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LBMC

MAKE A GOOD
BUSINESS BETTER

Nashville | 615-377-4600 | LBMC.com
201 Franklin Road, Suite 400 | PO Box 1869 | Brentwood, TN 37027

DECEMBER 18, 2019

CENTERSTONE OF KENTUCKY
F/K/A SEVEN COUNTIES SERVICES, INC.
44 VANTAGE WAY SUITE 400
NASHVILLE, TN 37228
ATTENTION: STEVE HOLMAN

DEAR STEVE

ENCLOSED ARE THE ORIGINAL AND ONE COPY OF THE 2018 EXEMPT ORGANIZATION RETURN,
AS FOLLOWS...

2018 FORM 990

EACH ORIGINAL SHOULD BE DATED, SIGNED AND FILED IN ACCORDANCE WITH THE FILING
INSTRUCTIONS. THE COPY SHOULD BE RETAINED FOR YOUR FILES.

WE SINCERELY APPRECIATE THE OPPORTUNITY TO SERVE YOU. PLEASE CONTACT US IF
YOU HAVE ANY QUESTIONS CONCERNING THE TAX RETURN.

VERY TRULY YOURS,

JEFF TALLEY

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

JUNE 30, 2019

PREPARED FOR:

CENTERSTONE OF KENTUCKY
F/K/A SEVEN COUNTIES SERVICES, INC.
44 VANTAGE WAY SUITE 400
NASHVILLE, TN 37228

PREPARED BY:

LBMC, PC
P.O. BOX 1869
BRENTWOOD, TN 37024-1869

AMOUNT DUE OR REFUND:

NOT APPLICABLE

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

NOT APPLICABLE

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

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

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2018, or fiscal year beginning JUL 1, 2018, and ending JUN 30, 2019

2018

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **Go to www.irs.gov/Form8879EO for the latest information.**

| | |
|---|---|
| Name of exempt organization CENTERSTONE OF KENTUCKY F/K/A SEVEN COUNTIES SERVICES, INC. | Employer identification number 31-0939757 |
|---|---|

Name and title of officer
**STEVE HOLMAN
CHIEF FINANCIAL OFFICER**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, or 5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, or 5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

| | | |
|---|--|-------------------------------|
| 1a Form 990 check here ▶ <input checked="" type="checkbox"/> | b Total revenue , if any (Form 990, Part VIII, column (A), line 12) | 1b <u>101,535,834.</u> |
| 2a Form 990-EZ check here ▶ <input type="checkbox"/> | b Total revenue , if any (Form 990-EZ, line 9) | 2b _____ |
| 3a Form 1120-POL check here ▶ <input type="checkbox"/> | b Total tax (Form 1120-POL, line 22) | 3b _____ |
| 4a Form 990-PF check here ▶ <input type="checkbox"/> | b Tax based on investment income (Form 990-PF, Part VI, line 5) | 4b _____ |
| 5a Form 8868 check here ▶ <input type="checkbox"/> | b Balance Due (Form 8868, line 3c) | 5b _____ |

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize LBMC, PC to enter my PIN 06274
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ ***** THIS IS NOT A FILEABLE COPY *** Date ▶ _____

Part III Certification and Authentication

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

62279762279

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ 12/18/19

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

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2018

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the **2018** calendar year, or tax year beginning **JUL 1, 2018** and ending **JUN 30, 2019**

| | | |
|--|--|--|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization CENTERSTONE OF KENTUCKY F/K/A SEVEN COUNTIES SERVICES, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 44 VANTAGE WAY SUITE 400 City or town, state or province, country, and ZIP or foreign postal code NASHVILLE, TN 37228 F Name and address of principal officer: ABBREIAL DRANE 10101 LINN STATION RD. SUITE 600, LOUISVILLE | D Employer identification number 31-0939757 E Telephone number 502-589-8615 G Gross receipts \$ 101,935,013. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶ |
| I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | |
| J Website: ▶ WWW.CENTERSTONEKY.ORG | | |
| K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ | | L Year of formation: 1978 |
| | | M State of legal domicile: KY |

Part I Summary

| | | | | |
|------------------------------------|----------------|---|--|--------------------|
| | 1 | Briefly describe the organization's mission or most significant activities: <u>WE ARE DEDICATED TO DELIVERING CARE THAT CHANGES PEOPLE'S LIVES.</u> | | |
| | 2 | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | | |
| Activities & Governance | 3 | Number of voting members of the governing body (Part VI, line 1a) | 3 | 31 |
| | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 31 |
| | 5 | Total number of individuals employed in calendar year 2018 (Part V, line 2a) | 5 | 0 |
| | 6 | Total number of volunteers (estimate if necessary) | 6 | 27 |
| | 7a | Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0. |
| | 7b | Net unrelated business taxable income from Form 990-T, line 38 | 7b | 0. |
| | Revenue | 8 | Contributions and grants (Part VIII, line 1h) | Prior Year |
| 9 | | Program service revenue (Part VIII, line 2g) | 1,924,596. | 1,627,667. |
| 10 | | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 98,493,223. | 99,165,534. |
| 11 | | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 260,512. | -182,384. |
| 12 | | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 446,884. | 925,017. |
| | | | 101,125,215. | 101,535,834. |
| Expenses | | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 0. |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | 0. | 0. |
| | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 71,433,479. | 71,820,162. |
| | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | 0. | 0. |
| | b | Total fundraising expenses (Part IX, column (D), line 25) ▶ 410,949. | | |
| | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 33,954,269. | 33,014,877. |
| | 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 105,387,748. | 104,835,039. |
| | 19 | Revenue less expenses. Subtract line 18 from line 12 | -4,262,533. | -3,299,205. |
| Net Assets or Fund Balances | 20 | Total assets (Part X, line 16) | Beginning of Current Year | End of Year |
| | 21 | Total liabilities (Part X, line 26) | 28,519,619. | 27,377,534. |
| | 22 | Net assets or fund balances. Subtract line 21 from line 20 | 12,423,574. | 14,083,883. |
| | | 16,096,045. | 13,293,651. | |

Part II Signature Block

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

| | | | | | |
|-------------------------------|---|-------------------------|--------------------------|---|-------------------|
| Sign Here | Signature of officer STEVEN C. HOLMAN, CHIEF FINANCIAL OFFICER Type or print name and title | Date | | | |
| Paid Preparer Use Only | Print/Type preparer's name JILL HUDSON | Preparer's signature | Date 12/18/19 | Check if self-employed <input type="checkbox"/> | PTIN P00061190 |
| | Firm's name ▶ LBMC, PC | Firm's EIN ▶ 62-1199757 | Phone no. (615) 377-4600 | | |
| | Firm's address ▶ P.O. BOX 1869 BRENTWOOD, TN 37024-1869 | | | | |

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
"DELIVERING CARE THAT CHANGES PEOPLE'S LIVES"

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 9,731,467. including grants of \$) (Revenue \$ 14,220,627.)
COMMUNITY-BASED ADULT SERVICES ASSERTIVE COMMUNITY TREATMENT, INTENSIVE
ASSERTIVE COMMUNITY ENGAGEMENT, ADULT SERVICES, ENGAGEMENT, HOMELESS
OUTREACH, CRIMINAL JUSTICE PROGRAMS, THERAPEUTIC REHAB SERVICES, CASE
MANAGEMENT, HOUSING, AND SUPPORTED EMPLOYMNET.
CENTERSTONE PROVIDES COMMUNITY-BASED TREATMENT FOR OUR MOST VULNERABLE
CITIZENS WITH SEVERE AND PERSISTENT MENTAL ILLNESS (SPMI) AND/OR
CO-OCCURRING SUBSTANCE ABUSE USE DISORDERS. WE HAVE A DEDICATED TEAM OF
STAFF WHO PROVIDE A RANGE OF SERVICES TO MAXIMIZE THE CLIENT'S LEVEL
INDEPENDENCE, LIFE FUNCTIONING, AND QUALITY OF LIFE. THE INDIVIDUAL,
IN PARTNERSHIP WITH THEIR TEAM, PLAN, COORDINATE, MONITOR, ADJUST, AND
ADVOCATE FOR SERVICES AND SUPPORTS DIRECTED TOWARD THE ACHIEVEMENT OF
THE INDIVIDUAL'S PERSONAL GOALS FOR COMMUNITY LIVING. IN FY 18-19,

4b (Code:) (Expenses \$ 20,188,767. including grants of \$) (Revenue \$ 27,414,569.)
COMMUNITY-BASED- CHILD, INCLUDING CASE MANAGEMENT
CENTERSTONE PROVIDES OUTPATIENT MENTAL HEALTH AND SUBSTANCE ABUSE
SERVICES TO CHILDREN AND ADOLESCENTS. PROVIDED BY LICENSED
MASTERS-LEVEL CLINICIANS, THESE SERVICES INCLUDED INDIVIDUAL, FAMILY,
COUPLES, OR GROUP COUNSELING, PRIMARILY PROVIDED IN A CLINIC SETTING.

4c (Code:) (Expenses \$ 12,331,483. including grants of \$) (Revenue \$ 19,909,887.)
COUNSELING SERVICES- MH/SA CHILD, FAMILY & ADULT
CENTERSTONE PROVIDES OUTPATIENT MENTAL HEALTH AND SUBSTANCE USE
DISORDER SERVICES TO CHILDREN, ADOLESCENTS, AND ADULTS. OUR LICENSED
CLINICIANS ARE EXPERTS IN THEIR FIELDS WHO WORK WITH EACH CLIENT TO
FIGURE OUT THE BEST WAY TO HELP. PROVIDED BY LICENSED MASTERS-LEVEL
CLINICIANS, THESE SERVICES INCLUDED INDIVIDUAL, FAMILY, COUPLES, OR
GROUP COUNSELING, PRIMARILY PROVIDED IN A CLINIC SETTING. CENTERSTONE'S
COUNSELING SERVICES CAN HELP WITH ADDICTION, ANGER MANAGEMENT, ANXIETY,
DEPRESSION, STRESS AND TRAUMA, AND MANY OTHER CONCERNS. IN FY 18-20,
ADULTS COUNSELING SERVICES SERVED 4,570 CLIENTS.

4d Other program services (Describe in Schedule O.)
(Expenses \$ 45,010,758. including grants of \$) (Revenue \$ 38,183,760.)

4e Total program service expenses 87,262,475.

Part IV Checklist of Required Schedules

| | Yes | No |
|---|-----|----|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> | X | |
| 2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? | | |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> | | X |
| 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> | X | |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> | | X |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> | | X |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> | | X |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> | | X |
| 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> | | X |
| 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> | | X |
| 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. | | |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> | X | |
| b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> | | X |
| c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> | | X |
| d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> | X | |
| e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> | X | |
| f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> | X | |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> | | X |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> | X | |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> | | X |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? | | X |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> | | X |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> | | X |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> | | X |
| 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> | | X |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> | | X |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> | | X |
| 20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> | | X |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | | |
| 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? <i>If "Yes," complete Schedule I, Parts I and II</i> | | X |

Part 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? <i>If "Yes," complete Schedule I, Parts I and III</i> | | X |
| 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> | X | |
| 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> | | X |
| 24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | |
| 24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | | |
| 24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | | |
| 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> | | X |
| 25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> | | X |
| 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> | | X |
| 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> | | X |
| 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | |
| 28a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| 28b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| 28c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> | X | |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | | X |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | | X |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | | X |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | | X |
| 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> | X | |
| 34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> | X | |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | X | |
| 35b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> | | X |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | | X |
| 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> | | X |
| 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O | X | |

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

| | Yes | No |
|--|-----|----|
| 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | | |
| 1b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | | |
| 1c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | X | |

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

| | | Yes | No |
|--|--|-----|----|
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 0 | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X | X | |
| Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a | | X |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 3b | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a | | X |
| 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 | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b | | X |
| c | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | |
| a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a | X | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b | X | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c | | X |
| 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 | | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f | | X |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? ... 7g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | |
| a | Did the sponsoring organization make any taxable distributions under section 4966? 9a | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b | | |
| 10 | Section 501(c)(7) organizations. Enter: | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 10a | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | | |
| 11 | Section 501(c)(12) organizations. Enter: | | |
| a | Gross income from members or shareholders 11a | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | |
| a | Is the organization licensed to issue qualified health plans in more than one state? 13a | | |
| Note. See the instructions for additional information the organization must report on Schedule O. | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b | | |
| c | Enter the amount of reserves on hand 13c | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? 14a | | X |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 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 | | X |
| If "Yes," see instructions and file Form 4720, Schedule N. | | | |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 | | X |
| If "Yes," complete Form 4720, Schedule O. | | | |

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

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

Section A. Governing Body and Management

| | | Yes | No |
|-----------|--|-----|----|
| 1a | Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. | | |
| | 1a | 31 | |
| b | Enter the number of voting members included in line 1a, above, who are independent | | |
| | 1b | 31 | |
| 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? | | X |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | | X |
| 6 | Did the organization have members or stockholders? | X | |
| 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? | X | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | X | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | |
| a | The governing body? | X | |
| b | Each committee with authority to act on behalf of the governing body? | X | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | | X |

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **▶ KY**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **▶**
 THE ORGANIZATION - 502-589-8615
 10101 LINN STATION RD, LOUISVILLE, KY 40223

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

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

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

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

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

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

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|----------------------------------|---|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) MICHAEL ABATE CHAIR | 2.00 | X | | X | | | | 0. | 0. | 0. |
| (2) ROBERT WATSON VICE-CHAIR | 2.00 | X | | X | | | | 0. | 0. | 0. |
| (3) TIA COATLEY SECRETARY | 2.00 | X | | X | | | | 0. | 0. | 0. |
| (4) DAVID RAY TREASURER | 2.00 | X | | X | | | | 0. | 0. | 0. |
| (5) JENNIFER BALLARD DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| (6) LEE BALTZELL DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| (7) DARLENE BENZICK DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| (8) RUSSELL BIRD DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| (9) CRAIG BLAKELY DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| (10) TERRY BURDEN DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| (11) ASHLEY DISTLER DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| (12) MARESA FAWNS DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| (13) BRUCE FERGUSON DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| (14) PETER GARRISON DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| (15) KEVIN GUNN DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| (16) DENISE HALL DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| (17) TOM HIRSCH DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (18) SURINDER KAD DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| (19) BILL KENEALY DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| (20) STEVEN LEE DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| (21) KAREN LONG DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| (22) MICHAEL LORCH DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| (23) GARY MARSH DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| (24) GREG MAYES DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| (25) DAVID MILLER DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| (26) CURRY NICHOLSON VICE-CHAIR | 2.00 | X | | | | | | 0. | 0. | 0. |
| 1b Sub-total | | | | | | | | 0. | 0. | 0. |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | 2,686,694. | 0. | 214,227. |
| d Total (add lines 1b and 1c) | | | | | | | | 2,686,694. | 0. | 214,227. |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 12

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

Section B. Independent Contractors

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|---|--------------------------------|---------------------|
| MAINS'L FIN. & MGMT SVCS, INC., 7000 78TH AVENUE NORTH, BROOKLYN PARK, MN 55445 | BILLING & PAYROLL SERVICES | 671,978. |
| PALADINA HEALTH, LLC 1551 WEWATTA ST., DENVER, CO 80202 | MEDICAL SERVICES | 670,836. |
| UNIVERSITY OF LOUISVILLE 2301 S 3RD ST, LOUISVILLE, KY 40292 | MEDICAL AND SOCIAL SERVICES | 628,663. |
| THE HEALING PLACE 1020 W MARKET ST., LOUISVILLE, KY 40202 | RECOVERY SERVICES | 411,648. |
| ST VINCENT DEPAUL HOMES, 1015-C SOUTH PRESTON STREET, LOUISVILLE, KY 40203 | HOUSING SERVICES | 399,156. |

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 39

SEE PART VII, SECTION A CONTINUATION SHEETS

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|---|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (27) DENISE PERRY DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| (28) MICHAEL RINGSWALD DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| (29) FELICIA SMITH DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| (30) NEIL STAMP DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| (31) CHRIS TEELEY DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| (32) ABBREIAL DRANE CEO | 40.00 | X | | X | | | | 0. | 0. | 0. |
| (33) ANTHONY ZIPPLE FORMER CEO | 40.00 | | | | | X | | 339,636. | 0. | 17,568. |
| (34) KELLY GANNON FORMER COO | 40.00 | | | | | X | | 134,045. | 0. | 19,764. |
| (35) CHRISTOPHER ROSZMAN FORMER CFO | 40.00 | | | | | X | | 180,653. | 0. | 31,035. |
| (36) RUCHITA AGRAWAL CHIEF MEDICAL OFFICER ADULTS | 40.00 | | | X | | | | 227,354. | 0. | 23,309. |
| (37) SUSAN RITTENHOUSE CAO | 40.00 | | | X | | | | 132,708. | 0. | 12,306. |
| (38) SCOTT HEDGES CMO | 40.00 | | | X | | | | 256,954. | 0. | 30,857. |
| (39) PUKUR PATEL ASSOCIATE CHIEF MEDICAL OF | 40.00 | | | | X | | | 241,325. | 0. | 17,263. |
| (40) ROBERTS ADAM SR. PSYCHIATRIST | 40.00 | | | | X | | | 239,259. | 0. | 18,199. |
| (41) GERRY WICHMANN PSYCHIATRIST | 40.00 | | | | X | | | 229,711. | 0. | 19,703. |
| (42) SARWAT MIAN ASSISTANT MEDICAL DIRECTOR | 40.00 | | | | X | | | 249,098. | 0. | 9,964. |
| (43) TATYANA RYBAKOVA PSYCHIATRIST | 40.00 | | | | X | | | 222,233. | 0. | 7,507. |
| (44) MICHAEL MAYO CHILD PSYCHIATRIST | 40.00 | | | | X | | | 233,718. | 0. | 6,752. |
| Total to Part VII, Section A, line 1c | | | | | | | | 2,686,694. | | 214,227. |

Part VIII Statement of Revenue

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

| | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 | |
|---|--|---|----------------------|---|---|--|--|
| Contributions, Gifts, Grants and Other Similar Amounts | 1 a Federated campaigns | 1a | | | | | |
| | b Membership dues | 1b | | | | | |
| | c Fundraising events | 1c | | | | | |
| | d Related organizations | 1d | | | | | |
| | e Government grants (contributions) | 1e | 1,575,410. | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 52,257. | | | | |
| | g Noncash contributions included in lines 1a-1f: \$ | | | | | | |
| | h Total. Add lines 1a-1f | | 1,627,667. | | | | |
| Program Service Revenue | 2 a <u>MEDICARE/MEDICAID</u> | Business Code 624100 | 56,518,762. | 56,518,762. | | | |
| | b <u>GOVERNMENT AGENCIES</u> | 624100 | 39,985,922. | 39,985,922. | | | |
| | c <u>PRIVATE PAY & INSURANC</u> | 624100 | 2,507,764. | 2,507,764. | | | |
| | d <u>OTHER PROGRAMS</u> | 624100 | 153,086. | 153,086. | | | |
| | e | | | | | | |
| | f All other program service revenue | | | | | | |
| | g Total. Add lines 2a-2f | | 99,165,534. | | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | 216,795. | | | 216,795. | |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | | |
| | 5 Royalties | | | | | | |
| | 6 a Gross rents | (i) Real | 341,935. | | | | |
| | | (ii) Personal | | | | | |
| | | Less: rental expenses | 0. | | | | |
| | c Rental income or (loss) | | 341,935. | | | | |
| | d Net rental income or (loss) | | 341,935. | | | 341,935. | |
| | 7 a Gross amount from sales of assets other than inventory | (i) Securities | | | | | |
| | | (ii) Other | | | | | |
| | | Less: cost or other basis and sales expenses | | 399,179. | | | |
| | | c Gain or (loss) | | -399,179. | | | |
| | d Net gain or (loss) | | -399,179. | | | -399,179. | |
| | 8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 | a | | | | | |
| | | b Less: direct expenses | b | | | | |
| c Net income or (loss) from fundraising events | | | | | | | |
| 9 a Gross income from gaming activities. See Part IV, line 19 | a | | | | | | |
| | b Less: direct expenses | b | | | | | |
| | c Net income or (loss) from gaming activities | | | | | | |
| 10 a Gross sales of inventory, less returns and allowances | a | | | | | | |
| | b Less: cost of goods sold | b | | | | | |
| | c Net income or (loss) from sales of inventory | | | | | | |
| Miscellaneous Revenue | | Business Code | | | | | |
| 11 a <u>MISCELLANEOUS</u> | 900099 | 563,309. | 563,309. | | | | |
| b <u>INCOME FROM MEALS/VEND</u> | 900099 | 19,773. | | | 19,773. | | |
| c | | | | | | | |
| d All other revenue | | | | | | | |
| e Total. Add lines 11a-11d | | 583,082. | | | | | |
| 12 Total revenue. See instructions | | 101,535,834. | 99,728,843. | 0. | 179,324. | | |

Part IX Statement of Functional Expenses

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ... | | | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 1,075,589. | 1,059,345. | 15,939. | 305. |
| 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 | 55,806,932. | 54,964,085. | 827,003. | 15,844. |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | | | | |
| 9 Other employee benefits | 14,937,641. | 14,712,039. | 221,361. | 4,241. |
| 10 Payroll taxes | | | | |
| 11 Fees for services (non-employees): | | | | |
| a Management | 14,489,358. | | 14,100,566. | 388,792. |
| b Legal | | | | |
| c Accounting | | | | |
| d Lobbying | 18,000. | | 18,000. | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | | | | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) | 4,075,381. | 3,544,828. | 530,553. | |
| 12 Advertising and promotion | 77,438. | 63,396. | 14,013. | 29. |
| 13 Office expenses | 163,294. | 138,282. | 24,970. | 42. |
| 14 Information technology | 739,681. | 672,764. | 66,917. | |
| 15 Royalties | | | | |
| 16 Occupancy | 4,434,586. | 4,074,182. | 360,404. | |
| 17 Travel | 1,189,981. | 1,144,212. | 45,769. | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... | | | | |
| 19 Conferences, conventions, and meetings | 592,232. | 484,844. | 107,168. | 220. |
| 20 Interest | 104,336. | 55,534. | 48,802. | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 1,154,380. | 1,044,199. | 109,958. | 223. |
| 23 Insurance | 533,790. | 436,999. | 96,593. | 198. |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a CLIENT RELATED SUPPLIES | 2,309,642. | 2,013,409. | 295,638. | 595. |
| b BAD DEBT EXPENSE | 896,676. | 896,676. | | |
| c MISCELLANEOUS | 820,534. | 686,485. | 133,738. | 311. |
| d EQUIPMENT EXPENSE | 652,968. | 584,355. | 68,613. | |
| e All other expenses | 762,600. | 686,841. | 75,610. | 149. |
| 25 Total functional expenses. Add lines 1 through 24e | 104,835,039. | 87,262,475. | 17,161,615. | 410,949. |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. | | | | |

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

| | | (A) Beginning of year | | (B) End of year |
|--|--|--------------------------|-------------|--------------------|
| Assets | 1 Cash - non-interest-bearing | 1,646,459. | 1 | 2,996,024. |
| | 2 Savings and temporary cash investments | | 2 | |
| | 3 Pledges and grants receivable, net | 775,533. | 3 | 1,303,413. |
| | 4 Accounts receivable, net | 6,739,565. | 4 | 6,993,298. |
| | 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | | 5 | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L | | 6 | |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sale or use | 40,897. | 8 | 25,990. |
| | 9 Prepaid expenses and deferred charges | 967,642. | 9 | 888,186. |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 18,325,136. | | |
| | b Less: accumulated depreciation | 10b 9,167,006. | | |
| | 11 Investments - publicly traded securities | 11,268,501. | 10c | 9,158,130. |
| | 12 Investments - other securities. See Part IV, line 11 | 5,043,522. | 11 | 4,119,993. |
| | 13 Investments - program-related. See Part IV, line 11 | 80,000. | 12 | |
| | 14 Intangible assets | | 13 | 80,000. |
| | 15 Other assets. See Part IV, line 11 | 1,957,500. | 14 | |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 28,519,619. | 15 | 1,812,500. | |
| | | 16 | 27,377,534. | |
| Liabilities | 17 Accounts payable and accrued expenses | 6,516,371. | 17 | 9,962,631. |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | 1,796,195. | 19 | 665,007. |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 Unsecured notes and loans payable to unrelated third parties | 2,867,440. | 24 | 2,159,879. |
| | 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 | 1,243,568. | 25 | 1,296,366. |
| | 26 Total liabilities. Add lines 17 through 25 | 12,423,574. | 26 | 14,083,883. |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | |
| | 27 Unrestricted net assets | 13,775,090. | 27 | 11,211,712. |
| | 28 Temporarily restricted net assets | 2,320,955. | 28 | 0. |
| | 29 Permanently restricted net assets | | 29 | 2,081,939. |
| | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. | | | |
| | 30 Capital stock or trust principal, or current funds | | 30 | |
| | 31 Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| | 32 Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| 33 Total net assets or fund balances | 16,096,045. | 33 | 13,293,651. | |
| 34 Total liabilities and net assets/fund balances | 28,519,619. | 34 | 27,377,534. | |

Part XI Reconciliation of Net Assets

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

| | | | |
|-----------|--|-----------|--------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 101,535,834. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 104,835,039. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | -3,299,205. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 16,096,045. |
| 5 | Net unrealized gains (losses) on investments | 5 | |
| 6 | Donated services and use of facilities | 6 | 496,811. |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 13,293,651. |

Part XII Financial Statements and Reporting

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

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

| | Yes | No |
|-----------|-----|----|
| 2a | | X |
| 2b | X | |
| 2c | X | |
| 3a | X | |
| 3b | X | |

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization CENTERSTONE OF KENTUCKY
F/K/A SEVEN COUNTIES SERVICES, INC. **Employer identification number** 31-0939757

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

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

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

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

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

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|--|------------|------------|------------|------------|------------|-------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 1,627,667. | 1,750,208. | 1,948,603. | 2,388,812. | 1,627,984. | 9,343,274. |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | 442,070. | 443,835. | 452,706. | 464,216. | 496,812. | 2,299,639. |
| 4 Total. Add lines 1 through 3 | 2,069,737. | 2,194,043. | 2,401,309. | 2,853,028. | 2,124,796. | 11,642,913. |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 Public support. Subtract line 5 from line 4. | | | | | | 11,642,913. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|--|------------|------------|------------|------------|------------|--------------------------|
| 7 Amounts from line 4 | 2,069,737. | 2,194,043. | 2,401,309. | 2,853,028. | 2,124,796. | 11,642,913. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 160,718. | 301,410. | 288,075. | 430,941. | 558,730. | 1,739,874. |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | 1,154,157. | 26,101. | 22,267. | 24,299. | 19,773. | 1,246,597. |
| 11 Total support. Add lines 7 through 10 | | | | | | 14,629,384. |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 494,532,901. |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|-------------------------------------|
| 14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) | 14 | 79.59 % |
| 15 Public support percentage from 2017 Schedule A, Part II, line 14 | 15 | 82.41 % |
| 16a 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | <input checked="" type="checkbox"/> |
| b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 17a 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| b 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | | <input type="checkbox"/> |

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |

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

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|---|
| 15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2017 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|--|-----------|---|
| 17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2017 Schedule A, Part III, line 17 | 18 | % |

19a 33 1/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

| | Yes | No |
|--|-----|----|
| 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i> | | |
| 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i> | | |
| 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i> | | |
| b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i> | | |
| c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i> | | |
| 4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i> | | |
| b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i> | | |
| c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i> | | |
| 5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i> | | |
| b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | | |
| c Substitutions only. Was the substitution the result of an event beyond the organization's control? | | |
| 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i> | | |
| 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i> | | |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i> | | |
| 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i> | | |
| b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i> | | |
| c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i> | | |
| 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i> | | |
| b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i> | | |

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i> | | |

Section D. All Type III Supporting Organizations

| | Yes | No |
|---|-----|----|
| 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (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? | | |
| 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i> | | |
| 3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i> | | |

Section E. Type III Functionally Integrated Supporting Organizations

| | | |
|---|--|--|
| 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). | | |
| a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | |
| b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | |
| c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). | | |
| 2 Activities Test. Answer (a) and (b) below. | | |
| a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i> | | |
| b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i> | | |
| 3 Parent of Supported Organizations. Answer (a) and (b) below. | | |
| a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i> | | |
| b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i> | | |

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

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

| Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
|--|--|----------------|-----------------------------|
| 1 | Net short-term capital gain | 1 | |
| 2 | Recoveries of prior-year distributions | 2 | |
| 3 | Other gross income (see instructions) | 3 | |
| 4 | Add lines 1 through 3 | 4 | |
| 5 | Depreciation and depletion | 5 | |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | |
| 7 | Other expenses (see instructions) | 7 | |
| 8 | 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): | | |
| a | Average monthly value of securities | 1a | |
| b | Average monthly cash balances | 1b | |
| c | Fair market value of other non-exempt-use assets | 1c | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | |
| e | Discount claimed for blockage or other factors (explain in detail in Part VI): | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | |
| 3 | Subtract line 2 from line 1d | 3 | |
| 4 | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions) | 4 | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | |
| 6 | Multiply line 5 by .035 | 6 | |
| 7 | Recoveries of prior-year distributions | 7 | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | |

| Section C - Distributable Amount | | | Current Year |
|---|---|---|--------------|
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | |
| 2 | Enter 85% of line 1 | 2 | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | |
| 4 | Enter greater of line 2 or line 3 | 4 | |
| 5 | Income tax imposed in prior year | 5 | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | 6 | |
| 7 | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). | | |

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

| Section D - Distributions | Current Year |
|---|--------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes | |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations | |
| 4 Amounts paid to acquire exempt-use assets | |
| 5 Qualified set-aside amounts (prior IRS approval required) | |
| 6 Other distributions (describe in Part VI). See instructions. | |
| 7 Total annual distributions. Add lines 1 through 6. | |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. | |
| 9 Distributable amount for 2018 from Section C, line 6 | |
| 10 Line 8 amount divided by line 9 amount | |

| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2018 | (iii) Distributable Amount for 2018 |
|--|-----------------------------|--|---|
| 1 Distributable amount for 2018 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions. | | | |
| 3 Excess distributions carryover, if any, to 2018 | | | |
| a From 2013 | | | |
| b From 2014 | | | |
| c From 2015 | | | |
| d From 2016 | | | |
| e From 2017 | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2018 distributable amount | | | |
| i Carryover from 2013 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 Distributions for 2018 from Section D, line 7: \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2018 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions. | | | |
| 6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions. | | | |
| 7 Excess distributions carryover to 2019. Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a Excess from 2014 | | | |
| b Excess from 2015 | | | |
| c Excess from 2016 | | | |
| d Excess from 2017 | | | |
| e Excess from 2018 | | | |

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶ **Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

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

| | |
|--|--|
| Name of organization CENTERSTONE OF KENTUCKY F/K/A SEVEN COUNTIES SERVICES, INC. | Employer identification number 31-0939757 |
|--|--|

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ▶ \$ _____
- 3 Volunteer hours for political campaign activities

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds. If none, enter -0-. | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-. |
|----------|-------------|---------|---|--|
| | | | | |
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| | | | | |

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

| Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) | | (a) Filing organization's totals | (b) Affiliated group totals | | | | | | | | | | | | |
|--|---|---|------------------------------------|--------------------|-------------------------------|---|--|---|--|--|---|-------------------|--------------|--|--|
| 1a | Total lobbying expenditures to influence public opinion (grass roots lobbying) | | | | | | | | | | | | | | |
| b | Total lobbying expenditures to influence a legislative body (direct lobbying) | | | | | | | | | | | | | | |
| c | Total lobbying expenditures (add lines 1a and 1b) | | | | | | | | | | | | | | |
| d | Other exempt purpose expenditures | | | | | | | | | | | | | | |
| e | Total exempt purpose expenditures (add lines 1c and 1d) | | | | | | | | | | | | | | |
| f | Lobbying nontaxable amount. Enter the amount from the following table in both columns. | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table> | | If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e. | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | Over \$17,000,000 | \$1,000,000. | | |
| If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | | | | | | | | | | | | | | |
| Not over \$500,000 | 20% of the amount on line 1e. | | | | | | | | | | | | | | |
| Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | | | | | | | | | | | | | | |
| Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | | | | | | | | | | | | | | |
| Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | | | | | | | | | | | | | | |
| Over \$17,000,000 | \$1,000,000. | | | | | | | | | | | | | | |
| g | Grassroots nontaxable amount (enter 25% of line 1f) | | | | | | | | | | | | | | |
| h | Subtract line 1g from line 1a. If zero or less, enter -0- | | | | | | | | | | | | | | |
| i | Subtract line 1f from line 1c. If zero or less, enter -0- | | | | | | | | | | | | | | |
| j | If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? | | | | | | | | | | | | | | |

Yes No

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

| Lobbying Expenditures During 4-Year Averaging Period | | | | | |
|---|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in) | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) Total |
| 2a Lobbying nontaxable amount | | | | | |
| b Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | |
| c Total lobbying expenditures | | | | | |
| d Grassroots nontaxable amount | | | | | |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | |
| f Grassroots lobbying expenditures | | | | | |

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

| For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity. | (a) | | (b) |
|---|-----|----|----------|
| | Yes | No | Amount |
| 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: | | | |
| a Volunteers? | X | | |
| b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? .. | X | | |
| c Media advertisements? | | X | |
| d Mailings to members, legislators, or the public? | | X | |
| e Publications, or published or broadcast statements? | | X | |
| f Grants to other organizations for lobbying purposes? | | X | |
| g Direct contact with legislators, their staffs, government officials, or a legislative body? | X | | 18,000. |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | X | |
| i Other activities? | X | | 83,085. |
| j Total. Add lines 1c through 1i | | | 101,085. |
| 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | X | |
| b If "Yes," enter the amount of any tax incurred under section 4912 | | | |
| c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | |
| d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | |

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

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

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

| | | |
|---|----|--|
| 1 Dues, assessments and similar amounts from members | 1 | |
| 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). | | |
| a Current year | 2a | |
| b Carryover from last year | 2b | |
| c Total | 2c | |
| 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues | 3 | |
| 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? | 4 | |
| 5 Taxable amount of lobbying and political expenditures (see instructions) | 5 | |

Part IV Supplemental Information

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

PART II-B, LINE 1, LOBBYING ACTIVITIES:

CENTERSTONE OF AMERICA, INC. (PARENT ORGANIZATION), THROUGH ITS

LEGISLATIVE POLICY DEPARTMENT, ADVOCATES FOR POLICY SOLUTIONS THAT SEEK

TO ENSURE PATIENTS IN NEED OF URGENT MENTAL HEALTH AND ADDICTION CARE

CAN OBTAIN THE HELP THEY NEED, WHEN THEY NEED IT. CENTERSTONE OF

KENTUCKY, INC., THROUGH THE MANAGEMENT FEE CHARGED BY CENTERSTONE OF

Part IV Supplemental Information (continued)

AMERICA, PAYS A PORTION OF ITS LEGISLATIVE ADVOCACY COSTS.

A PORTION OF MEMBERSHIP DUES PAID TO BEHAVIORAL HEALTH TRADE

ORGANIZATIONS INDIRECTLY SUPPORT THOSE ORGANIZATION'S LOBBYING

ACTIVITIES.

LOBBYING COSTS WERE INCURRED DURING THE YEAR ENDED JUNE 30, 2019

RELATED TO ADVOCATING FOR INCREASED FUNDING FOR THE ORGANIZATION IN THE

STATE'S BUDGET.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization: CENTERSTONE OF KENTUCKY F/K/A SEVEN COUNTIES SERVICES, INC. Employer identification number: 31-0939757

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Form with multiple questions (1-9) regarding conservation easements, including purpose, acreage, monitoring, and expenses. Includes a table for 'Held at the End of the Tax Year' with rows 2a, 2b, 2c, and 2d.

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

Form with questions 1a, 1b, and 2 regarding reporting of art and historical treasures. Includes sub-questions (i) and (ii) for revenue and assets.

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

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

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

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

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

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

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

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

| | Amount |
|----------------------------------|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f Ending balance | |

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

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

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

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

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

- a Board designated or quasi-endowment _____ %
- b Permanent endowment _____ %
- c Temporarily restricted endowment _____ %

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

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

- (i) unrelated organizations
- (ii) related organizations

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

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

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

Part VI Land, Buildings, and Equipment.

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

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | 1,434,900. | | 1,434,900. |
| b Buildings | | 7,909,693. | 4,427,630. | 3,482,063. |
| c Leasehold improvements | | 3,611,281. | 1,921,942. | 1,689,339. |
| d Equipment | | 5,098,065. | 2,722,386. | 2,375,679. |
| e Other | | 271,197. | 95,048. | 176,149. |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) | | | | 9,158,130. |

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

| (a) Description | (b) Book value |
|---|----------------|
| (1) CONTRIBUTED RENT RECEIVABLE | 1,812,500. |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ | 1,812,500. |

Part X Other Liabilities.

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

| 1. (a) Description of liability | (b) Book value |
|---|----------------|
| (1) Federal income taxes | |
| (2) DUE TO AFFILIATED ENTITIES | 1,296,366. |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | 1,296,366. |

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

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

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

| | | | |
|----------|--|-----------|--------------|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 101,135,970. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| a | Net unrealized gains (losses) on investments | 2a | |
| b | Donated services and use of facilities | 2b | 496,812. |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIII.) | 2d | |
| e | Add lines 2a through 2d | 2e | 496,812. |
| 3 | Subtract line 2e from line 1 | 3 | 100,639,158. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIII.) | 4b | 896,676. |
| c | Add lines 4a and 4b | 4c | 896,676. |
| 5 | Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.) | 5 | 101,535,834. |

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

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

| | | | |
|----------|---|-----------|--------------|
| 1 | Total expenses and losses per audited financial statements | 1 | 103,938,366. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| a | Donated services and use of facilities | 2a | |
| b | Prior year adjustments | 2b | |
| c | Other losses | 2c | |
| d | Other (Describe in Part XIII.) | 2d | |
| e | Add lines 2a through 2d | 2e | 0. |
| 3 | Subtract line 2e from line 1 | 3 | 103,938,366. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIII.) | 4b | 896,673. |
| c | Add lines 4a and 4b | 4c | 896,673. |
| 5 | Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.) | 5 | 104,835,039. |

Part XIII Supplemental Information.

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

PART X, LINE 2:

THE CORPORATION AND ITS SUBSIDIARIES ARE PRINCIPALLY ORGANIZED AS NOT-FOR

PROFIT CORPORATIONS UNDER SECTION 501(C)(3) OF THE UNITED STATES INTERNAL

REVENUE CODE ("IRC"). THE EXEMPTION IS ON ALL INCOME EXCEPT UNRELATED

BUSINESS INCOME AS NOTED UNDER SECTION 511 OF THE IRC. IRC SECTION 513(A)

DEFINES AN UNRELATED TRADE OR BUSINESS OF AN EXEMPT ORGANIZATION AS ANY

TRADE OR BUSINESS WHICH IS NOT SUBSTANTIALLY RELATED TO THE EXERCISE OR

PERFORMANCE OF ITS EXEMPT PURPOSE. AS SUCH, THESE ORGANIZATIONS ARE

GENERALLY EXEMPT FROM INCOME TAXES AND ARE REQUIRED TO FILE FEDERAL FORM

990-RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX, WHICH IS AN

INFORMATIONAL RETURN ONLY. PERSONNEL BEST, LLC IS A DISREGARDED ENTITY FOR

TAX PURPOSES, AND ITS ACTIVITY IS INCLUDED WITH CENTERSTONE OF KENTUCKY,

Part XIII Supplemental Information (continued)

INC. FOR TAX REPORTING. ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA ("GAAP") REQUIRE MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN AND RECOGNIZE A TAX LIABILITY IF IT IS MORE LIKELY THAN NOT THAT AN UNCERTAIN TAX POSITION WOULD NOT BE SUSTAINED UPON EXAMINATION BY VARIOUS FEDERAL AND STATE TAXING AUTHORITIES. MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN AND HAS CONCLUDED THAT AS OF JUNE 30, 2017 AND 2016, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY OR DISCLOSURE IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS. THE CORPORATION IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS; HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

BAD DEBT EXPENSE

FUNDRAISING EXP INCLUDE IN EXP ON F/S AND RECLASSED TO INCOME FOR SPECIAL

PART XI, LINE 4B - OTHER ADJUSTMENTS:

BAD DEBT EXPENSE 896,676.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXP INCLUDE IN EXP ON F/S AND RECLASSED TO INCOME FOR SPECIAL

EVENTS EXPENSE

PART XII, LINE 4B - OTHER ADJUSTMENTS:

BAD DEBT EXPENSE 896,676.

ROUNDING -3.

TOTAL TO SCHEDULE D, PART XII, LINE 4B 896,673.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2018

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization: **CENTERSTONE OF KENTUCKY
F/K/A SEVEN COUNTIES SERVICES, INC.**
 Employer identification number: **31-0939757**

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

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

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

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

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

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

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

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

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

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

- a** The organization? **5a**
- b** Any related organization? **5b**
- If "Yes" on line 5a or 5b, describe in Part III.

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

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

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

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

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

| | Yes | No |
|-----------|-----|----|
| 1b | | |
| 2 | | |
| 4a | | X |
| 4b | | X |
| 4c | | X |
| 5a | | X |
| 5b | | X |
| 6a | | X |
| 6b | | X |
| 7 | | X |
| 8 | | X |
| 9 | | |

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

Schedule J (Form 990) 2018

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

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

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

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|---|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| (1) ANTHONY ZIPPLE FORMER CEO | (i) | 304,583. | 5,538. | 29,515. | 10,600. | 6,968. | 357,204. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (2) KELLY GANNON FORMER COO | (i) | 119,001. | 0. | 15,044. | 5,752. | 14,012. | 153,809. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (3) CHRISTOPHER ROSZMAN FORMER CFO | (i) | 161,653. | 0. | 19,000. | 7,673. | 23,362. | 211,688. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (4) RUCHITA AGRAWAL CHIEF MEDICAL OFFICER ADULTS | (i) | 205,300. | 3,125. | 18,929. | 9,297. | 14,012. | 250,663. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (5) SCOTT HEDGES CMO | (i) | 231,012. | 200. | 25,742. | 10,600. | 20,257. | 287,811. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (6) PUKUR PATEL ASSOCIATE CHIEF MEDICAL OF | (i) | 220,680. | 0. | 20,645. | 9,714. | 7,549. | 258,588. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (7) ROBERTS ADAM SR. PSYCHIATRIST | (i) | 216,551. | 0. | 22,708. | 9,661. | 8,538. | 257,458. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (8) GERRY WICHMANN PSYCHIATRIST | (i) | 210,881. | 0. | 18,830. | 7,411. | 12,292. | 249,414. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (9) SARWAT MIAN ASSISTANT MEDICAL DIRECTOR | (i) | 235,685. | 0. | 13,413. | 9,964. | 0. | 259,062. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (10) TATYANA RYBAKOVA PSYCHIATRIST | (i) | 203,020. | 0. | 19,213. | 7,507. | 0. | 229,740. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (11) MICHAEL MAYO CHILD PSYCHIATRIST | (i) | 204,062. | 3,016. | 26,640. | 6,752. | 0. | 240,470. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |

SCHEDULE L
(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2018

**Open To Public
Inspection**

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

Department of the Treasury
Internal Revenue Service

Name of the organization **CENTERSTONE OF KENTUCKY**
F/K/A SEVEN COUNTIES SERVICES, INC. Employer identification number **31-0939757**

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

| 1 | (a) Name of disqualified person | (b) Relationship between disqualified person and organization | (c) Description of transaction | (d) Corrected? | |
|---|---------------------------------|---|--------------------------------|----------------|----|
| | | | | Yes | No |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ► \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ► \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

| (a) Name of interested person | (b) Relationship with organization | (c) Purpose of loan | (d) Loan to or from the organization? | | (e) Original principal amount | (f) Balance due | (g) In default? | | (h) Approved by board or committee? | | (i) Written agreement? | |
|-------------------------------|------------------------------------|---------------------|---------------------------------------|------|-------------------------------|-----------------|-----------------|----|-------------------------------------|----|------------------------|----|
| | | | To | From | | | Yes | No | Yes | No | Yes | No |
| | | | | | | | | | | | | |
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| | | | | | | | | | | | | |
| Total | | | | | | | | | | | | |

..... ► \$ _____

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of assistance | (d) Type of assistance | (e) Purpose of assistance |
|-------------------------------|---|--------------------------|------------------------|---------------------------|
| | | | | |
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Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? | |
|-------------------------------|---|---------------------------|--------------------------------|---|----|
| | | | | Yes | No |
| INTENTIONAL BEGINNINGS | SHARON HESSELTINE I | 236,319. | TRAINING SE | | X |
| HESSELTINE CONSULTING AND | SHARON HESSELTINE I | 2,870. | TRAINING SE | | X |
| | | | | | |
| | | | | | |
| | | | | | |
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| | | | | | |
| | | | | | |

Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: INTENTIONAL BEGINNINGS

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

SHARON HESSELTINE IS SPOUSE OF SCOTT HESSELTINE, VP OF ADDICTION SERVICES

(D) DESCRIPTION OF TRANSACTION: TRAINING SERVICES

(A) NAME OF PERSON: HESSELTINE CONSULTING AND TRAINING

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

SHARON HESSELTINE IS SPOUSE OF SCOTT HESSELTINE, VP OF ADDICTION SERVICES

(D) DESCRIPTION OF TRANSACTION: TRAINING SERVICES

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public
Inspection

| | |
|--|--|
| Name of the organization CENTERSTONE OF KENTUCKY F/K/A SEVEN COUNTIES SERVICES, INC. | Employer identification number 31-0939757 |
|--|--|

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

CENTERSTONE OF KENTUCKY IS THE PREFERRED PROVIDER OF BEHAVIORAL HEALTH

CARE, ADDICTIONS TREATMENT, AND INTELLECTUAL AND DEVELOPMENTAL SERVICES

FOR YOUTH, IN THE GREATER LOUISVILLE, KENTUCKY AREA. WE ARE NATIONALLY

RECOGNIZED FOR INNOVATIVE AND EFFECTIVE SERVICES AND TREATMENTS, AND

ARE THE LARGEST NON-HOSPITAL, NOT-FOR-PROFIT EMPLOYER IN THE LOUISVILLE

METRO AREA. CENTERSTONE SERVES MORE THAN 37,000 PEOPLE ANNUALLY.

CENTERSTONE OF KENTUCKY IS ACCREDITED BY THE JOINT COMMISSION.

CENTERSTONE ACCEPTS MOST INSURANCE AND PRIVATE PAY FOR SERVICES, AND

ARE ABLE TO OFFER CARE THROUGH ADDITIONAL CONTRACTS AND GRANTS FROM

FEDERAL, STATE AND LOCAL GOVERNMENT, AS WELL AS PHILANTHROPIC DONATIONS

FROM FOUNDATIONS, CORPORATIONS, AND INDIVIDUALS.

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

OUR MISSION IS TO "DELIVER CARE THAT CHANGES PEOPLE'S LIVES."

CENTERSTONE KENTUCKY INC. IS PART OF CENTERSTONE OF AMERICA, INC.,

WHICH IS THE SOLE CORPORATE MEMBER OF CENTERSTONE KENTUCKY. FOR THE

2019 TAX YEAR ENDED JUNE 30, 2019, CENTERSTONE OF AMERICA AND ITS

AFFILIATES EARNED GROSS REVENUE OF \$363 MILLION.

CENTERSTONE IS A NATIONALLY RECOGNIZED, NOT-FOR-PROFIT BEHAVIORAL

HEALTH CARE ORGANIZATION DEDICATED TO DELIVERING CARE THAT CHANGES

PEOPLE'S LIVES. WE PROVIDE MENTAL HEALTH AND SUBSTANCE USE TREATMENT,

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

Schedule O (Form 990 or 990-EZ) (2018)

| | |
|--|--|
| Name of the organization CENTERSTONE OF KENTUCKY F/K/A SEVEN COUNTIES SERVICES, INC. | Employer identification number 31-0939757 |
|--|--|

RELATED CRISIS CARE, EDUCATION AND SUPPORT TO PEOPLE OF ALL AGES IN
COMMUNITIES IN FLORIDA, ILLINOIS, INDIANA, KENTUCKY, AND TENNESSEE. WE
ALSO SERVE SPECIALIZED POPULATIONS INCLUDING SERVICE MEMBERS, VETERANS
AND THEIR LOVED ONES, INDIVIDUALS WITH INTELLECTUAL AND DEVELOPMENTAL
DISABILITIES, AND AT-RISK CHILDREN. OUR RESEARCH INSTITUTE IMPROVES
BEHAVIORAL HEALTH CARE THROUGH RESEARCH, EVALUATION AND TECHNOLOGY, AND
OUR FOUNDATION SECURES PHILANTHROPIC RESOURCES TO SUPPORT OUR WORK.

OPERATING WITH 6,000 EMPLOYEES AND HUNDREDS OF VOLUNTEERS, CENTERSTONE
PROVIDES LIFE-CHANGING AND LIFE-SAVING SERVICES TO MORE THAN 170,000
INDIVIDUALS AND FAMILIES IN MORE THAN 200 FACILITIES.

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

COMMUNITY BASED ADULT SERVICES SERVED 1,271 CLIENTS.

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

OTHER PROGRAMS

EXPENSES \$ 45,010,758. INCLUDING GRANTS OF \$ 0. REVENUE \$ 38,183,760.

FORM 990, PART VI, SECTION A, LINE 6:

THE SOLE STOCKHOLDER OF THE ORGANIZATION IS CENTERSTONE OF AMERICA, INC, AN
INDIANA NONPROFIT CORPORATION.

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

THE SOLE STOCKHOLDER SHALL BE ENTITLED TO APPOINT AT LEAST ONE BOARD
DIRECTOR AS SPECIFIED IN THE BYLAWS OF THE CORPORATION.

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

| | |
|--|--|
| Name of the organization CENTERSTONE OF KENTUCKY F/K/A SEVEN COUNTIES SERVICES, INC. | Employer identification number 31-0939757 |
|--|--|

THE FOLLOWING DECISIONS ARE TO BE RATIFIED BY THE SOLE STOCKHOLDER PRIOR TO

ACTION: FORMATION OR ACQUISITION OF LEGAL ENTITIES BY THE CORPORATION;

AMENDMENT OF THE CHARTER OR BYLAWS OF THE CORPORATION; APPROVAL,

ACCEPTANCE, AMENDMENT OR TERMINATION OF CONTRACTS OF THE CORPORATION TO

PROVIDE SERVICES OUTSIDE THE HISTORICAL LINES OF BUSINESS OR SERVICES

ENGAGED IN BY THE CORPORATION; AND ADOPTION AND AMENDMENT OF THE STATEMENT

OF THE MISSION OF THE CORPORATION.

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

THE PROCESS OF REVIEWING THE FORM 990 ENTAILS A DETAILED REVIEW OF THE FORM

990 BY THE ORGANIZATION'S CHIEF EXECUTIVE OFFICER, CHIEF FINANCIAL OFFICER,

CORPORATE CONTROLLER, AND THE BOARD OF CENTERSTONE OF AMERICA. THE FORM 990

INCLUDING REQUESTED SCHEDULES, AS ULTIMATELY FILED WITH THE IRS, ARE

PROVIDED ELECTRONICALLY TO EACH VOTING MEMBER OF THE ORGANIZATION'S

GOVERNING BODY PRIOR TO FILING.

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

THE BOARD HAS ADOPTED A WRITTEN CONFLICT OF INTEREST POLICY. ON AN ANNUAL

BASIS BOARD MEMBERS COMPLETE A BOARD EXPECTATIONS LETTER IN WHICH THE

MEMBERS AFFIRM THAT THEY ARE AWARE OF THE CONFLICT OF INTEREST POLICY AND

THAT THEY HAVE REPORTED ANY POTENTIAL CONFLICTS OF INTEREST. FURTHER, THE

BOARD HAS ADOPTED A POLICY WHICH REQUIRES BOARD MEMBERS TO COMPLETE A

CONFLICT OF INTEREST ACKNOWLEDGEMENT AND DISCLOSURE FORM ON AN ANNUAL

BASIS. IN ADDITION, THE CHAIR INQUIRES AT THE BEGINNING OF EACH MEETING IF

BOARD MEMBERS HAVE ANY NEW OR POTENTIAL CONFLICTS OF INTEREST THAT HAVE

ARISEN SINCE THE PREVIOUS BOARD MEETING NECESSITATING DISCLOSURE.

FOR EMPLOYEES, THE COMPANY'S CODE OF CONDUCT CONTAINS A WRITTEN CONFLICT OF

| | |
|--|--|
| Name of the organization CENTERSTONE OF KENTUCKY F/K/A SEVEN COUNTIES SERVICES, INC. | Employer identification number 31-0939757 |
|--|--|

INTEREST POLICY. EMPLOYEES ARE REQUIRED TO CERTIFY ON AN ANNUAL BASIS THAT
 THEY HAVE READ AND WILL ABIDE BY THE CONFLICT OF INTEREST POLICY. FURTHER,
 SENIOR EXECUTIVES OF THE COMPANY ARE REQUIRED TO COMPLETE A CONFLICT OF
 INTEREST ACKNOWLEDGEMENT AND DISCLOSURE FORM ON AN ANNUAL BASIS..

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

IN 2018 CENTERSTONE OF AMERICA CONTRACTED WITH A THIRD PARTY CONSULTANT TO
 CONDUCT AN ASSESSMENT OF THE BEHAVIORAL HEALTH MARKETPLACE CEO COMPENSATION
 AND PROVIDE RECOMMENDATIONS TO THE ORGANIZATION'S BOARD OF DIRECTORS IN
 FORMING A COMPENSATION PACKAGE FOR THE CEO OF CENTERSTONE OF AMERICA, INC.
 AS A RESULT, THE COMPENSATION PACKAGE OF CENTERSTONE OF AMERICA'S CEO WAS
 UPDATED IN 2018 TO REFLECT THE CURRENT MARKET RATES. THE CEO'S
 COMPENSATION PACKAGE IS REVIEWED BY THE BOARD OF DIRECTORS ON AN ANNUAL
 BASIS.

COMPENSATION FOR THE CEOS OF THE CENTERSTONE AFFILIATED ORGANIZATIONS IS
 BENCHMARKED BY THE CENTERSTONE OF AMERICA'S CEO COMPENSATION AND ADJUSTED
 TO MARKET RATES UTILIZING COMPENSATION SURVEYS AVAILABLE FROM THE
 INDUSTRY'S TWO MAJOR ASSOCIATIONS. THE COMPENSATION IS SUBJECT TO AN
 ANNUAL REVIEW AND APPROVAL BY THE ORGANIZATION'S BOARD OF DIRECTORS.
 EXECUTIVE COMPENSATION PACKAGES WERE REVIEWED AND ADJUSTED TO MARKET AS
 NEEDED DURING THE 2018 TAX YEAR.

FORM 990, PART VI, SECTION C, LINE 19:

N/A

FORM 990, PART XII, LINE 2C:

THE CENTERSTONE OF AMERICA BOARD OF DIRECTORS ASSUMES RESPONSIBILITY

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Name of the organization **CENTERSTONE OF KENTUCKY
F/K/A SEVEN COUNTIES SERVICES, INC.** Employer identification number **31-0939757**

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|--|---|---|---------------------|---------------------------|---|
| PERSONNEL BEST, LLC - 26-2818918 10101 LINN STATION RD, SUITE 600 LOUISVILLE, KY 40223 | PAYROLL PROCESSING FOR CLIENTS OF CONSUMER DIRECTED OPTIONS | KENTUCKY | 44,797,675. | | CENTERSTONE OF KENTUCKY F/K/A SEVEN COUNTIES SERVICES, INC. |
| | | | | | |
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Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? | |
|--|--|---|-------------------------------|---|-------------------------------------|--|----|
| | | | | | | Yes | No |
| CENTERSTONE SOLUTIONS, INC. - 20-1590169 44 VANTAGE WAY, SUITE 400 NASHVILLE, TN 37228 | BILLING AND ADMINISTRATIVE SERVICES | TENNESSEE | 501(C)(4) | | CENTERSTONE OF TENNESSEE | | X |
| AMY'S CROSSING, INC. - 45-4926717 120 MANOR COURT ALTON, IL 62002 | PROVIDE HOUSING FOR THE DISABLED | ILLINOIS | 501(C)(3) | LINE 10 | CENTERSTONE OF ILLINOIS | | X |
| ASPEN HOUSE, INC. - 35-1925610 720 N MARR RPAD COLUMBUS, IN 47201 | PROVIDE LOW INCOME HOUSING | INDIANA | 501(C)(3) | LINE 10 | CENTERSTONE OF INDIANA | | X |
| CEDAR VIEW, INC. - 35-1943874 720 N MARR RPAD COLUMBUS, IN 47201 | PROVIDE LOW INCOME HOUSING | INDIANA | 501(C)(3) | LINE 10 | CENTERSTONE OF INDIANA | | X |

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

Schedule R (Form 990) 2018

Part II Continuation of Identification of Related Tax-Exempt Organizations

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled organization? | |
|---|--------------------------------------|---|-------------------------------|---|-------------------------------------|--|----|
| | | | | | | Yes | No |
| CENTERSTONE FOUNDATION (FORMERLY CBH FOUNDATION) - 26-1186476, 44 VANTAGE WAY, SUITE 400, NASHVILLE, TN 37228 | FUNDRAISING | INDIANA | 501(C)(3) | LINE 12A | CENTERSTONE OF INDIANA | | X |
| CENTERSTONE HOUSING RESOURCES - 30-0181963 44 VANTAGE WAY, SUITE 400 NASHVILLE, TN 37228 | OWN AND OPERATE GROUP HOMES | TENNESSEE | 501(C)(3) | LINE 14 | CENTERSTONE OF TENNESSEE | | X |
| CENTERSTONE LEARNING, INC. - 27-4417281 44 VANTAGE WAY, SUITE 400 NASHVILLE, TN 37228 | PROVIDE MENTAL HEALTH SERVICES | KENTUCKY | 501(C)(3) | 7 | CENTERSTONE OF KENTUCKY | | X |
| CENTERSTONE MILITARY SERVICES, INC. - 27-1934061, 44 VANTAGE WAY, SUITE 400, NASHVILLE, TN 37228 | PROVIDE MENTAL HEALTH SERVICES | TENNESSEE | 501(C)(3) | LINE 7 | CENTERSTONE OF AMERICA | | X |
| CENTERSTONE OF AMERICA, INC. - 20-0072992 44 VANTAGE WAY, SUITE 400 NASHVILLE, TN 37228 | HOLDING COMPANY | INDIANA | 501(C)(3) | LINE 10 | N/A | | X |
| CENTERSTONE OF FLORIDA, INC. - 59-1009537 44 VANTAGE WAY, SUITE 400 NASHVILLE, TN 37228 | PROVIDE MENTAL HEALTH SERVICES | FLORIDA | 501(C)(3) | LINE 7 | CENTERSTONE OF AMERICA | | X |
| CENTERSTONE OF ILLINOIS, INC. (FORMERLY THE H GROUP BBT, INC.) - 37-0916475, 44 VANTAGE WAY, SUITE 400, NASHVILLE, TN 37228 | PROVIDE MENTAL HEALTH SERVICES | ILLINOIS | 501(C)(3) | LINE 7 | CENTERSTONE OF AMERICA | | X |
| CENTERSTONE OF INDIANA - 35-1147323 44 VANTAGE WAY, SUITE 400 NASHVILLE, TN 37228 | PROVIDE MENTAL HEALTH SERVICES | INDIANA | 501(C)(3) | LINE 7 | CENTERSTONE OF AMERICA | | X |
| CENTERSTONE OF TENNESSEE - 62-1674308 44 VANTAGE WAY, SUITE 400 NASHVILLE, TN 37228 | PROVIDE MENTAL HEALTH SERVICES | TENNESSEE | 501(C)(3) | LINE 3 | CENTERSTONE OF AMERICA | | X |
| CENTERSTONE RESEARCH INSTITUTE - 26-2505456 44 VANTAGE WAY, SUITE 400 NASHVILLE, TN 37228 | RESEARCH RELATED TO MENTAL HEALTH | INDIANA | 501(C)(3) | LINE 7 | CENTERSTONE OF AMERICA | | X |
| CUMBERLAND HOLDING CORP - 62-1234354 44 VANTAGE WAY, SUITE 400 NASHVILLE, TN 37228 | PROVIDE HUD HOUSING | TENNESSEE | 501(C)(3) | LINE 10 | CENTERSTONE OF TENNESSEE | | X |
| DOGWOOD PLACE, INC. - 20-1926260 720 N MARR RPAD COLUMBUS, IN 47201 | PROVIDE LOW INCOME HOUSING | INDIANA | 501(C)(3) | LINE 10 | CENTERSTONE OF INDIANA | | X |

Part II Continuation of Identification of Related Tax-Exempt Organizations

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled organization? | |
|---|---|---|-------------------------------|---|-------------------------------------|--|----|
| | | | | | | Yes | No |
| F-W RESIDENTIAL PROPERTIES, INC. - 37-1398964, 44 VANTAGE WAY, SUITE 400, NASHVILLE, TN 37228 | PROVIDE LOW INCOME HOUSING | ILLINOIS | 501(C)(3) | LINE 10 | CENTERSTONE OF ILLINOIS | | X |
| FRANKLIN WILLIAMSON PROPERTIES, INC. - 37-1275096, 44 VANTAGE WAY, SUITE 400, NASHVILLE, TN 37228 | HOLDING COMPANY | ILLINOIS | 501(C)(2) | LINE 10 | CENTERSTONE OF ILLINOIS | | X |
| HEMPEL HOUSE, INC. - 37-1365765 120 MANOR COURT ALTON, IL 62002 | PROVIDE HOUSING FOR THE DISABLED | ILLINOIS | 501(C)(3) | LINE 10 | CENTERSTONE OF ILLINOIS | | X |
| INDIANA HOUSE, INC. - 35-1942793 720 N MARR RPAD COLUMBUS, IN 47201 | PROVIDE LOW INCOME HOUSING | INDIANA | 501(C)(3) | LINE 10 | CENTERSTONE OF INDIANA | | X |
| JOHNSON NICHOLS HEALTH CLINIC - 35-1270418 645 SOUTH ROGERS STREET BLOOMINGTON, IN 47403 | PROVIDE HEALTHCARE FOR AT-RISK PERSONS | INDIANA | 501(C)(3) | LINE 7 | CENTERSTONE OF INDIANA | | X |
| MAPLEVIEW, INC. - 35-1876232 720 N MARR RPAD COLUMBUS, IN 47201 | PROVIDE LOW INCOME HOUSING | INDIANA | 501(C)(3) | LINE 10 | CENTERSTONE OF INDIANA | | X |
| MHC DEVELOPMENT COMPANY, INC. - 37-1120291 120 MANOR COURT ALTON, IL 62002 | PROVIDE HOUSING FOR THE DISABLED | ILLINOIS | 501(C)(3) | LINE 10 | CENTERSTONE OF ILLINOIS | | X |
| OAKVIEW, INC. - 35-1942794 720 N MARR RPAD COLUMBUS, IN 47201 | PRIVATE FOUNDATION | INDIANA | 501(C)(3) | PF | CENTERSTONE OF INDIANA | | X |
| PINEVIEW, INC. - 35-2129307 720 N MARR RPAD COLUMBUS, IN 37228 | PROVIDE LOW INCOME HOUSING | INDIANA | 501(C)(3) | LINE 10 | CENTERSTONE OF INDIANA | | X |
| THEODORO PLACE - 20-1885830 44 VANTAGE WAY, SUITE 400 NASHVILLE, TN 37228 | PROVIDE LOW INCOME HOUSING | ILLINOIS | 501(C)(3) | LINE 10 | CENTERSTONE OF ILLINOIS | | X |
| WILLOWVIEW, INC. - 35-2129471 720 N MARR RPAD COLUMBUS, IN 47201 | PROVIDE LOW INCOME HOUSING | INDIANA | 501(C)(3) | LINE 10 | CENTERSTONE OF INDIANA | | X |
| YAKUBIAN HOMES, INC. - 37-1393454 120 MANOR COURT ALTON, IL 62002 | PROVIDE HOUSING FOR THE DISABLED | ILLINOIS | 501(C)(3) | LINE 10 | CENTERSTONE OF ILLINOIS | | X |

Part II Continuation of Identification of Related Tax-Exempt Organizations

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled organization? | |
|---|---|---|-------------------------------|---|-------------------------------------|--|----|
| | | | | | | Yes | No |
| CENTERSTONE OF KENTUCKY - 37-1398964 44 VANTAGE WAY, SUITE 400 NASHVILLE, TN 37228 | PROVIDE MENTAL HEALTH SERVICES | KENTUCKY | | LINE 7 | CENTERSTONE OF AMERICA | | X |
| INDEPENDENT LIVING ALTERNATIVES, INC. - 31-1141620, 720 N MARR RPAD, COLUMBUS, IN 47201 | PROVIDE LOW INCOME HOUSING | INDIANA | | LINE 10 | CENTERSTONE OF INDIANA | | X |
| CENTERSTONE PROPERTY, LLC - 82-0647920 391 6TH AE WEST BRADENTON, FL 34205 | HOLDING PROPERTY FOR THE BENEFIT OF CENTERSTOEN OF FLORIDA OPERATIONS | FLORIDA | 501(C)(3) | LINE 10 | CENTERSTONE OF FLORIDA | | X |
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Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? | | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|--|-------------------------|--|-------------------------------------|---|---------------------------------|--|---|----|---|---|----|--------------------------------|
| | | | | | | | Yes | No | | Yes | No | |
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | (i) Section 512(b)(13) controlled entity? | |
|--|-------------------------|--|-------------------------------------|--|---------------------------------|--|--------------------------------|---|----|
| | | | | | | | | Yes | No |
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Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

| | Yes | No |
|--|-----|----|
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | | X |
| b Gift, grant, or capital contribution to related organization(s) | | X |
| c Gift, grant, or capital contribution from related organization(s) | X | |
| d Loans or loan guarantees to or for related organization(s) | | X |
| e Loans or loan guarantees by related organization(s) | | X |
| f Dividends from related organization(s) | | X |
| g Sale of assets to related organization(s) | | X |
| h Purchase of assets from related organization(s) | | X |
| i Exchange of assets with related organization(s) | | X |
| j Lease of facilities, equipment, or other assets to related organization(s) | | X |
| k Lease of facilities, equipment, or other assets from related organization(s) | X | |
| l Performance of services or membership or fundraising solicitations for related organization(s) | | X |
| m Performance of services or membership or fundraising solicitations by related organization(s) | | X |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | X | |
| o Sharing of paid employees with related organization(s) | X | |
| p Reimbursement paid to related organization(s) for expenses | | X |
| q Reimbursement paid by related organization(s) for expenses | X | |
| r Other transfer of cash or property to related organization(s) | | X |
| s Other transfer of cash or property from related organization(s) | | X |

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|-------------------------------------|-------------------------------|------------------------|--|
| (1) CENTERSTONE OF AMERICA | J | 545,435. | FMV |
| (2) CENTERSTONE OF AMERICA | O | 15,242,836. | FMV |
| (3) CENTERSTONE OF AMERICA | Q | 1,529,099. | FMV |
| (4) CENTERSTONE FOUNDATION | O | 388,792. | FMV |
| (5) CENTERSTONE LEARNING | N | 161,839. | FMV |
| (6) CENTERSTONE OF TENNESSEE | O | 1,163,160. | FMV |

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

| (a) Name of other organization | (b) Transaction type (a-r) | (c) Amount involved | (d) Method of determining amount involved |
|------------------------------------|-------------------------------|------------------------|--|
| (7) CENTERSTONE RESEARCH INSTITUTE | o | 964,667. | FMV |
| (8) CENTERSTONE FOUNDATION | c | 165,196. | FMV |
| (9) | | | |
| (10) | | | |
| (11) | | | |
| (12) | | | |
| (13) | | | |
| (14) | | | |
| (15) | | | |
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| (18) | | | |
| (19) | | | |
| (20) | | | |
| (21) | | | |
| (22) | | | |
| (23) | | | |
| (24) | | | |

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

| (a) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (e) <small>Are all partners sec. 501(c)(3) orgs.?</small> | | (f) Share of total income | (g) Share of end-of-year assets | (h) <small>Dispropor- tionate allocations?</small> | | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) <small>General or managing partner?</small> | | (k) Percentage ownership |
|--|-------------------------|--|---|--|----|------------------------------------|--|---|----|---|--|----|--------------------------------|
| | | | | Yes | No | | | Yes | No | | Yes | No | |
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Part VII Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

Area containing horizontal lines for supplemental information.

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

| | Enter filer's identifying number | |
|--|---|---|
| Type or print | Name of exempt organization or other filer, see instructions. CENTERSTONE OF KENTUCKY F/K/A SEVEN COUNTIES SERVICES, INC. | Employer identification number (EIN) or 31-0939757 |
| File by the due date for filing your return. See instructions. | Number, street, and room or suite no. If a P.O. box, see instructions. 44 VANTAGE WAY SUITE 400 | Social security number (SSN) |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions. NASHVILLE, TN 37228 | |

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

| Application Is For | Return Code | Application Is For | Return Code |
|--|-------------|-----------------------------------|-------------|
| Form 990 or Form 990-EZ | 01 | Form 990-T (corporation) | 07 |
| Form 990-BL | 02 | Form 1041-A | 08 |
| Form 4720 (individual) | 03 | Form 4720 (other than individual) | 09 |
| Form 990-PF | 04 | Form 5227 | 10 |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05 | Form 6069 | 11 |
| Form 990-T (trust other than above) | 06 | Form 8870 | 12 |

THE ORGANIZATION

- The books are in the care of ▶ 10101 LINN STATION RD - LOUISVILLE, KY 40223
Telephone No. ▶ 502-589-8615 Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until MAY 15, 2020 , to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year _____ or
▶ tax year beginning JUL 1, 2018 , and ending JUN 30, 2019 .

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

| | | | |
|---|-----------|----|----|
| 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. | 3a | \$ | 0. |
| b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | 3b | \$ | 0. |
| c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. | 3c | \$ | 0. |

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.