0	0
(3) IAN GOLDEN SECRETARY		x		x				0	0	0
(4) AMBER CARROLL TREASURER		x		x				0	0	0
	0.40									

7/26/24, 4:49 PM	Central Florida	Cares	Health System In	c - Fi	ull Filii	ng- I	Nonprofit Explore	er - ProPublica	
(J) LIDDIL UWLING		х		1	l	1	o	0	0
PAST PRESIDENT		~					U	0	0
(6) JULES BRACE	0.30								
DIRECTOR		х					0	0	0
(7) MARK BROMS	0.30								
DIRECTOR		х					0	0	0
(8) SHERRI GONZALES	0.30								
DIRECTOR		х					0	0	0
(9) ALEX GREENBERG	0.30	V							
DIRECTOR		х					0	0	0
(10) BABETTE HANKEY	0.20	Ň							
DIRECTOR		х					0	0	0
(11) VALERIE HOLMES	0.20	V					0		0
DIRECTOR		х					U	0	0
(12) KRISTEN HUGHES	0.30	х					0		0
DIRECTOR			^					U	0
(13) JOEL HUNTER	0.20	x					0	0	0
DIRECTOR			Х					U	0
(14) TRACT LUTZ	0.20	Ň							
DIRECTOR		х					U	0	0
(15) FREDDY MORELLO	0.30	V					0		0
DIRECTOR		х					U	0	0
(16) NATALIE MULLETT	0.20	х					0	0	0
DIRECTOR		^					U	0	U
(17) KEN PEACH	0.20	V					0		0
DIRECTOR		Х					0	0	0

Page 8 -

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

Form 990 (2022)

Part VII

Page **8** 

(A) Name and title	(B) Average hours per week (list	<b>(C)</b> Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the	(E) Reportable compensation from related	<b>(F)</b> Estimated amount of other
	any hours for related organizations below dotted line)	Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099- MISC/1099- NEC)	organizations (W-2/1099- MISC/1099- NEC)	compensation from the organization and related organizations
(18) LISA PORTELLI	0.60									
DIRECTOR		×						0	0	0
(19) THOMAS TODD	0.20	v								
DIRECTOR	••••	×						0	U	0
(20) BILL VINTROUX	0.20	V						0	0	
DIRECTOR		×						0	U	0
(21) DONNA WALSH	0.20	х						0	0	
DIRECTOR								0	U	0
(22) MARIA BLEDSOE	40.00			v				101.010	0	16.040
CHIEF EXECUTIVE OFFICER	•••			х				181,919	0	16,849
(23) DANIEL NYE	40.00			x				111 006	٥	13 415

7/26/24, 4:49 PM	Central Florida Cares Health System Inc - Full Filing- Nonprofit Explorer - ProPublica								
CHIEF FINANCIAL OFFICER	<u> </u>						111,000	Ŭ	
(24) MICHAEL LUPTON	40.00					x	120,180	0	
CHIEF INFORMATION OFFICER		••••				^	120,100	0	
(25) TRINITY SCHAWB									

CHIEF INFORMATION OFFICER						х		120,180	0	13,704
(25) TRINITY SCHAWB	40.00									
CHIEF OPERATIONS OFFICER						Х		119,240	0	13,529
(26) NIKAURY MUNOZ	40.00					v		112 174	0	13,166
CHIEF INFORMATION OFFICER	•••					X		112,174	0	13,100
1b Sub-Total										
d Total (add lines 1b and 1c)					•			644,519	0	70,663

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization  $\blacktriangleright~5$ 2

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

## Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation				
FIVE POINTS	TECHNOLOGY SERVICES	526,953				
PO BOX 37445 TALLAHASSEE, FL 32315						
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 1						

Form 990 (2022)

.....

13,704

_			-
D-		0	- C
- C	ıu	e	

Form 990 (2	022)						Page <b>9</b>
Part VIII	Statement of Rev	venue					
	Check if Schedule O	contains a respons	e or note to an	y line in this Part VIII			🗆
				<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contribution <del>Sifts, Grants</del> and Member DtherAmt	ed campaigns is, ship dues	1a 1b					
Similar Anfiolintsdrais	sing events	1c					
<b>d</b> Related	organizations	1d					
<b>e</b> Governm	ent grants (contributions) 57,139	1e					
	contributions, gifts, grants, ar amounts not included	1f					

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100						
<b>g</b> Noncash contributions incl lines 1a - 1f:\$						
intes 1a - 11.5	1g					
h Total. Add lines 1a-1f		114,007,23				
2a		Business Code				
, enu						
Bev						
vice						
Sei -						
Program Service Revenue						
<b>f</b> All other program s	service revenue.					
<b>9 Total.</b> Add lines 2	a-2f	•				
3 Investment income	(including divider	nds, interest, and other	]			
similar amounts) . 4 Income from invest			I	+		
5 Royalties	· · · · ·			1		
	(i) Rea	l (ii) Personal				
<b>6a</b> Gross rents	6a					
<b>b</b> Less: rental			-			
expenses c Rental income	6b		-			
or (loss)	6c					
<b>d</b> Net rental income	_	<b>.</b>				
	(i) Securi	ties (ii) Other	_			
7a Gross amount from sales of	7a					
assets other than inventory			_			
Less: cost or other basis and	7b					
			-			
sales expenses Gain or (loss) d Net gain or (loss)	7c					
d Net gain or (loss)		<u> </u>				
(not including \$	of					
contributions reported See <b>Part IV</b> , line 18						
<b>b</b> Less: direct expense		8a 8b	-			
c Net income or (los			1			
9a Gross income from g See Part IV, line 19	gaming activities.	9a				
<b>b</b> Less: direct expense	ses	9b	-			
<b>c</b> Net income or (los	s) from gaming a	ctivities	_			
10-Cross calos of inve	ntony loss					
<b>10a</b> Gross sales of invervence returns and allowa	nces	10a				
<b>b</b> Less: cost of goods	s sold	10b				
<b>c</b> Net income or (los	s) from sales of in					
11a		Business Code	4			
b				+		

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<b>-</b>					
OtherRevenueMiscAmt					
d All other revenue					
e Total. Add lines 11a-11d	· · •				
<b>12 Total revenue.</b> See instructions	· · •	114,067,239	0	0	0
					Form <b>990</b> (2022)

------ Page 10 ------

## Form 990 (2022)

P	Statement of Functional Expenses           Section 501(c)(3) and 501(c)(4) organizations must c	omplete all columns.	All other organizatio	ns must complete col	umn (A).
	Check if Schedule O contains a response or note to an	y line in this Part IX			🗹
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	( <b>A</b> ) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22	852	852		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	358,863		358,863	
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	1,328,483		1,328,483	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	95,807		95,807	
9	Other employee benefits	177,398		177,398	
10	Payroll taxes	120,087		120,087	
11	Fees for services (non-employees):				
ā	Management				
t	Legal	202,440		202,440	
c	Accounting	27,270		27,270	
c	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees			F	
ç	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	110,024,909	109,921,168	103,741	
12	Advertising and promotion	695,450		695,450	
13	Office expenses	80,685		80,685	
14	Information technology	350,446		350,446	
15	Royalties				
16	Occupancy	216,405		216,405	
17	Travel	11,156		11,156	
	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	27,896	1	27,896	
20	Interest		1		
21	Payments to affiliates				
	Depreciation, depletion, and amortization	90,050		90,050	
23	Insurance	43,604		43,604	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				

https://projects.propublica.org/nonprofits/organizations/510448002/202410959349301016/full

Page **10** 

# 7/26/24, 4:49 PM

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a EQUIPMENT	29,069		29,069	
<b>b</b> OTHER EXPENSES	11,360		11,360	
c SUPPLIES	5,504		5,504	
d				
e All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e	113,897,734	109,922,020	3,975,714	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>				

Form **990** (2022)

------ Page 11 ------

Pa	art X	Balance Sheet			Page <b>1</b> 1
		Check if Schedule O contains a response or note to any line in this Part IX .			
			<b>(A)</b> Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	18,249,920	1	4,392,309
	2	Savings and temporary cash investments		2	4,902,919
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	8,340,421	4	17,204,340
	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	8	Inventories for sale or use		8	
Ass	9	Prepaid expenses and deferred charges	74,456	9	101,684
1	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D <b>10a</b> 1,684,317			
	b	Less: accumulated depreciation 1,391,948	159,733	10c	292,369
	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)	26,850,905	16	26,919,996
	17	Accounts payable and accrued expenses	11,867,624	17	16,043,062
	18	Grants payable		18	
	19	Deferred revenue	8,223,522	19	8,169,546
	20	Tax-exempt bond liabilities		20	
S	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	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	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	5,428,734	25	1,467,130
	26	Total liabilities. Add lines 17 through 25	25,780,152	26	25,679,738
Balances	27	Organizations that follow FASB ASC 958, check here F 2 and complete lines 27, 28, 32, and 33. Net assets without donor restrictions	1,070,753	27	1,240,258
nd Bal	28	Net assets with donor restrictions		28	

7/26/2	4, 4:4	9 PM Central Florida Cares Health System Inc - Fi	ull Filing- Nonprofit Explore	er - Pro	Publica
Fu	29	organizations that do not follow FASB ASC 958, check here P 🕓 and complete lines 29 through 33.			
or	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building or equipment fund $\ .\ .$		30	
SS	31	Retained earnings, endowment, accumulated income, or other funds		31	
it A	32 33	Total net assets or fund balances	1,070,753	32	1,240,258
Ne	33	Total liabilities and net assets/fund balances	26,850,905	33	26,919,996

Form 990 (2022)

# — Page 12 —

Form	990 (2022)				Page <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				
	Table revenue (revet actual Dart)/III. column (A) line (C)	1		114	067 220
1 2	Total revenue (must equal Part VIII, column (A), line 12)	1			,067,239 ,897,734
2	Revenue less expenses. Subtract line 2 from line 1	2		115	169,505
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		1	,070,753
5	Net unrealized gains (losses) on investments	5		1	,070,755
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10		1	,240,258
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Z Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both:	on a			
	Separate basis         Consolidated basis         Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both:	basis,	2b	Yes	
	Separate basis Consolidated basis Both consolidated and separate basis				
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 Sche	edule C			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the U Guidance, 2 C.F.R. Part 200, Subpart F?	niform	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	ired	3b	Yes	

Form 990 (2022)

Form 990 (2022)
Additional Data
Return to Form

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efil	e Put	olic Visual	Render	ObjectId: 2	20241095934930	1016 - Submi	ssion: 2024-	04-04	TIN: 51-0448002
	SCHEDULE A Public Charity Status and Public Support								OMB No. 1545-0047
(For	(Form 990) Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.						2022		
	artment of the Treasury				Attach to Form 9	990 or Form 99		Open to Public	
				Go to <u>www.irs</u>	<u>s.gov/Form990</u> for in	nstructions and	I the latest info		Inspection
		ne organiza RIDA CARES H	<b>tion</b> HEALTH SYSTEM	1 INC				Employer identif	cation number
Da	rt I	Reason	for Public	Charity Stat	us (All organization	s must comple	te this nart ) 9	51-0448002	
					e it is: (For lines 1 thro				
1		A church, c	convention of	churches, or as	ssociation of churches	described in <b>sec</b>	tion 170(b)(1)	(A)(i).	
2		A school de	escribed in <b>se</b>	ection 170(b)(	1)(A)(ii). (Attach Sch	nedule E (Form 9	90).)		
3		A hospital	or a cooperat	ive hospital ser	vice organization desc	ribed in <b>section</b>	170(b)(1)(A)(	iii).	
4			research orga and state:	inization operat	ed in conjunction with	a hospital descri	bed in <b>section</b> :	L70(b)(1)(A)(iii).	Enter the hospital's
5				d for the benefi mplete Part II.)	t of a college or univer )	rsity owned or op	perated by a gov	ernmental unit desc	ibed in <b>section</b>
6		A federal, s	state, or local	government or	governmental unit de	scribed in <b>sectio</b>	on 170(b)(1)(A	)(v).	
7		An organiz section 17	ation that noi 70(b)(1)(A)	rmally receives (vi). (Complete	a substantial part of it Part II.)	s support from a	governmental u	nit or from the gene	ral public described in
8					n 170(b)(1)(A)(vi).	(Complete Part I	I.)		
9									llege or university or a
10	$\Box$	An organiz	ation that no	mally receives:	ee instructions. Enter $(1)$ more than $33_{1/3}$ %	of its support fi	rom contribution	s, membership fees,	
		investment	income and	unrelated busin	nctions—subject to cer ness taxable income (le omplete Part III.)				support from gross organization after June
11		An organiz	ation organiz	ed and operated	d exclusively to test for	r public safety. S	ee section 509	(a)(4).	
12		more publi	cly supported	l organizations (	d exclusively for the be described in <b>section 5</b> s the type of supportin	09(a)(1) or se	ction 509(a)(2	). See section 509	
а		<b>Type I.</b> A solution organization	supporting or on(s) the pow	ganization oper	ated, supervised, or co	ontrolled by its s	upported organiz	zation(s), typically b	
b		Type II. A manageme	supporting c ent of the sup	organization sup porting organiz	pervised or controlled in ation vested in the sar				
с		Type III f	unctionally		supporting organizatio ions). <b>You must com</b>				ated with, its
d		functionally	/ integrated.	The organizatio	d. A supporting organi n generally must satis rt IV, Sections A and	fy a distribution	requirement and		
е		Check this	box if the org	, ganization recei	ved a written determin integrated supporting	, nation from the I		pe I, Type II, Type I	I functionally
f	Enter					-		<u>.</u>	
g			<u> </u>		upported organization(				
	(1) 🕅	lame of sup organization		(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))		anization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	No		
Tota	I								
		vork Reduc or 990-EZ.	tion Act Not	tice, see the I	nstructions for	Cat. No. 11285	ōF	Schedul	e A (Form 990) 2022
					Pa	ge 2			
Sche	dule A	(Form 990)							Page <b>2</b>
Pa	Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)								
	Section A. Public Support								
			ora/nonnrofi	te/organizations	I /510448002/20241095	03/0301016/full	•	ı	. 1

	24, 4:49 PM	Central Flori	da Cares Health S	system Inc - Full Fi	ling- Nonprofit Exp	lorer - ProPublica	
	r fiscal year beginning in) 🕨	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.").	81,689,083	80,755,264	80,586,134	93,939,616	114,067,239	451,037,336
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						
4	the organization without charge Total. Add lines 1 through 3	81,689,083	80,755,264	80,586,134	93,939,616	114,067,239	451,037,336
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.						451,037,336
	Section B. Total Support						
	lendar year r fiscal year beginning in) 🕨	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4.	81,689,083	80,755,264	80,586,134	93,939,616	114,067,239	451,037,336
8	Gross income from interest, 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	or loss from the sale of capital assets (Explain or loss from the sale of capital assets (Explain in Part VI.).						
11	Total support. Add lines 7 through						451,037,336
12	10 Gross receipts from related activities,	etc. (see instructi	ons)	<u> </u>		12	
13	First 5 years. If the Form 990 is for t	he organization's	first, second, third	d, fourth, or fifth t	ax year as a sectio	n 501(c)(3) organ	ization, check
	this box and <b>stop here</b>					► 🗆	
	Section C. Computation of Public	••	-				
	Public support percentage for 2022 (li Public support percentage for 2021 Sc					14	100.000 %
	33 1/3% support test-2022. If the					15 more, check this	100.000 %
100	and <b>stop here.</b> The organization qual	ifies as a publicly	supported organiz	ation			🕨 🗹
17a	box and <b>stop here.</b> The organization <b>10%-facts-and-circumstances tes</b> and if the organization meets the "fac	qualifies as a pu t— <b>2022.</b> If the o	blicly supported or rganization did not	rganization t check a box on li	 ne 13, 16a, or 16b	, and line 14 is 10	▶ 🗌 % or more,
b	meets the "facts-and-circumstances" to <b>10%-facts-and-circumstances tes</b> more, and if the organization meets t	st—2021. If the c	organization did no cumstances" test,	ot check a box on check this box and	line 13, 16a, 16b, d <b>stop here.</b> Expla	or 17a, and line 15 ain in Part VI how 1	5 is 10% or the organization
18	_	on did not check	a box on line 13, 1	16a, 16b, 17a, or 1	17b, check this bo	and see	
	instructions					Schedule A (I	Form 990) 2022
			Page 3	3			
Sch	edule A (Form 990) 2022						Page <b>3</b>
	Part III Support Schedule f	or Organizatio	ons Described i	in Section 509	(a)(2)		rage D
	(Complete only if you the organization fails	checked the bo	ox on line 10 of	Part I or if the o	rganization faile		er Part II. If
	Section A. Public Support			1	1		
	lendar year r fiscal year beginning in) 🕨	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1							
2							

	merchandise sold of services	
	performed, or facilities furnished in	
	any activity that is related to the	
	organization's tax-exempt purpose	
3	Gross receipts from activities that are	
	not an unrelated trade or business	

7/26/2	4, 4:49 PM	Central Florid	a Cares Health Sy	/stem Inc - Full F	iling- Nonprofit Exp	lorer - ProPublica	а	
	not an unrelated trade of business under section 513	1	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							
7a	3 received from disgualified 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	ection B. Total Support	•		•	•			
	endar year	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Tota	
-	fiscal year beginning in)	(u) 2010	(5) 2015	(0) 2020	(4) 2021	(0) 2022	(1) 1000	
9 10a	Amounts from line 6 Gross income from interest,							
100	dividends, payments received on							
	securities loans, rents, royalties and							
b	income from similar sources 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 vear as a sec	tion 501(c)(3) or	aanization,	check
	this box and <b>stop here</b>	-			-			_
Se	ction C. Computation of Public	Support Perce	entage					
<b>Se</b> 15	ection C. Computation of Public Public support percentage for 2022 (lin	Support Percenters of the second seco	<b>entage</b> divided by line 13	, column (f))		15		
	ction C. Computation of Public	Support Percenters of the second seco	<b>entage</b> divided by line 13	, column (f))				
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	aetermination.	]	3b	
с	Did the organization ensure that all support to such organi If "Yes," explain in <b>Part VI</b> what controls the organization	zations was used exclusively for section 170(c)(2)(B) purposes? put in place to ensure such use.	3c	
4a	Was any supported organization not organized in the Unite checked box 12a or 12b in Part I, answer lines 4b and 4c b	ed States ("foreign supported organization")? If "Yes" and if you below.	4a	
Ь	organization? If "Yes," describe in Part VI how the organization	n deciding whether to make grants to the foreign supported zation had such control and discretion despite being controlled or	4b	
с		zation that does not have an IRS determination under sections /I what controls the organization used to ensure that all support	4c	
5a			5a	
b	Type I or Type II only. Was any added or substituted su organization's organizing document?	pported organization part of a class already designated in the	5b	
с	Substitutions only. Was the substitution the result of an	event beyond the organization's control?	5c	
6			6	
7		or other similar payment to a substantial contributor (defined in contributor, or a 35% controlled entity with regard to a substantial 990) .	7	
8	Did the organization make a loan to a disqualified person ( complete Part I of Schedule L (Form 990).	as defined in section 4958) not described on line 7? If "Yes,"	8	
9a		y time during the tax year by one or more disqualified persons, as and organizations described in section 509(a)(1) or (2))? <i>If</i> " <i>Yes</i> ,"	-	
	,		9a	
b	Did one or more disqualified persons (as defined on line 9a organization had an interest? If "Yes," provide detail in <b>Pa</b>	a) hold a controlling interest in any entity in which the supporting <i>rt VI.</i>	9b	
с	Did a disqualified person (as defined on line 9a) have an o in which the supporting organization also had an interest?	wnership interest in, or derive any personal benefit from, assets		
10a	Was the organization subject to the excess business holdir	ngs rules of section 4943 because of section 4943(f) (regarding on-functionally integrated supporting organizations)? If "Yes,"	9c	
Ь	Did the organization have any excess business holdings in the organization had excess business holdings).	the tax year? (Use Schedule C, Form 4720, to determine whether	10a 10b	
		Schedule A		90) 2022
		Page 5 — Pag		, 2022

Sche	dule A (Form 990) 2022		F	Page 5
Pa	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?			
_		11a		<u> </u>
b	A family member of a person described on 11a above?	11b		
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			

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	

# Section C. Type II Supporting Organizations

			Yes	NO
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <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 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in **Part VI** how the organization maintained a close and continuous working relationship with the supported organization(s). 2 3 By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times 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):
  - The organization satisfied the Activities Test. Complete line 2 below. а
  - b The organization is the parent of each of its supported organizations. Complete line 3 below.  $\square$
  - С The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)  $\square$

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

	ACLIVILIES TEST. Answer lines 2a and 2b 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</i> <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described 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? <i>If "Yes" or "No", provide details in Part VI.</i>	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) 2022

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Schedule A (Form 990) 2022

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				Fd
Ра	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting 0	)rgani	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying tru 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		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		

d	Total (add lines 1a, 1b, and 1c)	1d		
е	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	<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 supporting orga	nization (see

# Schedule A (Form 990) 2022

# ----- Page 7 -

Schedule A (Form 990) 2022				Page <b>7</b>	
Part V Type III Non-Functionally Integrated	d 509(a)(3) Supporting	Organizations (con	tinued)	)	
Section D - Distributions				Current Year	
1 Amounts paid to supported organizations to accomplish	1 Amounts paid to supported organizations to accomplish exempt purposes				
2 Amounts paid to perform activity that directly furthers excess of income from activity	exempt purposes of supported	organizations, in	2		
<ul> <li>Administrative expenses paid to accomplish exempt put</li> </ul>	rnoses of supported organizati	ops	3		
		0115	-		
<b>4</b> Amounts paid to acquire exempt-use assets			4		
5 Qualified set-aside amounts (prior IRS approval require	ed - provide details in <b>Part VI</b> )		5		
6 Other distributions (describe in <b>Part VI</b> ). See instruction	ons		6		
7 Total annual distributions. Add lines 1 through 6.			7		
8 Distributions to attentive supported organizations to will details in <b>Part VI</b> ). See instructions	hich the organization is respon	sive ( <i>provide</i>	8		
<b>9</b> Distributable amount for 2022 from Section C, line 6			9		
<b>10</b> Line 8 amount divided by Line 9 amount			10		
Section E. Distribution Allocations (i) (ii)				(iii)	
		Underdistribution	าร	Distributable Amount for 2022	
		Underdistribution	าร	Distributable	
(see instructions)		Underdistribution	ıs	Distributable	
<ul> <li>(see instructions)</li> <li>1 Distributable amount for 2022 from Section C, line 6</li> <li>2 Underdistributions, if any, for years prior to 2022 (reasonable cause required <i>explain in Part VI</i>).</li> </ul>		Underdistribution	15	Distributable	
<ul> <li>(see instructions)</li> <li>1 Distributable amount for 2022 from Section C, line 6</li> <li>2 Underdistributions, if any, for years prior to 2022 (reasonable cause required <i>explain in Part VI</i>). See instructions.</li> <li>3 Excess distributions carryover, if any, to 2022:</li> <li>a From 2017</li> </ul>		Underdistribution	ns	Distributable	
<ul> <li>(see instructions)</li> <li>1 Distributable amount for 2022 from Section C, line 6</li> <li>2 Underdistributions, if any, for years prior to 2022 (reasonable cause required <i>explain in Part VI</i>). See instructions.</li> <li>3 Excess distributions carryover, if any, to 2022:</li> <li>a From 2017</li> <li>b From 2018</li> </ul>		Underdistribution		Distributable	
<ul> <li>(see instructions)</li> <li>1 Distributable amount for 2022 from Section C, line 6</li> <li>2 Underdistributions, if any, for years prior to 2022 (reasonable cause required <i>explain in Part VI</i>). See instructions.</li> <li>3 Excess distributions carryover, if any, to 2022:</li> <li>a From 2017.</li> <li>b From 2018.</li> <li>c From 2019.</li> </ul>		Underdistribution		Distributable	
<ul> <li>(see instructions)</li> <li>1 Distributable amount for 2022 from Section C, line 6</li> <li>2 Underdistributions, if any, for years prior to 2022 (reasonable cause required <i>explain in Part VI</i>). See instructions.</li> <li>3 Excess distributions carryover, if any, to 2022:</li> <li>a From 2017.</li> <li>b From 2018.</li> <li>c From 2019.</li> <li>c From 2020.</li> </ul>		Underdistribution		Distributable	
<ul> <li>(see instructions)</li> <li>1 Distributable amount for 2022 from Section C, line 6</li> <li>2 Underdistributions, if any, for years prior to 2022 (reasonable cause required explain in Part VI). See instructions.</li> <li>3 Excess distributions carryover, if any, to 2022: <ul> <li>a From 2017.</li> <li>b From 2018.</li> <li>c From 2019.</li> <li>i i i i i i i i i i i i i i i i i i i</li></ul></li></ul>		Underdistribution		Distributable	
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<ul> <li>(see instructions)</li> <li>1 Distributable amount for 2022 from Section C, line 6</li> <li>2 Underdistributions, if any, for years prior to 2022 (reasonable cause required <i>explain in Part VI</i>). See instructions.</li> <li>3 Excess distributions carryover, if any, to 2022: <ul> <li>a From 2017.</li> <li>b From 2018.</li> <li>c From 2019.</li> <li>c From 2019.</li> <li>c 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 2022 distributable amount</li> </ul> </li> </ul>		Underdistribution		Distributable	
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₽		
a Applied to underdistributions of prior years		
<b>b</b> Applied to 2022 distributable amount		
c Remainder. Subtract lines 4a and 4b from line 4.		
<ul> <li>5 Remaining underdistributions for years prior to 2022, 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.</li> </ul>		
<b>6</b> Remaining underdistributions for 2022. 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.		
<b>7 Excess distributions carryover to 2023.</b> Add lines 3j and 4c.		
8 Breakdown of line 7:		
a Excess from 2018		
<b>b</b> Excess from 2019		
<b>c</b> Excess from 2020		
<b>d</b> Excess from 2021		
<b>e</b> Excess from 2022		
	Sch	redule A (Form 990) (2022)

Page 8

### Schedule A (Form 990) 2022

**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 Part VI instructions).

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

**Additional Data** 

**Return to Form** 

Page 8

Software ID: Software Version:

efile Public Visual Rer	nder Objectld: 202410959349301016 - Submission: 2024-04-04	TIN: 51-0448002		
Schedule B Schedule of Contributors		OMB No. 1545-0047		
(Form 990) Department of the Treasury Internal Revenue Service	► Attach to Form 990, 990-EZ, or 990-PF. the Treasury ► Go to www.irs.gov/Form990 for the latest information.			
Name of the organization CENTRAL FLORIDA CARE		Employer identification number		
		51-0448002		
Organization type (ch	leck 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 foundation	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			
	$\Box$ 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>/<sub>3</sub>% 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.

**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. 30613X	Schedule B (Form 990) (2022)
	– Page 2 ––––		
Schedule B (Form 990) (2022)		F	Page <b>2</b>

Name of organization

https://projects.propublica.org/nonprofits/organizations/510448002/202410959349301016/full

**Employer identification number** 

7/26/24, 4:49 PM CENTRAL FLORIDA CARES REALIN STSTEM INC

Part I

Part I C	ontributors (see instructions). Use duplicate copies of Part I if add	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ RESTRICTED	<ul> <li>Person</li> <li>Payroll</li> <li>Noncash</li> </ul>
1			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		<u>\$</u>	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		<u>\$_</u>	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) (20

– Page 3 ––––

Schedule E	B (Form 990) (2022)		Page 3
Name of or CENTRAL F	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

1/20/24, 4.43	Central II	onda Cares riealtri System nic - i un	i liling- Nonpro		J ublica
-				\$	
(a) No. from Part I	(b) Description of noncash	property given	FMV (or	(C) • estimate) structions)	(d) Date received
				\$	
(a) No. from Part I	(b) Description of noncash	property given	FMV (or	(C) • estimate) structions)	(d) Date received
-				\$	
(a) No. from Part I	(b) Description of noncash	property given	FMV (or	(C) • estimate) structions)	(d) Date received
-				\$	
(a) No. from Part I	(b) Description of noncash	property given	FMV (or	(c) • estimate) structions)	(d) Date received
-				\$	
(a) No. from Part I	(b) Description of noncash	property given	FMV (or	(C) • estimate) structions)	(d) Date received
-				\$	
					Schedule B (Form 990) (2022)
		Page 4			
Schedule E	B (Form 990) (2022)				Page 4
Name of or CENTRAL F	ganization LORIDA CARES HEALTH SYSTEM INC				tification number
Part III	<i>Exclusively</i> religious, charitable, etc., con than \$1,000 for the year from any one con 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) th e total of <i>exclusively</i> religious, ch structions.)▶ \$	ibed in secti nrough (e) ar	nd the following	line entry. For
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Descrip	tion of how gift is held
-					
ļ	Transferee's name, address, and	(e) Transfer of gift ZIP 4 F	Relationship	of transferor to	transferee
(a) No. from Part I	(b) Purpose of gift	c) Use of gift		(d) Descrip	tion of how gift is held
_					
þ	Transferee's name, address, and	L (e) Transfer of gift ZIP 4 F	Relationship	of transferor to	transferee
(a)				/ N <b></b> -	

Additional Data

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

NO. from Part I	(b) Purpose of gift	(c) Use ot giπ	(a) Description of now gift is neia
. =			
	Transferee's name, address, and	(e) Transfer of gift ZIP 4 Relation	nship 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	(e) Transfer of gift d ZIP 4 Relation	nship of transferor to transferee
			Schedule B (Form 990) (2022)

**Return to Form** 

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

efi	le Public Visua	l Render	ObjectId: 2024109	bjectId: 202410959349301016 - Submission: 2024-04-04						
SC	HEDULE D		Sunnlemer	tal Financial State	monts		OMB No. 1545-0047			
(Form 990)							2022			
			Complete if the or Part IV, line 6, 7, 8, 9, 1	2022						
	tment of the Treasury			art IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ▶ Attach to Form 990.						
	al Revenue Service me of the organ	-	o to <u>www.irs.gov/Forn</u>	1990 for instructions and the			Inspection ification number			
	ITRAL FLORIDA CARE		EM INC				incation number			
Da	rt I Organi	antione Mai	ntaining Donor Advi	sed Funds or Other Simila	-	0448002				
Fd				s" on Form 990, Part IV, line		Journes.				
				(a) Donor advised fund	ds	(b) Funds a	nd other accounts			
1	Total number at	end of year .								
2			ns to (during year)							
3	Aggregate value	-								
4		•	••••							
5				rs in writing that the assets held clusive legal control?		funds are the				
6			-	onor advisors in writing that gran		od only for	🗆 Yes 🗌 No			
U	charitable purpo	ses and not fo	or the benefit of the donor	or donor advisor, or for any othe	er purpose conferr		sible			
	private benefit?						🗌 Yes 🗌 No			
Ра		vation Ease		all an Fauna 000 Davit IV line	7					
1				<u>s" on Form 990, Part IV, line</u> nization (check all that apply).	7.					
-			oublic use (e.g., recreation		vation of an histor	ically import	ant land area			
	$\frown$									
	$\square$	of natural hab			vation of a certifie	a historic str	ucture			
-		on of open spa								
2	easement on the			qualified conservation contribution	on in the form of a		n he End of the Year			
а					. 2a					
b	Total acreage rea	stricted by con	servation easements							
с	Number of conse	ervation easem	nents on a certified histori	c structure included in (a)	2c					
d			nents included in (c) acqui National Register	ired after July 25, 2006, and not	on a <b>2d</b>					
3	Number of cons tax year <b>&gt;</b>	ervation easer	nents modified, transferre	d, released, extinguished, or ter	minated by the or	ganization du	iring the			
4	Number of state	es where prope	erty subject to conservation	on easement is located 🕨						
5	Does the organi	zation have a	written policy regarding th	ne periodic monitoring, inspectior	n, handling of viol	ations,				
_			rvation easements it holds	s?	enforcing conserv		JYes 🗆 No			
6	<u>►</u>		2		-		- /			
7	Amount of expe	nses incurred	in monitoring, inspecting,	handling of violations, and enfor	cing conservation	easements o	luring the year			
8				above satisfy the requirements .			Yes 🗌 No			
9	balance sheet, a	and include, if		ervation easements in its revenu footnote to the organization's fir ts.						
Par	t III Örgani	zations Mai	ntaining Collections	of Art, Historical Treasure		milar Asse	ets.			
				s" on Form 990, Part IV, line		hala.	turnel a statistica i			
1a	historical treasu	res, or other s	imilar assets held for pub	C 958, not to report in its revent lic exhibition, education, or resea ents that describes these items.						
b	If the organizati historical treasu following amour	res, or other s	imilar assets held for pub	SC 958, to report in its revenue si lic exhibition, education, or resea	tatement and bala arch in furtherance	ance sheet we e of public se	orks of art, rvice, provide the			
(	(i) Revenue includ	led on Form 99	00, Part VIII, line 1			▶\$				
2	If the organizati	on received or	held works of art, histori	cal treasures, or other similar as ASC 958 relating to these items:			the			
а						·				
b										
For	Paperwork Redu	iction Act No	tice, see the Instructio	ns for Form 990.	Cat. No. 5228	3D Sched	ule D (Form 990) 2022			

					I	Page 2								
hed	ule D	(Form 990) 2022												Page
	III	Organizations M	aintaining Col	lections o	of Art, I	Historio	al Tr	eası	ires, o	r Other	Similar	Assets (con	tinued)	ruge
		the organization's acq (check all that apply):	uisition, accessior											
a	Public exhibition d  Loan or exchange programs													
)		Scholarly research				e		Othe	r					
:		Preservation for future	e generations											
	Provic Part X	de a description of the	organization's col	lections and	explain	how the	/ furth	er the	e organiz	zation's ex	kempt purp	oose in		
	Durin	g the year, did the org s to be sold to raise fu	anization solicit or nds rather than to	receive do be maintai	nations c ned as p	of art, his art of the	torical e orgar	treas	sures or on's colle	other sim	ilar	🗌 Yes		10
art	: IV	<b>Escrow and Cust</b> Complete if the or line 21.			" on For	-m 990,	Part 1	[V, lir	ne 9, or	· reporte	d an amc			-
1		organization an agent												
	includ	led on Form 990, Part	X?					• •				🗌 Yes		lo
b	If "Ye	s," explain the arrange	ement in Part XIII	and comple	ete the fo	ollowina t	able:					Amount		_
C		ning balance								1c				_
ł	Additi	ons during the year .								1d				
9		butions during the yea								1e				
		g balance								1f				
ľ	Did th	- ne organization include	an amount on Fo	rm 990 Par	+ X line	21 for e	scrow	or cu	stodial a	account lia	ability2			
												_		10
	t V	s," explain the arrange Endowment Fun		Спеск пеге	e ir the e	xpianatic	n nas	been	provide	a în Part 7	· · · ·	. U		
cii		Complete if the or		vered "Yes	" on For	-m 990,	Part 1	[V, lir	ne 10.					
				(a) Currer	nt year	<b>(b)</b> Pr	ior year		<b>(c)</b> Two y	ears back	(d) Three	years back (e	) Four yea	ars bacl
I B	Beginni	ing of year balance .		-										
• 0	Contrib	outions												
: N	let inv	estment earnings, gair	ns, and losses											
6	Grants	or scholarships	•											
		expenditures for faciliti	es											
Α	dmini	strative expenses .												
, E	nd of	year balance												
		le the estimated perce	5	ent year end	l balance	e (line 1g	, colun	nn (a	)) held a	IS:				
1	Board	l designated or quasi-e	endowment 🕨											
5	Perma	anent endowment 🕨												
5	Term	endowment 🕨												
	The p	ercentages on lines 2a	, 2b, and 2c shou	ld equal 100	0%.									
9		nere endowment funds ization by:	not in the posses	sion of the	organiza	tion that	are he	ld an	d admin	istered fo	r the		Yes	Na
	-	nrelated organizations										3a(i		No
		elated organizations				• •	•	• •	• •			3a(ii		
,	• •	s" on 3a(ii), are the re										. 3b	, 	
		ibe in Part XIII the inte	-		•									
art	: VI	Land, Buildings,	and Equipme	nt.										
		Complete if the or												
	Descri	ption of property	(a) Cost or oth (investme		(B) Cost	. or other i		uner)	(C) ACC	umulated t	lepreciation	(a)	3ook valu	e
a L	and													
bΒ	uilding	gs							1					
		old improvements										1		
		nent					1,684	4,317			1,391,948	3		292,36
		lines 1a through 1e. (C	L Column (d) must e	aual Form (	990 Parl	t X colur	nn (R)	line	10(c)		•	+		292,3

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022

Part VII Investments - Other Securities.				Fage J
Complete if the organization answered "Yes" on Form 990, F				
(a) Description of security or category (including name of security)	<b>(b)</b> Book value	Cost	(c) Method of va or end-of-year i	
(1) Financial derivatives				
(2) Closely-held equity interests				
(3)Other (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, F	Part IV,	line 11c. See For	m 990, Part X	, line 13.
(a) Description of investment		(b) Book value	(c) Meth	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.)	*			
Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, P	art IV, l	ine 11d. See For	m 990, Part X,	line 15.
(a) Description				(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 Y         Other Liabilities			🕨	

## Part X Other Liabilities

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.See Form 990, Part X, line 25.
(a) Description of liability (b) Book value

(1) Federal income taxes

1.

	1
DUE TO FLORIDA DEPT OF CHILDREN AND FAMILIES	1,467,130
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	1,467,130
2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial state	ments that reports the
organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has be	en provided in Part XIII 🔽
S	chedule D (Form 990) 2022

		Page 4				
Sche	dule D (Form 990) 2022					Page <b>4</b>
	<b>t XI</b> Reconciliation of Revenue per Audited Final Complete if the organization answered 'Yes' on F				Return.	
1	Total revenue, gains, and other support per audited financial sta				1	114,067,239
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 2a through 2d		•		2e	0
3	Subtract line <b>2e</b> from line <b>1</b>				3	114,067,239
4	Amounts included on Form 990, Part VIII, line 12, but not on lin	ne <b>1</b> :				
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
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990,	Part I, line 12.)			5	114,067,239
Par	TXII Reconciliation of Expenses per Audited Fina Complete if the organization answered 'Yes' on F				r Return.	
1	Total expenses and losses per audited financial statements				1	113,897,734
2	Amounts included on line 1 but not on Form 990, Part IX, line 2					
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
3	Subtract line <b>2e</b> from line <b>1</b>				3	113,897,734
4	Amounts included on Form 990, Part IX, line 25, but not on line	e <b>1:</b>				
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
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990	, Part I, line 18	).		5	113,897,734
Pa	t XIII Supplemental Information				<u> </u>	
	vide the descriptions required for Part II, lines 3, 5, and 9; Part II s 2d and 4b; and Part XII, lines 2d and 4b. Also complete this pa				art V, line 4; Pa	art X, line 2; Part XI,
	Return Reference			Explanation		
PART	501(C)(3) C FURTHERAN	OF THE INTERNA	AL REV	AS EXEMPT FROM FEDE ENUE CODE ("IRC"). A PT PURPOSE IS EXEMP VANCIAL STATEMENTS	S A RESULT, IΝ Γ FROM FEDER	ICOME EARNED IN AL AND STATE INCOMI

Schedule D (Form 990) 2022

TAXES.

# **Additional Data**

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Software ID: Software Version:

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

	Render ObjectId: 202410	959349	301016 - Submission: 2024-04-	04	TIN: 51-	0448	002		
Schedule J	Comp	OMB No. 1545-0047							
Form 990)	For certain Officers, Di		00						
	Complete if the organiza	Compensa tion answ	ated Employees vered "Yes" on Form 990, Part IV, lir	ne 23.	2022				
epartment of the Treasury	► Go to www.irs.gov/For		i to Form 990. instructions and the latest informat	ion.	Open t	o Pul	olic		
ternal Revenue Service	rnal Revenue Service								
Name of the organiza CENTRAL FLORIDA CARE	ition IS HEALTH SYSTEM INC		En	nployer identi	fication nu	mber			
<b>B 1 1 1 1</b>			51	-0448002					
Part I Question	ons Regarding Compensation					Yes	No		
La Check the appro 990, Part VII, Se	piate box(es) if the organization provi	ded any o provide an	f the following to or for a person listed or y relevant information regarding these it	n Form tems.		Tes	NU		
First-class	or charter travel		Housing allowance or residence for per	sonal use					
_	companions		Payments for business use of personal	residence					
	ification and gross-up payments		Health or social club dues or initiation f						
	ary spending account		Personal services (e.g., maid, chauffeu	r, chef)					
reimbursement	or provision of all of the expenses des	cribed abo	follow a written policy regarding paymer ve? If "No," complete Part III to explain	nt or 	· 1b				
2 Did the organiza directors, truste	tion require substantiation prior to rei es, officers, including the CEO/Executi	mbursing ve Directo	or allowing expenses incurred by all r, regarding the items checked on Line 1	a?	2				
	,,		,						
organization's C	EO/Executive Director. Check all that a	apply. Do r	d to establish the compensation of the ot check any boxes for methods CEO/Executive Director, but explain in Pa	art III.					
🗹 Compensa	tion committee		Written employment contract						
	ent compensation consultant		Compensation survey or study						
□ Form 990	of other organizations		Approval by the board or compensation	n committee					
<ul> <li>During the year, related organiza</li> </ul>		art VII, Se	ction A, line 1a, with respect to the filing	organization o	ra				
a Receive a severa	ance payment or change-of-control par	yment? .			4a		No		
	receive payment from, a supplement	-	-		4b		No		
	receive payment from, an equity-bas f lines 4a-c list the persons and provi		nsation arrangement?		4c		No		
in teo to any e		de the upp		•					
5 For persons liste	), 501(c)(4), and 501(c)(29) organ d on Form 990, Part VII, Section A, lir antingent on the revenues of:								
•					5a		No		
	inization?	· · ·			5a 5b		No		
	5a or 5b, describe in Part III.								
	d on Form 990, Part VII, Section A, lir	ne 1a. did	the organization pay or accrue any						
5 For persons liste	ontingent on the net earnings of:	,							
5 For persons liste					6a		No		
<ul> <li>For persons liste compensation of</li> <li>The organization</li> <li>Any related organization</li> </ul>	n?	· · · ·	 		6a 6b		No No		
<ul> <li>For persons liste compensation of</li> <li>The organization</li> <li>Any related organization</li> <li>If "Yes," on line</li> </ul>	n?		· · · · · · · · · · · · · · · · · · ·						
<ul> <li>For persons liste compensation of</li> <li>The organization</li> <li>Any related orga If "Yes," on line</li> <li>For persons liste payments not do</li> </ul>	n? nization? 6a or 6b, describe in Part III. d on Form 990, Part VII, Section A, lir sscribed in lines 5 and 6? If "Yes," des	ne 1a, did cribe in Pa	rt III						
<ul> <li>For persons liste compensation of a The organization of Any related orga If "Yes," on line</li> <li>For persons liste payments not do</li> <li>Were any amoun subject to the ir</li> </ul>	n? inization? 6a or 6b, describe in Part III. d on Form 990, Part VII, Section A, lir escribed in lines 5 and 6? If "Yes," des its reported on Form 990, Part VII, pa	ne 1a, did cribe in Pa iid or accu egulations	rt III . red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," descr	  ibe	6b 7		No		
<ul> <li>For persons liste compensation of a The organization</li> <li>The organization</li> <li>Any related orga If "Yes," on line</li> <li>For persons liste payments not do</li> <li>Were any amoun subject to the in in Part III .</li> </ul>	n? inization? 6a or 6b, describe in Part III. d on Form 990, Part VII, Section A, lir escribed in lines 5 and 6? If "Yes," des ints reported on Form 990, Part VII, pa itial contract exception described in Ro	ne 1a, did cribe in Pa id or accu egulations	rt III . red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," descr		6b 7 8		No		

– Page 2 ––––

Schedule J (Form 990) 2022 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) (iii) Other (i) Base (ii) Bonus & incentive compensation compensation reportable deferred on prior compensation Form 990 compensation 1 MARIA BLEDSOE CHIEF EXECUTIVE OFFICER 181,919 7,635 (i) 0 0 9,214 198,768 0 - - - - - -. . . . . 0 (ii) ----0 0 0 0 ----

Explanation

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**Additional Data** 

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Schedule J (Form 990) 2022

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FORM 990, PART VI, SECTION B, LINE 11B	COMM	ITTEE CHA		PRESENT THE B	BOARD WITH	H THE APP	PROVED FOR	V AND APPROVAL RM 990 FOR REV	THE FINANCE IEW AND APPROVAL.				
FORM 990, PART VI, SECTION B, LINE 12C	CFCHS DISTRIBUTES A LIST OF ITS PROVIDERS, CONTRACTORS AND VENDORS TO ITS BOARD MEMBERS AND STAFF AT LEAST ONCE PER YEAR. RECIPIENTS ARE ASKED TO REVIEW THE LIST AND DISCLOSE ANY CONFLICT THAT THEY HAVE WITH THE LISTED ENTITIES. CONFLICTS ARE DISCLOSED ON A FORM AND RECIPIENTS ARE REQUIRED TO ATTEST TO THEIR COMPLETED FORM. STAFF IS PROVIDED WITH TRAINING ON CONFLICT OF INTEREST DEFINITIONS AND REPORTING REQUIREMENTS. A LIST OF ALL DISCLOSED CONFLICTS IS MAINTAINED AND USED AT BOARD MEETINGS TO ENSURE THAT, AS APPLICABLE, MEMBERS WITH DISCLOSED CONFLICTS ARE RECUSED FROM VOTING.												
FORM 990, PART VI, SECTION B, LINE 15	DIREC	TORS' EXE		TTEE. DETERM	IINATION FO	OR COMPA	ARABILITY D	A CARES HEALTI ATA AND CONTEN	H SYSTEM'S BOARD OF MPORANEOUS				
FORM 990, PART VI, SECTION C, LINE 19			ON MAKES ITS AILABLE TO THE			,	CT OF INTER	REST POLICY, ANI	) FINANCIAL				
FORM 990, PART IX, LINE 11G	CONTRACT SERVICES - ADULT MENTAL HEALTH: PROGRAM SERVICE EXPENSES 57,228,308. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 57,228,308. CONTRACT SERVICES - CHILD & ADOLESCENT MENTAL HEALTH: PROGRAM SERVICE EXPENSES 4,431,345. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 4,431,345. CONTRACT SERVICES - CHILD SUBSTANCE ABUSE: PROGRAM SERVICE EXPENSES 12,028,885. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 12,028,885. CONTRACT SERVICES - ADULT SUBSTANCE ABUSE: PROGRAM SERVICE EXPENSES 36,232,630. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 36,232,630. OTHER PROFESSIONAL FEES: PROGRAM SERVICE EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 94,394. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 94,394. PAYROLL PROCESSING FEES: PROGRAM SERVICE EXPENSES 0. MANAGEMENT AND GENERAL EXPENSES 9,347. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 9,347.												
FORM 990, PART XII, LINE 2C	FOR T	HE SELECT		ING AND EVALU	JATION OF A	AN INDEPI	ENDENT AUD	DIT FIRM AND OV	TEE IS RESPONSIBLE ERSIGHT OF THE				

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

# **Additional Data**

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Schedule O (Form 990) 2022

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