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EXTENDED TO MAY 15, 2018

# Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

**2016**

Open to Public Inspection

Form **990**

Department of the Treasury  
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.  
Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**A** For the 2016 calendar year, or tax year beginning JUL 1, 2016 and ending JUN 30, 2017

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input checked="" type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization CENTERSTONE OF KENTUCKY, INC. C/K/A SEVEN COUNTIES SERVICES, INC.		<b>D</b> Employer identification number 31-0939757
	Doing business as		<b>E</b> Telephone number 502-589-8615
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G</b> Gross receipts \$ 101,022,197.
	44 VANTAGE WAY SUITE 400		
City or town, state or province, country, and ZIP or foreign postal code NASHVILLE, TN 37228		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>F</b> Name and address of principal officer ANTHONY ZIPPLE 10101 LINN STATION RD. SUITE 600, LOUISVILLE		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>I</b> 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		<b>H(c)</b> Group exemption number	
<b>J</b> Website: WWW.CENTERSTONEKY.ORG			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L</b> Year of formation: 1978	<b>M</b> State of legal domicile: KY

## Part I Summary

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities WE ARE DEDICATED TO DELIVERING CARE THAT CHANGES PEOPLE'S LIVES.		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	23
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	23
	<b>5</b> Total number of individuals employed in calendar year 2016 (Part V, line 2a)	<b>5</b>	1787
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	54
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0.
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	0.	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	1,750,208.	1,948,603.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	101,684,637.	95,698,168.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	125,339.	2,175,496.
	<b>12</b> Total revenue Add lines 8 through 11 (must equal Part VIII, column (A), line 12)	436,152.	452,127.
	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	103,996,336.	100,274,394.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
<b>Expenses</b>	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	68,226,784.	69,220,173.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	119,445.	
	<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	34,705,925.	33,600,154.
<b>19</b> Revenue less expenses Subtract line 18 from line 12	102,932,709.	102,820,327.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	1,063,627.	-2,545,933.
	<b>21</b> Total liabilities (Part X, line 26)	Beginning of Current Year	End of Year
	<b>22</b> Net assets or fund balances Subtract line 21 from line 20	34,582,971.	32,552,292.
		12,339,886.	12,710,695.
		22,243,085.	19,841,597.

## Part II Signature Block

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

<b>Sign Here</b>	Signature of officer <i>Steven C. Holman</i>	Date 2/8/18
	STEVEN C. HOLMAN, CHIEF FINANCIAL OFFICER Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name JILL HUDSON	Preparer's signature JILL HUDSON	Date 01/17/18	Check if self employed <input type="checkbox"/>	PTIN P00061190
	Firm's name L BMC, 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

SCANNED APR 30 2018

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**Part III Statement of Program Service Accomplishments**

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

X

**1** Briefly describe the organization's mission:  
SEE SCHEDULE O.

**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 \$ 87,839,327. including grants of \$ \_\_\_\_\_) (Revenue \$ 95,698,168.)  
SEE SCHEDULE O

**4b** (Code \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)  
CENTERSTONE OF KENTUCKY EXPANDED OPIOID TREATMENT SERVICES BY IMPLEMENTING SEVERAL INTENSIVE OUTPATIENT PROGRAMS (IOPS), EXPANDED RESIDENTIAL CAPACITY, INCREASED PEER SERVICES AND RECOVERY-ORIENTED MEDICATION ASSISTED TREATMENT (RO-MAT), AND THE ADDITION OF NEW GENDER SPECIFIC SERVICES.

**4c** (Code \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)  
CENTERSTONE OF KENTUCKY EXPANDED OUR REACH TO CHILDREN BY INCREASING OUR DELIVERY OF SCHOOL-BASED SERVICES INTO ALL RURAL AREA SCHOOLS. WE NOW PROVIDE SERVICES IN 135 SCHOOLS IN THE SEVEN COUNTY REGION OF GREATER LOUISVILLE.

**4d** Other program services (Describe in Schedule O)

(Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

**4e** Total program service expenses **▶** 87,839,327.

**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 Schedule B, Schedule of Contributors?	X	
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 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	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

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

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b <i>If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?</i>		
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
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
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		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).		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <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	
b <i>If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2</i>		X
36 <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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? <b>Note.</b> 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. 131		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
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. 1787		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		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		
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)?		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?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
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?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
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?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	<b>Sponsoring organizations maintaining donor advised funds.</b>		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	<b>Section 501(c)(7) organizations.</b> Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	<b>Section 501(c)(12) organizations.</b> Enter:		
a	Gross income from members or shareholders		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O		
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		
c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in 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
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
<b>1b</b>	Enter the number of voting members included in line 1a, above, who are independent.		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b>	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
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	X	
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?	X	
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
<b>7b</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	
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	a The governing body?	X	
<b>8b</b>	b Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.		X

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

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

**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 (or 1024 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) DENISE PERRY SECRETARY	4.00	X		X				0.	0.	0.
(2) DAVID RAY TREASURER	3.00 2.00	X		X				0.	0.	0.
(3) MICHAEL RINGSWALD CHAIR	5.00	X		X				0.	0.	0.
(4) MICHAEL ABATE VICE-CHAIR	3.00	X		X				0.	0.	0.
(5) NINA BAIN BOARD DIRECTOR	2.00 2.00	X						0.	0.	0.
(6) RUSSELL BIRD MD BOARD DIRECTOR	2.00	X						0.	0.	0.
(7) CRAIG BLAKELY BOARD DIRECTOR	2.00	X						0.	0.	0.
(8) TIA COATLEY BOARD DIRECTOR	2.00	X						0.	0.	0.
(9) ELIZABETH COOPER BOARD DIRECTOR	2.00	X						0.	0.	0.
(10) MARESA FAWNS BOARD DIRECTOR	2.00	X						0.	0.	0.
(11) TIMOTHY FINDLEY BOARD DIRECTOR	2.00	X						0.	0.	0.
(12) PETER GARRISON BOARD DIRECTOR	2.00	X						0.	0.	0.
(13) EMILY GIMMEL MITCHELL BOARD DIRECTOR	2.00	X						0.	0.	0.
(14) KEVIN GUNN BOARD DIRECTOR	2.00	X						0.	0.	0.
(15) DENISE HALL BOARD DIRECTOR	2.00	X						0.	0.	0.
(16) JUDGE DAVID HOLTON, II BOARD DIRECTOR	2.00	X						0.	0.	0.
(17) THOMAS HOY BOARD DIRECTOR	4.00	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 MD BOARD DIRECTOR	2.00	X						0.	0.	0.
(19) BILL KENEALY BOARD DIRECTOR	2.00	X						0.	0.	0.
(20) STEVEN LEE BOARD DIRECTOR	2.00	X						0.	0.	0.
(21) GARY MARSH BOARD DIRECTOR	3.00	X						0.	0.	0.
(22) DAVID MILLER BOARD DIRECTOR	3.00 2.00	X						0.	0.	0.
(23) ROBERT WATSON BOARD DIRECTOR	2.00	X						0.	0.	0.
(24) ANTHONY ZIPPLE PRESIDENT/CEO	39.00 1.00			X				303,479.	0.	19,162.
(25) CHRISTOPHER ROSZMAN SENIOR VP/CFO	39.00 1.00			X				177,566.	0.	22,026.
(26) KELLEY GANNON VP OPERATIONS & PROGRAM DEVELOPMENT	40.00			X				129,154.	0.	11,559.
<b>1b Sub-total</b>								610,199.	0.	52,747.
<b>c Total from continuation sheets to Part VII, Section A</b>								1,881,262.	0.	172,486.
<b>d Total (add lines 1b and 1c)</b>								2,491,461.	0.	225,233.

**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
<b>3</b> Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	X	
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		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
AFIA, INC., 555 BRIARWOOD CIRCLE, SUITE 116, ANN ARBOUR, MI 48108	CONSULTING	662,736.
MAINS'L FIN. & MGMT. SVCS., INC., 6840 78TH AVENUE NORTH, MINNEAPOLIS, MN 55445	BILLING & PAYROLL SERVICES	660,140.
CLAIMS REVIEW CORP./ALTRUIS, INC. 9420 BUNSEN WAY, LOUISVILLE, KY 40220	BILLING SERVICES	629,405.
THERAPLACE LEARNING CENTER, 4121 SHELBYVILLE ROAD, SUITE 7, LOUISVILLE, KY	THERAPY SERVICES	616,192.
FRED ESCOBAR/FE CONSULTING P. O. BOX 17731, SUGAR LAND, TX 77496	BILLING/COLLECTION SERVICES	577,414.
<b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization		<b>20</b>

SEE PART VII, SECTION A CONTINUATION SHEETS





**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	120,489.				
	b Membership dues	1b					
	c Fundraising events	1c	32,858.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	1,565,953.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	229,303.				
	g Noncash contributions included in lines 1a-1f \$		20,151.				
	<b>h Total. Add lines 1a-1f</b>		<b>1,948,603.</b>				
	Program Service Revenue	2 a MEDICARE/MEDICAID	Business Code 624100	56,981,318.	56,981,318.		
b GOVERNMENT AGENCIES		624100	35,112,394.	35,112,394.			
c PRIVATE PAY & INSURANC		624100	2,515,626.	2,515,626.			
d OTHER PROGRAMS		624100	1,088,830.	1,088,830.			
e							
f All other program service revenue							
<b>g Total. Add lines 2a-2f</b>			<b>95,698,168.</b>				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		134,713.			134,713.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	153,362.				
		(ii) Personal					
		b Less rental expenses	0.				
		c Rental income or (loss)	153,362.				
	d Net rental income or (loss)		153,362.			153,362.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other	2,766,673.				
		b Less: cost or other basis and sales expenses		725,890.			
		c Gain or (loss)	2,040,783.				
	d Net gain or (loss)		2,040,783.			2,040,783.	
	8 a Gross income from fundraising events (not including \$ 32,858. of contributions reported on line 1c). See Part IV, line 18	a	6,500.				
		b Less: direct expenses	21,913.				
c Net income or (loss) from fundraising events			-15,413.			-15,413.	
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses						
	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						
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a MISCELLANEOUS	900099	291,911.	291,911.				
b INCOME FROM MEALS/VEND	900099	22,267.			22,267.		
c							
d All other revenue							
e Total. Add lines 11a-11d		314,178.					
<b>12 Total revenue. See instructions.</b>		<b>100,274,394.</b>	<b>95,990,079.</b>	<b>0.</b>	<b>2,335,712.</b>		

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	2,716,694.	2,552,114.	159,723.	4,857.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	55,207,794.	51,754,023.	3,356,909.	96,862.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,242,756.	1,194,669.	45,409.	2,678.
<b>9</b> Other employee benefits	5,802,948.	5,578,410.	212,035.	12,503.
<b>10</b> Payroll taxes	4,249,981.	3,994,481.	248,072.	7,428.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management	7,365,654.		7,365,654.	
<b>b</b> Legal	249,833.	187,730.	62,016.	87.
<b>c</b> Accounting	65,656.	49,335.	16,298.	23.
<b>d</b> Lobbying	38,819.		38,819.	
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	1,602,746.	1,602,746.		
<b>12</b> Advertising and promotion	93,523.	67,843.	25,419.	261.
<b>13</b> Office expenses	1,048,344.	760,480.	284,936.	2,928.
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	3,601,666.	3,268,227.	329,066.	4,373.
<b>17</b> Travel	1,154,148.	1,090,024.	62,612.	1,512.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	64,909.	47,086.	17,642.	181.
<b>20</b> Interest	92,888.	59,253.	33,635.	
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	1,526,497.	732,821.	793,138.	538.
<b>23</b> Insurance	54,486.	39,525.	14,809.	152.
<b>24</b> 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.)				
<b>a</b> BAD DEBT EXPENSE	7,776,581.	7,776,581.	0.	0.
<b>b</b> SUBCONTRACT EXPENSE	4,604,280.	3,528,772.	1,073,921.	1,587.
<b>c</b> CLIENT RELATED SUPPLIES	2,437,360.	2,411,164.	24,459.	1,737.
<b>d</b> GENERAL AND ADMINISTRAT	820,714.	595,355.	223,067.	2,292.
<b>e</b> All other expenses	1,002,050.	548,688.	473,916.	-20,554.
<b>25</b> Total functional expenses. Add lines 1 through 24e	102,820,327.	87,839,327.	14,861,555.	119,445.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  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	620,061.	1	2,782,445.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	1,369,150.	3	830,839.
	4	Accounts receivable, net	10,633,867.	4	7,078,036.
	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	55,629.	8	19,534.
	9	Prepaid expenses and deferred charges	1,081,872.	9	1,004,283.
	10a	Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	10a 43,842,727.		
	10b	Less accumulated depreciation	10b 31,211,198.		
	11	Investments - publicly traded securities	4,693,992.	11	5,993,959.
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11	80,000.	13	80,000.
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	2,421,548.	15	2,131,667.
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	34,582,971.	16	32,552,292.	
Liabilities	17	Accounts payable and accrued expenses	8,256,320.	17	7,576,745.
	18	Grants payable		18	
	19	Deferred revenue	87,054.	19	413,969.
	20	Tax-exempt bond liabilities	3,435,000.	20	0.
	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	561,512.	24	3,547,331.
	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	0.	25	1,172,650.
	26	<b>Total liabilities.</b> Add lines 17 through 25	12,339,886.	26	12,710,695.
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	19,517,079.	27	17,356,814.
	28	Temporarily restricted net assets	2,726,006.	28	2,484,783.
	29	Permanently restricted net assets		29	
	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	<b>Total net assets or fund balances</b>	22,243,085.	33	19,841,597.	
34	<b>Total liabilities and net assets/fund balances</b>	34,582,971.	34	32,552,292.	

**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	100,274,394.
2	Total expenses (must equal Part IX, column (A), line 25)	2	102,820,327.
3	Revenue less expenses. Subtract line 2 from line 1	3	-2,545,933.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	22,243,085.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	144,445.
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	19,841,597.

**Part XII Financial Statements and Reporting**

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	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: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	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	X	
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?	X	
3b	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	X	

Form 990 (2016)



**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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	2,412,669.	2,235,959.	1,745,596.	1,750,208.	1,948,603.	10,093,035.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge	401,626.	435,186.	442,070.	443,835.	452,706.	2,175,423.
<b>4 Total.</b> Add lines 1 through 3	2,814,295.	2,671,145.	2,187,666.	2,194,043.	2,401,309.	12,268,458.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
<b>6 Public support.</b> Subtract line 5 from line 4						12,268,458.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>7</b> Amounts from line 4	2,814,295.	2,671,145.	2,187,666.	2,194,043.	2,401,309.	12,268,458.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	176,904.	143,480.	160,718.	301,410.	288,075.	1,070,587.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	65,364.	75,140.	1,154,157.	26,101.	22,267.	1,343,029.
<b>11 Total support.</b> Add lines 7 through 10						14,682,074.
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	381,951,030.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

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

<b>14</b> Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	83.56 %
<b>15</b> Public support percentage from 2015 Schedule A, Part II, line 14	<b>15</b>	84.25 %
<b>16a 33 1/3% support test - 2016.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
<b>b 33 1/3% support test - 2015.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
<b>17a 10% -facts-and-circumstances test - 2016.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and 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>b 10% -facts-and-circumstances test - 2015.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and 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>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12)						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

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

<b>15</b> Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	%
<b>16</b> Public support percentage from 2015 Schedule A, Part III, line 15	16	%

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

<b>17</b> Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	%
<b>18</b> Investment income percentage from 2015 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests - 2016.** 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 - 2015.** 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** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? 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).		

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

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

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

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

**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? 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.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
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? If "Yes," provide detail in Part VI.		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.		
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? If "Yes," provide detail in Part VI.		
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? If "Yes," provide detail in Part VI.		
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)? If "Yes," answer 10b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

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

7  Check here if the current year is the organization's first as a non-functionally 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 <b>Total annual distributions.</b> 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 2016 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-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013			
d From 2014			
e From 2015			
f <b>Total</b> of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j <b>Remainder</b> Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c <b>Remainder</b> Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, 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 2016 Subtract lines 3h and 4b from line 1 For result greater than zero, explain in Part VI. See instructions			
7 <b>Excess distributions carryover to 2017.</b> Add lines 3j and 4c			
8 Breakdown of line 7.			
a			
b Excess from 2013			
c Excess from 2014			
d Excess from 2015			
e Excess from 2016			



**SCHEDULE C**  
**(Form 990 or 990-EZ)**

**Political Campaign and Lobbying Activities**

OMB No 1545-0047

**2016**

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.
- ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

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, INC.** Employer identification number  
**F/K/A SEVEN COUNTIES SERVICES, INC.** **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-

**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												
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying)															
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)															
<b>c</b> Total lobbying expenditures (add lines 1a and 1b)															
<b>d</b> Other exempt purpose expenditures															
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)															
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.															
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>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.														
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)															
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0-															
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0-															
<b>j</b> 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> 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
<b>1</b> 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:			
<b>a</b> Volunteers?		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
<b>c</b> Media advertisements?		X	
<b>d</b> Mailings to members, legislators, or the public?		X	
<b>e</b> Publications, or published or broadcast statements?		X	
<b>f</b> Grants to other organizations for lobbying purposes?		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?	X		38,819.
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
<b>i</b> Other activities?		X	
<b>j</b> Total. Add lines 1c through 1i			38,819.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> 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
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	1	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
<b>3</b> 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."**

<b>1</b> Dues, assessments and similar amounts from members	1	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year	2a	
<b>b</b> Carryover from last year	2b	
<b>c</b> Total	2c	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
<b>4</b> 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	
<b>5</b> 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:

LOBBYING COSTS WERE INCURRED DURING THE YEAR ENDED JUNE 30, 2017

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.

▶ Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2016**  
Open to Public  
Inspection

Name of the organization **CENTERSTONE OF KENTUCKY, INC.**  
**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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

Preservation of land for public use (e.g., recreation or education)  Preservation of a historically important land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

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

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

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

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

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

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

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

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

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

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items
- b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
- (i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_
- (ii) Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items
- a Revenue included on Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_
- b Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

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

Schedule D (Form 990) 2016

**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:

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

	Amount
1c	
1d	
1e	
1f	

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

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided 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		11,420,297.	7,428,232.	3,992,065.
c Leasehold improvements		4,795,726.	2,565,192.	2,230,534.
d Equipment		25,487,344.	20,661,720.	4,825,624.
e Other		704,460.	556,054.	148,406.
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c)				12,631,529.

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1) CONTRIBUTED RENT RECEIVABLE	2,131,667.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15)	2,131,667.

**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	1,172,650.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25)	1,172,650.

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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	92,664,178.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	<b>a</b> Net unrealized gains (losses) on investments	<b>2a</b>		
	<b>b</b> Donated services and use of facilities	<b>2b</b>	144,453.	
	<b>c</b> Recoveries of prior year grants	<b>2c</b>		
	<b>d</b> Other (Describe in Part XIII)	<b>2d</b>	-7,754,669.	
	<b>e</b> Add lines 2a through 2d		<b>2e</b>	-7,610,216.
<b>3</b>	Subtract line 2e from line 1		<b>3</b>	100,274,394.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	<b>a</b> Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
	<b>b</b> Other (Describe in Part XIII.)	<b>4b</b>		
	<b>c</b> Add lines 4a and 4b		<b>4c</b>	0.
<b>5</b>	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		<b>5</b>	100,274,394.

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

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

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	95,065,666.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	<b>a</b> Donated services and use of facilities	<b>2a</b>		
	<b>b</b> Prior year adjustments	<b>2b</b>		
	<b>c</b> Other losses	<b>2c</b>		
	<b>d</b> Other (Describe in Part XIII.)	<b>2d</b>	21,913.	
	<b>e</b> Add lines 2a through 2d		<b>2e</b>	21,913.
<b>3</b>	Subtract line 2e from line 1		<b>3</b>	95,043,753.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	<b>a</b> Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
	<b>b</b> Other (Describe in Part XIII.)	<b>4b</b>	7,776,574.	
	<b>c</b> Add lines 4a and 4b		<b>4c</b>	7,776,574.
<b>5</b>	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		<b>5</b>	102,820,327.

**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 FRIDAY, 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.

THE CORPORATION AND ITS SUBSIDIARIES FILED THEIR FEDERAL AND STATE INCOME TAX RETURNS FOR PERIODS THROUGH JUNE 30, 2016.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

BAD DEBT EXPENSE	-7,776,581.
FUNDRAISING EXP INCLUDE IN EXP ON F/S AND RECLASSSED TO	
INCOME FOR SPECIAL	21,912.
EVENTS EXPENSE	
TOTAL TO SCHEDULE D, PART XI, LINE 2D	-7,754,669.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXP INCLUDE IN EXP ON F/S AND RECLASSSED TO	
INCOME FOR SPECIAL	21,913.
EVENTS EXPENSE	

PART XII, LINE 4B - OTHER ADJUSTMENTS:





**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through col. (c))	
		GOLF SCRAMBLE (event type)	RUN WITH OUR HEROES MARATHON (event type)	NONE (total number)		
Revenue	1	Gross receipts	26,467.	12,891.	39,358.	
	2	Less. Contributions	19,967.	12,891.	32,858.	
	3	Gross income (line 1 minus line 2)	6,500.		6,500.	
Direct Expenses	4	Cash prizes				
	5	Noncash prizes	2,862.		2,862.	
	6	Rent/facility costs	3,900.		3,900.	
	7	Food and beverages	2,510.		2,510.	
	8	Entertainment				
	9	Other direct expenses	701.	11,940.	12,641.	
	10	Direct expense summary. Add lines 4 through 9 in column (d)				21,913.
	11	Net income summary. Subtract line 10 from line 3, column (d)				-15,413.

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
Revenue	1	Gross revenue				
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7	Direct expense summary. Add lines 2 through 5 in column (d)				
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
 a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
 b If "No," explain \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No  
 b If "Yes," explain \_\_\_\_\_







**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

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

▶ Attach to Form 990.

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

OMB No 1545-0047

**2016**

Open to Public Inspection

Name of the organization

CENTERSTONE OF KENTUCKY, INC.

F/K/A SEVEN COUNTIES SERVICES, INC.

Employer identification number

31-0939757

**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b>		
<b>1b</b>		
<b>2</b>		
<b>3</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

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

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

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

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

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

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

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

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

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

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

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

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







**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
COOPER PROPERTY MAINTENANC	OWNER, BARTON COOPE	46,130.	COOPER PROP		X

**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: COOPER PROPERTY MAINTENANCE AND LANDSCAPE

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION

OWNER, BARTON COOPER, IS THE SPOUSE OF GWEN COOPER, FORMER VP OF INT AFF

(D) DESCRIPTION OF TRANSACTION: COOPER PROPERTY MAINTENANCE AND

LANDSCAPE WAS SELECTED DURING A BIDDING PROCESS AND WAS THE LOWEST PRICE.

THE COMPANY PROVIDES LAWN CARE SERVICES TO SEVERAL OF THE ORGANIZATION'S

PROPERTIES.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No 1545-0047

**2016**

Open To Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

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

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ( MISCELLANEOUS )	X	0	15,727.	FAIR MARKET VALUE
26 Other ▶ ( OFFICE FURNIT )	X	1	4,424.	FAIR MARKET VALUE
27 Other ▶ ( )				
28 Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

- 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?
- b If "Yes," describe the arrangement in Part II
- 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?
- b If "Yes," describe in Part II
- 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

	Yes	No
30a		X
31		X
32a		X
33		

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

Schedule M (Form 990) (2016)





**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2016**

Open to Public  
Inspection

Name of the organization	CENTERSTONE OF KENTUCKY, INC. F/K/A SEVEN COUNTIES SERVICES, INC.	Employer identification number	31-0939757
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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

CENTERSTONE OF KENTUCKY (FORMERLY KNOWN AS SEVEN COUNTIES SERVICES), IS  
 THE NEWEST AFFILIATE OF CENTERSTONE AND 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 34,000 PEOPLE ANNUALLY.

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

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

CENTERSTONE OF KENTUCKY, INC. IS PART OF CENTERSTONE OF AMERICA, INC.,  
 AND CENTERSTONE OF AMERICA IS THE SOLE CORPORATE MEMBER OF CENTERSTONE  
 OF KENTUCKY. FOR THE 2016 TAX YEAR ENDED JUNE 30, 2017, CENTERSTONE OF  
 AMERICA AND ITS AFFILIATES EARNED GROSS REVENUE OF \$314 MILLION AND  
 EMPLOYED 5,000 INDIVIDUALS IN NEARLY 200 FACILITIES.

CENTERSTONE IS A NATIONALLY RECOGNIZED LEADER, PROVIDING MENTAL HEALTH  
 AND SUBSTANCE USE TREATMENT, RELATED CRISIS CARE, EDUCATION AND SUPPORT  
 TO PEOPLE OF ALL AGES IN COMMUNITIES IN FLORIDA, ILLINOIS, INDIANA,  
 KENTUCKY, AND TENNESSEE, AND OFFER INDIVIDUALS WITH INTELLECTUAL AND  
 DEVELOPMENTAL DISABILITIES LIFE SKILLS DEVELOPMENT, EMPLOYMENT AND  
 HOUSING SERVICES IN ILLINOIS AND KENTUCKY.

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

Schedule O (Form 990 or 990-EZ) (2016)

Name of the organization CENTERSTONE OF KENTUCKY, INC. F/K/A SEVEN COUNTIES SERVICES, INC.	Employer identification number 31-0939757
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NATIONALLY, WE OFFER SPECIALIZED CARE FOR SERVICE MEMBERS, VETERANS AND THEIR LOVED ONES, AND DEVELOP EMPLOYEE ASSISTANCE PROGRAMS FOR BUSINESSES OF ALL SIZES. OUR RESEARCH INSTITUTE IMPROVES BEHAVIORAL HEALTHCARE THROUGH RESEARCH, EVALUATION AND TECHNOLOGY, AND OUR FOUNDATION SECURES PHILANTHROPIC RESOURCES TO SUPPORT OUR WORK. CARING FOR OVER 172,000 INDIVIDUALS AND FAMILIES ANNUALLY, WE ARE ACCREDITED BY CARF AND JOINT COMMISSION.

CENTERSTONE HAS A DEEP AND RICH HISTORY, AND HAS BEEN PROVIDING EFFECTIVE BEHAVIORAL HEALTH AND DRUG AND ALCOHOL TREATMENT SERVICES IN OUR COMMUNITIES FOR OVER 60 YEARS. OUR APPROACH HAS ALWAYS BEEN ROOTED IN THE IDEA THAT OUR CLIENTS ARE HEALTHIER AND HAPPIER WHEN THEY CAN CONTRIBUTE TO THEIR COMMUNITIES. AND, THAT OUR COMMUNITIES ARE IMPROVED BY HAVING OUR CLIENTS AS CONTRIBUTING MEMBERS.

FORM 990, PART III, LINE 4A, DESCRIPTION OF PROGRAM SERVICE:

WE ARE A FAMILY OF ORGANIZATIONS COMMITTED TO ADVANCING CARE AND SOLUTIONS. OPERATING WITH 5,000+ EMPLOYEES AND HUNDREDS OF VOLUNTEERS, CENTERSTONE PROVIDES LIFE-CHANGING AND LIFE-SAVING SERVICES TO MORE THAN 172,000 INDIVIDUALS AND FAMILIES IN MORE THAN 200 FACILITIES AND THROUGH A 700+ PROVIDER NETWORK NATIONWIDE. CENTERSTONE IS CARF ACCREDITED IN ILLINOIS, INDIANA AND TENNESSEE AND JOINT COMMISSION ACCREDITED IN FLORIDA AND KENTUCKY.

WE ACCEPT 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

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

CENTERSTONE'S GROWTH FIRST AND FOREMOST HAS BENEFITED ITS CLIENTS AND COMMUNITIES THROUGH THE IDENTIFICATION AND SUPPORT OF MORE EFFECTIVE TREATMENT PRACTICES, TECHNOLOGY-ENABLED CARE TOOLS, ENHANCED OPERATIONAL EFFICIENCIES, AND VASTLY INCREASED ACCESS TO PHILANTHROPIC AND GOVERNMENT SUPPORT FOR INDIVIDUALS AND FAMILIES WITH LIMITED RESOURCES.

CENTERSTONE OF KENTUCKY'S AFFILIATES INCLUDE:

CENTERSTONE OF FLORIDA IS THE LEADING COMMUNITY BEHAVIORAL HEALTH HOSPITAL AND OUTPATIENT PRACTICE IN THE SOUTH TAMPA BAY AREA. WITH A 62-YEAR HISTORY AND FULL CONTINUUM OF BEHAVIORAL HEALTH SERVICES, WE ARE WORKING TO CHANGE THE LIVES OF CHILDREN, TEENS, ADULTS AND SENIORS WHO FACE TRAUMA, ADDICTIONS, PSYCHIATRIC ILLNESSES AND EMOTIONAL DISORDERS. CENTERSTONE OF FLORIDA SERVES MORE THAN 15,000 PEOPLE OF ALL AGES. CENTERSTONE OF FLORIDA IS ACCREDITED BY THE JOINT COMMISSION.

CENTERSTONE OF ILLINOIS SERVES CHILDREN, YOUTH, ADULTS AND FAMILIES THROUGH MENTAL HEALTH COUNSELING, SUBSTANCE ABUSE TREATMENT, LIFE SKILLS ENRICHMENT PROGRAMS AND SPECIALIZED SERVICES FOR ADULTS WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES. EACH YEAR, CENTERSTONE OF ILLINOIS SERVES MORE THAN 14,000 PEOPLE OF ALL AGES IN SOUTH CENTRAL ILLINOIS AND THE METRO EAST ST. LOUIS AREA. WE ARE ACCREDITED BY CARF INTERNATIONAL.

CENTERSTONE OF INDIANA PROVIDES AN ARRAY OF MENTAL HEALTH, SUBSTANCE

Name of the organization CENTERSTONE OF KENTUCKY, INC. F/K/A SEVEN COUNTIES SERVICES, INC.	Employer identification number 31-0939757
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ABUSE TREATMENT, INTEGRATED PRIMARY CARE, AND SUPPORTIVE SERVICES TO APPROXIMATELY 31,000 PEOPLE OF ALL AGES ACROSS SOUTHERN AND CENTRAL INDIANA EACH YEAR. CENTERSTONE HAS BEEN RECOGNIZED BY THE STATE OF INDIANA FOR ITS INNOVATIVE SERVICES IN ADDICTIONS CARE AND RE-ENTRY SERVICES. WE ARE ACCREDITED BY CARF INTERNATIONAL AND HAVE RECEIVED HEALTH HOME STATUS. CENTERSTONE OF INDIANA'S SUBSIDIARIES INCLUDE THE CENTERSTONE FOUNDATION, INC., CENTERSTONE SUPPORTIVE HOUSING, LLC AND INDEPENDENT LIVING.

CENTERSTONE OF TENNESSEE PROVIDES A FULL CONTINUUM OF TREATMENT AND SUPPORTS, INTEGRATED PRIMARY CARE, AND EDUCATIONAL SERVICES TO INDIVIDUALS WHO HAVE MENTAL HEALTH AND ADDICTION DISORDERS. EACH YEAR, CENTERSTONE SERVES MORE THAN 65,000 PEOPLE OF ALL AGES THROUGHOUT THE MIDDLE TENNESSEE REGION. WE ARE ACCREDITED BY CARF INTERNATIONAL, AND HAVE ACHIEVED ACCREDITED HEALTH HOME STATUS FOR OUR OUTPATIENT CLINIC LOCATIONS. CENTERSTONE IS ALSO A MEMBER ORGANIZATION OF THE NATIONAL FOOTBALL LEAGUE'S LIFE LINE. CENTERSTONE OF TENNESSEE'S SUBSIDIARIES INCLUDE ADVANTAGE BEHAVIORAL HEALTH (DBA CENTERSTONE SOLUTIONS), CUMBERLAND HOLDING CORPORATION AND CENTERSTONE HOUSING RESOURCES.

THE CENTERSTONE RESEARCH INSTITUTE IS DEDICATED TO BRIDGING THE GAP BETWEEN EVIDENCE AND PRACTICE, BRINGING INDUSTRY PROVEN AND HIGH-VALUE PRACTICES TO OUR PHYSICIANS, NURSES AND PRACTITIONERS. THIS IS ACCOMPLISHED THROUGH RESEARCH AND EVALUATION STUDIES TO DEFINE BEST PRACTICE AND ADVANCE THE TREATMENT AND PREVENTION OF MENTAL HEALTH AND ADDICTION DISORDERS. STAFF WORK CLOSELY WITH OUR CENTERSTONE AFFILIATES TO DELIVER CLINICALLY EXCELLENT, EVIDENCE-BASED AND VALUE-CARE MODELS. CENTERSTONE RESEARCH INSTITUTE EMBRACES TRANSPARENCY

Name of the organization	CENTERSTONE OF KENTUCKY, INC. F/K/A SEVEN COUNTIES SERVICES, INC.	Employer identification number	31-0939757
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AND MEASUREMENT AS A MEANS TO ENHANCING PATIENT CARE.

CENTERSTONE MILITARY SERVICES WORKS TO ENSURE THAT SERVICE MEMBERS, VETERANS AND THEIR FAMILIES HAVE THE RESOURCES AND SUPPORT THEY NEED TO LEAD HEALTHY AND FULFILLING LIVES BEYOND MILITARY SERVICE. WE OFFER A VARIETY OF SERVICES TO ADDRESS MANY ISSUES INCLUDING COMBAT STRESS, TRAUMA, HOMELESSNESS, DEPRESSION, ADDICTION, MARRIAGE ISSUES, PARENT-CHILD RELATIONSHIP REPAIR, AND OTHER INVISIBLE WOUNDS OF WAR. THIS INCLUDES THOSE WHO ARE CURRENT SERVING OR HAVE SERVED IN ANY BRANCH OF THE MILITARY REGARDLESS OF DISCHARGE STATUS OR CONFLICT IN WHICH THEY SERVED.

THE CENTERSTONE FOUNDATION, INC. SECURES PHILANTHROPIC RESOURCES TO SUPPORT CENTERSTONE'S MISSION OF, "DELIVERING CARE THAT CHANGES PEOPLE'S LIVES" BOTH NOW AND IN THE FUTURE. IN ADDITION TO SECURING PHILANTHROPIC RESOURCES FOR ITS AFFILIATES AND THE PEOPLE WE SERVE, THE FOUNDATION IS CHARGED WITH PROVIDING EFFECTIVE STEWARDSHIP OF ENDOWMENTS, INCLUDING INVESTMENT AND DISBURSEMENTS. WE ARE DEDICATED TO IMPROVING THE QUALITY OF LIFE OF THE INDIVIDUALS AND FAMILIES WHO COME TO CENTERSTONE FOR CARE. CENTERSTONE OF INDIANA IS THE SOLE CORPORATE MEMBER OF THE CENTERSTONE FOUNDATION.

ADVANTAGE BEHAVIORAL HEALTH (DBA CENTERSTONE SOLUTIONS), IS A SPECIALTY ORGANIZATION OF CENTERSTONE, CREATING HEALTHCARE MANAGEMENT SOLUTIONS THAT IMPROVE ACCESS TO SERVICES AND ADVANCE PATIENT CARE AND OUTCOMES. WE OPERATE A PROVIDER NETWORK THAT DELIVERS COUNSELING SERVICES FOR CENTERSTONE MILITARY SERVICES' REFERRALS, AND PROVIDE EMPLOYEE ASSISTANCE PROGRAMS AND OTHER EMPLOYEE WELLNESS SERVICES TO REGIONAL

Name of the organization CENTERSTONE OF KENTUCKY, INC. F/K/A SEVEN COUNTIES SERVICES, INC.	Employer identification number 31-0939757
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EMPLOYERS. ADVANTAGE BEHAVIORAL HEALTH IS AN AFFILIATE OF CENTERSTONE OF AMERICA, INC. CENTERSTONE OF TENNESSEE IS THE SOLE CORPORATE MEMBER OF ADVANTAGE BEHAVIORAL HEALTH.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:  
CENTERSTONE OF KENTUCKY ADDED TO THE CONTINUUM OF CARE FOR INDIVIDUALS SEEKING TREATMENT FOR ADDICTIONS, WITH NEW STRUCTURED SOBER HOUSING. SEVEN NEW HOUSES ARE AVAILABLE TO CLIENTS.

FORM 990, PART VI, SECTION A, LINE 4:  
EFFECTIVE NOVEMBER 1, 2016, CENTERSTONE OF AMERICA, INC. ASSUMED CONTROL OF SEVEN COUNTIES SERVICES, INC. THROUGH SOLE CORPORATE MEMBERSHIP TO HELP FURTHER ITS MISSION. CENTERSTONE OF AMERICA, INC. AND ITS AFFILIATES ARE PRIVATE, NON-PROFIT CORPORATIONS THAT PROVIDE MULTI-FUNDED, LOCALLY DIRECTED MENTAL HEALTH AND ADDICTION SERVICES TO PEOPLE OF ALL AGES. CENTERSTONE OF AMERICA, INC, AND ITS AFFILIATES MAINTAIN CLINICS IN MULTIPLE TENNESSEE, ILLINOIS, KENTUCKY, FLORIDA AND INDIANA COUNTIES, WITH ITS MAIN ADMINISTRATIVE OFFICES LOCATED IN NASHVILLE, TN. NO CONSIDERATION WAS PAID AS A RESULT OF THE CHANGE IN CONTROL.

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.

Name of the organization CENTERSTONE OF KENTUCKY, INC. F/K/A SEVEN COUNTIES SERVICES, INC.	Employer identification number 31-0939757
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FORM 990, PART VI, SECTION A, LINE 7B:

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 RECENTLY ADOPTED A POLICY WHICH REQUIRES BOARD MEMBERS TO

COMPLETE A CONFLICT OF INTEREST ACKNOWLEDGEMENT AND DISCLOSURE FORM ON AN

ANNUAL BASIS.

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

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,



Name of the organization CENTERSTONE OF KENTUCKY, INC. F/K/A SEVEN COUNTIES SERVICES, INC.	Employer identification number 31-0939757
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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 2015 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 2015 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 DETERMINED BY THE CEO OF CENTERSTONE OF AMERICA UTILIZING COMPENSATION SURVEYS AVAILABLE FROM THE INDUSTRY'S TWO MAJOR ASSOCIATIONS, AND IS SUBJECT TO REVIEW BY THE CENTERSTONE OF AMERICA BOARD ON AN ANNUAL BASIS. EXECUTIVE COMPENSATION PACKAGES WERE REVIEWED AND ADJUSTED TO MARKET AS NEEDED DURING THE 2016 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 FOR OVERSIGHT OF THE AUDIT OF THE FINANCIAL STATEMENTS AND NO PROCESSES HAVE CHANGED FROM PRIOR YEAR.

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

Name of the organization: CENTERSTONE OF KENTUCKY, INC.  
 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	43,397,665.		CENTERSTONE OF KENTUCKY F/K/A SEVEN COUNTIES SERVICES, INC.

**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
ADVANTAGE BEHAVIORAL HEALTH - 20-1590169 44 VANTAGE WAY, SUITE 400 NASHVILLE, TN 37228	BILLING AND ADMINISTRATIVE SERVICES	TENNESSEE	501(C)(4)		N/A		X
AMY'S CROSSING, INC. - 45-4926717 44 VANTAGE WAY, SUITE 400 NASHVILLE, TN 37228	PROVIDE HOUSING FOR THE DISABLED	ILLINOIS	501(C)(3)	LINE 10	N/A		X
ASPEN HOUSE, INC. - 35-1925610 44 VANTAGE WAY, SUITE 400 NASHVILLE, TN 37228	PROVIDE LOW INCOME HOUSING	INDIANA	501(C)(3)	LINE 10	CENTERSTONE OF INDIANA		X
BEHAVIORAL HEALTH ORGANIZATION OF INDIANA, LLC - 35-1985649, 44 VANTAGE WAY, SUITE 400. NASHVILLE, TN 37228	OPERATES GROUP HOME	INDIANA	501(C)(3)	PUBLIC CHARITY	N/A		X

(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
CEDAR VIEW, INC. - 35-1943874							
44 VANTAGE WAY, SUITE 400 NASHVILLE, TN 37228	PROVIDE LOW INCOME HOUSING	INDIANA	501(C)(3)	LINE 10	CENTERSTONE OF INDIANA		X
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	OWN AND OPERATE GROUP HOMES	TENNESSEE	501(C)(3)	LINE 12C	N/A		X
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	PROVIDE MENTAL HEALTH SERVICES	FLORIDA	501(C)(3)	LINE 7	CENTERSTONE OF AMERICA		X
44 VANTAGE WAY, SUITE 400 NASHVILLE, TN 37228	PROVIDE MENTAL HEALTH SERVICES	ILLINOIS	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	INDIANA	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	TENNESSEE	501(C)(3)	LINE 3	N/A		X
CENTERSTONE OF TENNESSEE - 62-1674308							
44 VANTAGE WAY, SUITE 400 NASHVILLE, TN 37228	RESEARCH RELATED TO MENTAL HEALTH	INDIANA	501(C)(3)	LINE 7	CENTERSTONE OF AMERICA		X
CENTERSTONE RESEARCH INSTITUTE - 26-2505456							
44 VANTAGE WAY, SUITE 400 NASHVILLE, TN 37228	PROVIDE HUD HOUSING	TENNESSEE	501(C)(3)	LINE 10	N/A		X
CUMBERLAND HOLDING CORP - 62-1234354							
44 VANTAGE WAY, SUITE 400 NASHVILLE, TN 37228							

**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
DOGWOOD PLACE, INC. - 20-1926260							
44 VANTAGE WAY, SUITE 400					CENTERSTONE OF		
NASHVILLE, TN 37228	PROVIDE LOW INCOME HOUSING	INDIANA	501(C)(3)	LINE 10	INDIANA		X
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		X
FRANKLIN WILLIAMSON PROPERTIES, INC. -							
37-1275096, 44 VANTAGE WAY, SUITE 400,							
NASHVILLE, TN 37228	HOLDING COMPANY	ILLINOIS	501(C)(2)		CENTERSTONE OF		X
HEMPEL HOUSE, INC. - 37-1365765							
44 VANTAGE WAY, SUITE 400	PROVIDE HOUSING FOR THE						
NASHVILLE, TN 37228	DISABLED	ILLINOIS	501(C)(3)	LINE 10	N/A		X
INDIANA HOUSE, INC. - 35-1942793							
44 VANTAGE WAY, SUITE 400							
NASHVILLE, TN 37228	PROVIDE LOW INCOME HOUSING	INDIANA	501(C)(3)	LINE 10	CENTERSTONE OF		X
JOHNSON NICHOLS HEALTH CLINIC - 35-1270418							
44 VANTAGE WAY, SUITE 400	PROVIDE HEALTHCARE FOR						
NASHVILLE, TN 37228	AT-RISK PERSONS	INDIANA	501(C)(3)	LINE 7	CENTERSTONE OF		X
MAPLEVIEW, INC. - 35-1876232							
44 VANTAGE WAY, SUITE 400							
NASHVILLE, TN 37228	PROVIDE LOW INCOME HOUSING	INDIANA	501(C)(3)	LINE 10	CENTERSTONE OF		X
MCCC - 27-0333241							
44 VANTAGE WAY, SUITE 400	PROMOTE AND SUPPORT						
NASHVILLE, TN 37228	WELLSPRING RESOURCES	ILLINOIS	501(C)(3)	LINE 12B	CENTERSTONE OF		X
MHC DEVELOPMENT COMPANY, INC. - 37-1120291							
44 VANTAGE WAY, SUITE 400	PROVIDE HOUSING FOR THE						
NASHVILLE, TN 37228	DISABLED	ILLINOIS	501(C)(3)	LINE 10	N/A		X
OAKVIEW, INC. - 35-1942794							
44 VANTAGE WAY, SUITE 400	PRIVATE FOUNDATION	INDIANA	501(C)(3)	PF	CENTERSTONE OF		X
NASHVILLE, TN 37228							
PINEVIEW, INC. - 35-2129307							
44 VANTAGE WAY, SUITE 400							
NASHVILLE, TN 37228	PROVIDE LOW INCOME HOUSING	INDIANA	501(C)(3)	LINE 10	CENTERSTONE OF		X
RED OAK INDUSTRIES, INC. - 20-4805937							
44 VANTAGE WAY, SUITE 400	CLEANING SERVICES	INDIANA	501(C)(3)	LINE 10	N/A		X
NASHVILLE, TN 37228							





**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?

- a** Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)
- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)
- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)
- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses
- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

**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	Yes	No
(1)	CENTERSTONE OF AMERICA	M	7,365,655 COST			X
(2)						X
(3)						X
(4)						X
(5)						X
(6)						X





**Part VII** Supplemental Information.

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

**PART III, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS PARTNERSHIP:**

**NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:**

PRIZM HEALTHCARE TECHNOLOGIES, LLC

EIN: 38-3935772

44 VANTAGE WAY, SUITE 400

NASHVILLE, TN 37228

**Attachment C**

**Amended and Restated Articles of Incorporation  
of  
SCS Learning, Inc.  
[renamed Centerstone Learning, Inc.]**

**Attachment D**

**Amended and Restated Bylaws  
of  
SCS Learning, Inc.  
[renamed Centerstone Learning, Inc.]**

Attachment E

**Diagram of Affiliated Corporate Structure**

**Attachment F**

**Centerstone System Authority Matrix**

**Attachment G**

**Administrative Services Agreement**

**Attachment H**

**Administrative Services Agreement**