

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047
2019
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2019, and ending 06-30-2020

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
SEVEN COUNTIES SERVICES INC
F/K/A CENTERSTONE OF KENTUCKY

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
10401 LINN STATION ROAD SUITE 100

City or town, state or province, country, and ZIP or foreign postal code
LOUISVILLE, KY 40223

D Employer identification number
31-0939757

E Telephone number
(502) 589-8615

G Gross receipts \$ 96,788,350

F Name and address of principal officer:
ABBREIAL DRANE
10401 LINN STATION RD SUITE 600
LOUISVILLE, KY 40223

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ WWW.SEVENCOUNTIES.ORG

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1978

M State of legal domicile: KY

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
WE ARE DEDICATED TO DELIVERING CARE THAT CHANGES PEOPLE'S LIVES. CENTERSTONE OF KENTUCKY IS THE PREFERRED PROVIDER OF BEHAVIORAL HEALTH CARE, ADDICTIONS TREATMENT, AND INTELLECTUAL AND DEVELOPMENTAL SERVICES FOR YOUTH, IN THE GREATER LOUISVILLE, KENTUCKY AREA. WE ARE NATIONALLY RECOGNIZED FOR INNOVATIVE AND EFFECTIVE SERVICES AND TREATMENTS, AND ARE THE LARGEST NON-HOSPITAL, NOT-FOR-PROFIT EMPLOYER IN THE LOUISVILLE METRO AREA. CENTERSTONE SERVES MORE THAN 37,000 PEOPLE ANNUALLY. CENTERSTONE OF KENTUCKY IS ACCREDITED BY THE JOINT COMMISSION. CENTERSTONE ACCEPTS MOST INSURANCE AND PRIVATE PAY FOR SERVICES, AND ARE ABLE TO OFFER CARE THROUGH ADDITIONAL CONTRACTS AND GRANTS FROM FEDERAL, STATE AND LOCAL GOVERNMENT, AS WELL AS PHILANTHROPIC DONATIONS FROM FOUNDATIONS, CORPORATIONS, AND INDIVIDUALS.

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a) **3** 29

4 Number of independent voting members of the governing body (Part VI, line 1b) **4** 29

5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) **5** 1,875

6 Total number of volunteers (estimate if necessary) **6** 27

7a Total unrelated business revenue from Part VIII, column (C), line 12 **7a** 0

b Net unrelated business taxable income from Form 990-T, line 39 **7b** 0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	1,627,667	3,797,179
9 Program service revenue (Part VIII, line 2g)	99,165,534	91,360,183
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-182,384	170,037
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	925,017	1,460,901
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	101,535,834	96,788,300
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	0
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	71,820,162	70,676,781
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶492,062		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	33,014,877	28,618,945
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	104,835,039	99,295,726
19 Revenue less expenses. Subtract line 18 from line 12	-3,299,205	-2,507,426

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	27,377,534	26,782,315
21 Total liabilities (Part X, line 26)	14,083,883	15,365,328
22 Net assets or fund balances. Subtract line 21 from line 20	13,293,651	11,416,987

Part II Signature Block

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

Sign Here ***** Signature of officer 2020-12-07 Date
CHRISTOPHER ROSZMAN CHIEF EXECUTIVE OFFICER Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name Preparer's signature Date 2020-12-07 Check if self-employed PTIN P00061190
Firm's name ▶ LBMC PC Firm's EIN ▶ 62-1199757
Firm's address ▶ PO BOX 1869 BRENTWOOD, TN 370241869 Phone no. (615) 377-4600

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

"DELIVERING CARE THAT CHANGES PEOPLE'S LIVES"

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

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 82,811,457 including grants of \$) (Revenue \$ 92,432,897)
See Additional Data

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)
See Additional Data

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)
See Additional Data

4d Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 82,811,457

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response. Rows include questions 1 through 21, with sub-questions a-f for items 11 and 12. Questions cover topics like political activities, lobbying, donor funds, conservation easements, and financial statements.

Part IV Checklist of Required Schedules (continued)

Table with 3 main columns: Question/Description, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, bond issues, and controlled entities.

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 []

Table with 3 main columns: Question/Description, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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



Section A. Governing Body and Management

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

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b 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

Table with 2 columns: Question, Answer. Row 17: List the states with which a copy of this Form 990 is required to be filed (KY). Row 18: Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (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)). Row 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. Row 20: State the name, address, and telephone number of the person who possesses the organization's books and records: (THE ORGANIZATION 10401 LINN STATION RD LOUISVILLE, KY 40223 (502) 589-8615).

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	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d	492,944				
	e Government grants (contributions)	1e	2,722,190				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	582,045				
	g Noncash contributions included in lines 1a - 1f:\$	1g					
	h Total. Add lines 1a-1f			3,797,179			
Program Service Revenue		Business Code					
	2a MEDICARE/MEDICAID	624100	47,713,376	47,713,376			
	b GOVERNMENT AGENCIES	624100	40,445,889	40,445,889			
	c PRIVATE PAY & INSURANC	624100	2,666,375	2,666,375			
	d OTHER PROGRAMS	624100	534,543	534,543			
	e						
	f All other program service revenue.						
g Total. Add lines 2a-2f.		91,360,183					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		170,087			170,087	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	388,187				
		(ii) Personal					
		b Less: rental expenses	0				
		c Rental income or (loss)	388,187				
	d Net rental income or (loss)		388,187			388,187	
	7a Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
		b Less: cost or other basis and sales expenses		50			
		c Gain or (loss)		-50			
	d Net gain or (loss)		-50			-50	
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
		b Less: direct expenses	8b				
c Net income or (loss) from fundraising events							
9a Gross income from gaming activities. See Part IV, line 19	9a						
	b Less: direct expenses	9b					
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	10a						
	b Less: cost of goods sold	10b					
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	Business Code						
11a BUSINESS CONTRACTS	900099	618,407	618,407				
b MISCELLANEOUS	900099	442,753	442,753				
c INCOME FROM MEALS/VEND	900099	11,554	11,554				
d All other revenue							
e Total. Add lines 11a-11d		1,072,714					
12 Total revenue. See instructions		96,788,300	92,432,897	0	558,224		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	795,264	764,433	30,831	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	57,729,209	55,491,176	2,238,033	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	1,060,383	1,017,968	42,415	
9 Other employee benefits	6,949,669	6,686,656	263,013	
10 Payroll taxes	4,142,256	3,976,566	165,690	
11 Fees for services (non-employees):				
a Management	9,431,142		8,939,080	492,062
b Legal				
c Accounting				
d Lobbying	101,809		101,809	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	3,944,271	2,499,724	1,444,547	
12 Advertising and promotion	64,556	50,148	14,408	
13 Office expenses	116,028	98,474	17,554	
14 Information technology	1,813,008	750,099	1,062,909	
15 Royalties				
16 Occupancy	4,587,948	4,224,800	363,148	
17 Travel	791,551	757,988	33,563	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	454,529	353,087	101,442	
20 Interest	82,745	51,785	30,960	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,128,721	827,490	301,231	
23 Insurance	548,838	426,347	122,491	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a CLIENT RELATED SUPPLIES	2,375,396	1,965,176	410,220	
b BAD DEBT EXPENSE	826,620	826,620		
c EQUIPMENT EXPENSE	821,373	725,766	95,607	
d MISCELLANEOUS	638,592	575,158	63,434	
e All other expenses	891,818	741,996	149,822	
25 Total functional expenses. Add lines 1 through 24e	99,295,726	82,811,457	15,992,207	492,062
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> 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 IX

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	2,996,024	1	5,526,972
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	1,303,413	3	1,598,666
	4 Accounts receivable, net	6,993,298	4	2,592,953
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	25,990	8	46,105
	9 Prepaid expenses and deferred charges	888,186	9	1,101,304
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	20,569,792		
	b Less: accumulated depreciation	10,581,370		
	11 Investments—publicly traded securities	4,119,993	11	4,180,393
	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	1,812,500	15	1,667,500
16 Total assets. Add lines 1 through 15 (must equal line 34)	27,377,534	16	26,782,315	
Liabilities	17 Accounts payable and accrued expenses	9,962,631	17	11,012,393
	18 Grants payable		18	
	19 Deferred revenue	665,007	19	954,081
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties	2,159,879	24	1,602,128
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	1,296,366	25	1,796,726
	26 Total liabilities. Add lines 17 through 25	14,083,883	26	15,365,328
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	11,211,712	27	9,444,322
	28 Net assets with donor restrictions	2,081,939	28	1,972,665
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	13,293,651	32	11,416,987	
33 Total liabilities and net assets/fund balances	27,377,534	33	26,782,315	

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	96,788,300
2	Total expenses (must equal Part IX, column (A), line 25)	2	99,295,726
3	Revenue less expenses. Subtract line 2 from line 1	3	-2,507,426
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	13,293,651
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	630,762
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	11,416,987

Part XII Financial Statements and Reporting

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

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

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a	Yes	
3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 31-0939757

Name: SEVEN COUNTIES SERVICES INC
F/K/A CENTERSTONE OF KENTUCKY

Form 990 (2019)

Form 990, Part III, Line 4a:

COMMUNITY-BASED ADULT SERVICES ASSERTIVE COMMUNITY TREATMENT, INTENSIVE ASSERTIVE COMMUNITY ENGAGEMENT, ADULT SERVICES, ENGAGEMENT, HOMELESS OUTREACH, CRIMINAL JUSTICE PROGRAMS, THERAPEUTIC REHAB SERVICES, CASE MANAGEMENT, HOUSING, AND SUPPORTED EMPLOYMENT. CENTERSTONE PROVIDES COMMUNITY-BASED TREATMENT FOR OUR MOST VULNERABLE CITIZENS WITH SEVERE AND PERSISTENT MENTAL ILLNESS (SPMI) AND/OR CO-OCCURRING SUBSTANCE USE DISORDERS. WE HAVE A DEDICATED TEAM OF STAFF WHO PROVIDE A RANGE OF SERVICES TO MAXIMIZE THE CLIENT'S LEVEL OF INDEPENDENCE, LIFE FUNCTIONING, AND QUALITY OF LIFE. THE INDIVIDUAL, IN PARTNERSHIP WITH THEIR TEAM, PLAN, COORDINATE, MONITOR, ADJUST, AND ADVOCATE FOR SERVICES AND SUPPORTS DIRECTED TOWARD THE ACHIEVEMENT OF THE INDIVIDUAL'S PERSONAL GOALS FOR COMMUNITY LIVING. IN FY 19-20, COMMUNITY BASED ADULT SERVICES SERVED 1,271 CLIENTS.

Form 990, Part III, Line 4b:

COMMUNITY-BASED- CHILD, INCLUDING CASE MANAGEMENTCENTERSTONE PROVIDES OUTPATIENT MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES TO CHILDREN AND ADOLESCENTS. PROVIDED BY LICENSED MASTERS-LEVEL CLINICIANS, THESE SERVICES INCLUDED INDIVIDUAL, FAMILY, COUPLES, OR GROUP COUNSELING, PRIMARILY PROVIDED IN A CLINIC SETTING.

Form 990, Part III, Line 4c:

COUNSELING SERVICES- MH/SA CHILD, FAMILY & ADULTCENTERSTONE PROVIDES OUTPATIENT MENTAL HEALTH AND SUBSTANCE USE DISORDER SERVICES TO CHILDREN, ADOLESCENTS, AND ADULTS. OUR LICENSED CLINICIANS ARE EXPERTS IN THEIR FIELDS WHO WORK WITH EACH CLIENT TO FIGURE OUT THE BEST WAY TO HELP. PROVIDED BY LICENSED MASTERS-LEVEL CLINICIANS, THESE SERVICES INCLUDED INDIVIDUAL, FAMILY, COUPLES, OR GROUP COUNSELING, PRIMARILY PROVIDED IN A CLINIC SETTING. CENTERSTONE'S COUNSELING SERVICES CAN HELP WITH ADDICTION, ANGER MANAGEMENT, ANXIETY, DEPRESSION, STRESS AND TRAUMA, AND MANY OTHER CONCERNS. IN FY 19-20, ADULTS COUNSELING SERVICES SERVED 4,570 CLIENTS.

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted 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			
JENNIFER BALLARD DIRECTOR	2.00	X						0	0	0
LEE BALTZELL DIRECTOR	2.00	X						0	0	0
DARLENE BENZICK DIRECTOR	2.00	X						0	0	0
RUSSELL BIRD DIRECTOR	2.00	X						0	0	0
CRAIG BLAKELY DIRECTOR	2.00	X						0	0	0
TERRY BURDEN DIRECTOR	2.00	X						0	0	0
TIA COATLEY SECRETARY	2.00	X						0	0	0
ASHLEY DISTLER DIRECTOR	2.00	X						0	0	0
MARESA FAWNS DIRECTOR	2.00	X						0	0	0
DENISE HALL DIRECTOR	2.00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted 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			
MARK JOHNSON DIRECTOR	2.00	X						0	0	0
SURINDER KAD DIRECTOR	2.00	X						0	0	0
BILL KENEALY DIRECTOR	2.00	X						0	0	0
STEVEN LEE DIRECTOR	2.00	X						0	0	0
KAREN LONG DIRECTOR	2.00	X						0	0	0
MICHAEL LORCH DIRECTOR	2.00	X						0	0	0
GREG MAYES DIRECTOR	2.00	X						0	0	0
DAVID MILLER DIRECTOR	2.00	X						0	0	0
DENISE PERRY DIRECTOR	2.00	X						0	0	0
DAVID RAY DIRECTOR	2.00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted 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			
MICHAEL RINGSWALD DIRECTOR	2.00	X						0	0	0
FELICIA SMITH DIRECTOR	2.00	X						0	0	0
KATHLEEN SMITH DIRECTOR	2.00	X						0	0	0
NEIL STAMP DIRECTOR	2.00	X						0	0	0
CHRIS TEELEY DIRECTOR	2.00	X						0	0	0
MICHAEL ABATE CHAIR	2.00			X				0	0	0
ABBREIAL DRANE CEO	40.00			X				261,432	0	0
BRUCE FERGUSON TREASURER	2.00			X				0	0	0
CURRY NICHOLSON VICE- CHAIR	2.00			X				0	0	0
ROBERT WATSON VICE- CHAIR	2.00			X				0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted 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			
DAVID WEATHERSBY COO CKY	40.00			X				135,074	0	18,744
ERIC POST CFO	40.00			X				119,586	0	17,223
SCOTT HEDGES CHIEF MEDICAL OFFICER	40.00				X			266,423	0	20,654
ROBERT ADAMS CSH/KCPC ASST MEDICAL DIRECTOR	40.00				X			253,244	0	13,633
JONATHAN KUNIS MEDICAL DIRECTOR ADDICTION SERVICES	40.00				X			250,704	0	9,018
PUKUR PATEL ASSOCIATE CHIEF MEDICAL OFFICER	40.00				X			246,308	0	13,748
RUCHITA AGRAWAL ASSOCIATE CHIEF MEDICAL OFFICER	40.00				X			236,457	0	17,006
SARWAT MIAN CSH/KCPC MEDICAL DIRECTOR	40.00				X			232,988	0	6,990
TATYANA RYBAKOVA CHILD PSYCHIATRIST	40.00					X		226,461	0	6,794
MICHAEL MAYO CHILD PSYCHIATRIST	40.00					X		222,875	0	4,035

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted 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			
TEHMINA KHAN CSH/KCPC PSYCHIATRIST	40.00					X		213,190	0	15,606
ANNA PODOLSKAYA CSH/KCPC PSYCHIATRIST	40.00					X		212,640	0	12,719
JERMAINE ALI CHILD PSYCHIATRIST	40.00					X		211,805	0	6,354
ANTHONY ZIPPLE FORMER CEO CKY	40.00						X	0	256,714	0

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2019
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
SEVEN COUNTIES SERVICES INC
F/K/A CENTERSTONE OF KENTUCKY

Employer identification number
31-0939757

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

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	1,750,208	1,948,603	2,388,812	1,627,984	2,731,877	10,447,484
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge..	443,835	452,706	464,216	496,812	630,737	2,488,306
4 Total. Add lines 1 through 3	2,194,043	2,401,309	2,853,028	2,124,796	3,362,614	12,935,790
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . .						
6 Public support. Subtract line 5 from line 4.						12,935,790

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4. . .	2,194,043	2,401,309	2,853,028	2,124,796	3,362,614	12,935,790
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .	301,410	288,075	430,941	558,730	558,274	2,137,430
9 Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .	26,101	22,267	24,299	19,773	11,554	103,994
11 Total support. Add lines 7 through 10						15,177,214
12 Gross receipts from related activities, etc. (see instructions)					12	489,366,855

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	85.230 %
15 Public support percentage for 2018 Schedule A, Part II, line 14	15	79.590 %

- 16a 33 1/3% support test—2019.** 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
- b 33 1/3% support test—2018.** 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
- 17a 10%-facts-and-circumstances test—2019.** 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
- b 10%-facts-and-circumstances test—2018.** 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
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c	Add lines 7a and 7b.						
8	Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6.						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c	Add lines 10a and 10b.						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2018 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2019. 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—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

Additional Data

Software ID:

Software Version:

EIN: 31-0939757

Name: SEVEN COUNTIES SERVICES INC
F/K/A CENTERSTONE OF KENTUCKY

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

Facts And Circumstances Test

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019
Open to Public Inspection

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 the organization SEVEN COUNTIES SERVICES INC F/K/A CENTERSTONE OF KENTUCKY	Employer identification number 31-0939757
--	--

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

- Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- Political campaign activity expenditures (see instructions) ▶ \$ _____
- Volunteer hours for political campaign activities (see instructions)

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

- Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- a 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).

- Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b..... ▶ \$ _____
- Did the filing organization file **Form 1120-POL** for this year? Yes No
- 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-.
1				
2				
3				
4				
5				
6				

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?	Yes		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c Media advertisements?		No	
d Mailings to members, legislators, or the public?		No	
e Publications, or published or broadcast statements?		No	
f Grants to other organizations for lobbying purposes?		No	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		60,595
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i Other activities?	Yes		41,214
j Total. Add lines 1c through 1i			101,809
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
PART II-B, LINE 1:	CENTERSTONE OF AMERICA, INC. (PARENT ORGANIZATION), THROUGH ITS LEGISLATIVE POLICY DEPARTMENT, ADVOCATES FOR POLICY SOLUTIONS THAT SEEK TO ENSURE PATIENTS IN NEED OF URGENT MENTAL HEALTH AND ADDICTION CARE CAN OBTAIN THE HELP THEY NEED, WHEN THEY NEED IT. CENTERSTONE OF KENTUCKY, INC., THROUGH THE MANAGEMENT FEE CHARGED BY CENTERSTONE OF AMERICA, PAYS A PORTION OF ITS LEGISLATIVE ADVOCACY COSTS. A PORTION OF MEMBERSHIP DUES PAID TO BEHAVIORAL HEALTH TRADE ORGANIZATIONS INDIRECTLY SUPPORT THOSE ORGANIZATION'S LOBBYING ACTIVITIES. LOBBYING COSTS WERE INCURRED DURING THE YEAR ENDED JUNE 30, 2020 RELATED TO ADVOCATING FOR INCREASED FUNDING FOR THE ORGANIZATION IN THE STATE'S BUDGET.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2019

Open to Public Inspection

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

Attach to Form 990.

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

Department of the Treasury Internal Revenue Service

Name of the organization SEVEN COUNTIES SERVICES INC F/K/A CENTERSTONE OF KENTUCKY

Employer identification number

31-0939757

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate value of contributions to (during year), Aggregate value of grants from (during year), 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? Yes 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? Yes 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, Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of a certified historic structure.

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.

Table with 2 columns: Description, Held at the End of the Year. Rows 2a-2d: Total number of conservation easements, Total acreage restricted by conservation easements, Number of conservation easements on a certified historic structure included in (a), Number of conservation easements included in (c) acquired after 7/25/06, 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 \$

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 in 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 3a(ii), are the related organizations listed as required on Schedule R?
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,434,900		1,434,900
b Buildings		7,939,331	4,721,438	3,217,893
c Leasehold improvements		3,698,011	2,342,338	1,355,673
d Equipment		6,986,519	3,352,980	3,633,539
e Other		511,031	164,614	346,417
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				9,988,422

Part VII Investments—Other Securities.

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

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

Part VIII Investments—Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) CONTRIBUTED RENT RECEIVABLE	1,667,500
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	1,667,500

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	1,796,726

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	96,592,447
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b	630,767	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	630,767
3	Subtract line 2e from line 1		3	95,961,680
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	826,620	
c	Add lines 4a and 4b		4c	826,620
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	96,788,300

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

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

1	Total expenses and losses per audited financial statements		1	98,469,111
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		3	98,469,111
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	826,615	
c	Add lines 4a and 4b		4c	826,615
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	99,295,726

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.

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 31-0939757
Name: SEVEN COUNTIES SERVICES INC
F/K/A CENTERSTONE OF KENTUCKY

Supplemental Information

Return Reference	Explanation
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, INC. FOR TAX REPORTING. ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA ("GAAP") REQUIRE MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN AND RECOGNIZE A TAX LIABILITY IF IT IS MORE LIKELY THAN NOT THAT AN UNCERTAIN TAX POSITION WOULD NOT BE SUSTAINED UPON EXAMINATION BY VARIOUS FEDERAL AND STATE TAXING AUTHORITIES. MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN AND HAS CONCLUDED THAT AS OF JUNE 30, 2020, 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.

Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS:	BAD DEBT EXPENSE 826,620.

Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS:	BAD DEBT EXPENSE 826,615. ROUNDING

Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047
2019
Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization
SEVEN COUNTIES SERVICES INC
F/K/A CENTERSTONE OF KENTUCKY

Employer identification number
31-0939757

Part I Questions Regarding Compensation

	Yes	No
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"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	2	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		
<input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a Receive a severance payment or change-of-control payment?	4a Yes	
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?	5a	No
b Any related organization?	5b	No
If "Yes," on line 5a or 5b, describe in Part III.		
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?	6a	No
b Any related organization?	6b	No
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 in lines 5 and 6? If "Yes," describe in Part III.	7	No
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 4A	ANTHONY ZIPPLE, FORMER CEO, RECIEVED \$256,714 OF SEVERENCE PAY DURING THE YEAR.

Additional Data

Software ID:
Software Version:
EIN: 31-0939757
Name: SEVEN COUNTIES SERVICES INC
 F/K/A CENTERSTONE OF KENTUCKY

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 ABBREIAL DRANE CEO	(i)	240,199	0	21,233	0	0	261,432	0
	(ii)	0	0	0	0	0	0	0
1 DAVID WEATHERSBY COO CKY	(i)	126,401	0	8,673	4,442	14,302	153,818	0
	(ii)	0	0	0	0	0	0	0
2 SCOTT HEDGES CHIEF MEDICAL OFFICER	(i)	241,188	0	25,235	7,812	12,842	287,077	0
	(ii)	0	0	0	0	0	0	0
3 ROBERT ADAMS CSH/KCPC ASST MEDICAL DIRECTOR	(i)	229,295	0	23,949	7,673	5,960	266,877	0
	(ii)	0	0	0	0	0	0	0
4 JONATHAN KUNIS MEDICAL DIRECTOR ADDICTION SERVICES	(i)	247,932	0	2,772	0	9,018	259,722	0
	(ii)	0	0	0	0	0	0	0
5 PUKUR PATEL ASSOCIATE CHIEF MEDICAL OFFICER	(i)	224,371	0	21,937	7,434	6,314	260,056	0
	(ii)	0	0	0	0	0	0	0
6 RUCHITA AGRAWAL ASSOCIATE CHIEF MEDICAL OFFICER	(i)	217,457	0	19,000	7,245	9,761	253,463	0
	(ii)	0	0	0	0	0	0	0
7 SARWAT MIAN CSH/KCPC MEDICAL DIRECTOR	(i)	220,375	0	12,613	6,990	0	239,978	0
	(ii)	0	0	0	0	0	0	0
8 TATYANA RYBAKOVA CHILD PSYCHIATRIST	(i)	202,698	0	23,763	6,794	0	233,255	0
	(ii)	0	0	0	0	0	0	0
9 MICHAEL MAYO CHILD PSYCHIATRIST	(i)	200,388	0	22,487	4,035	0	226,910	0
	(ii)	0	0	0	0	0	0	0
10 TEHMINA KHAN CSH/KCPC PSYCHIATRIST	(i)	195,455	0	17,735	6,588	9,018	228,796	0
	(ii)	0	0	0	0	0	0	0
11 ANNA PODOLSKAYA CSH/KCPC PSYCHIATRIST	(i)	202,146	0	10,494	6,460	6,259	225,359	0
	(ii)	0	0	0	0	0	0	0
12 JERMAINE ALI CHILD PSYCHIATRIST	(i)	204,641	0	7,164	6,354	0	218,159	0
	(ii)	0	0	0	0	0	0	0
13 ANTHONY ZIPPLE FORMER CEO CKY	(i)	0	0	0	0	0	0	0
	(ii)	256,714	0	0	0	0	256,714	0

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No. 1545-0047

2019

Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

Name of the organization SEVEN COUNTIES SERVICES INC F/K/A CENTERSTONE OF KENTUCKY

Employer identification number 31-0939757

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

Table with 5 columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No)

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958.
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization.

Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

Table with 9 columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No)

Total \$

Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Table with 5 columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance

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
(1) INTENTIONAL BEGINNINGS	SHARON HESSELTINE IS SPOUSE OF SCOTT HESSELTINE, VP OF ADDICTION SERVICES	117,691	TRAINING SERVICES		No
(2) HESSELTINE CONSULTING AND TRAINING	SHARON HESSELTINE IS SPOUSE OF SCOTT HESSELTINE, VP OF ADDICTION SERVICES		TRAINING SERVICES		No

Part V Supplemental Information

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

Return Reference	Explanation
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SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury

Name of the organization
SEVEN COUNTIES SERVICES INC
F/K/A CENTERSTONE OF KENTUCKY

Employer identification number

31-0939757

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:	OUR MISSION IS "DELIVERING CARE THAT CHANGES PEOPLE'S LIVES." CENTERSTONE OF INDIANA, INC. IS PART OF CENTERSTONE OF AMERICA, INC., WHICH IS THE SOLE CORPORATE MEMBER OF CENTERSTONE OF INDIANA. FOR THE 2020 TAX YEAR ENDED JUNE 30, 2020, CENTERSTONE OF AMERICA AND ITS AFFILIATES EARNED GROSS REVENUE OF \$278 MILLION. CENTERSTONE IS A NOT-FOR-PROFIT HEALTH SYSTEM PROVIDING MENTAL HEALTH AND SUBSTANCE USE DISORDER TREATMENTS. SERVICES ARE AVAILABLE NATIONALLY THROUGH THE OPERATION OF OUTPATIENT CLINICS, RESIDENTIAL PROGRAMS, THE USE OF TELEHEALTH AND AN INPATIENT HOSPITAL. CENTERSTONE ALSO FEATURES SPECIALIZED PROGRAMS FOR THE MILITARY COMMUNITY, THERAPEUTIC FOSTER CARE, CHILDREN'S SERVICES AND EMPLOYEE ASSISTANCE PROGRAMS. CENTERSTONE'S RESEARCH INSTITUTE PROVIDES GUIDANCE THROUGH RESEARCH AND TECHNOLOGY, LEVERAGING THE BEST PRACTICES FOR USE IN ALL OUR COMMUNITIES. CENTERSTONE'S FOUNDATION SECURES PHILANTHROPIC RESOURCES TO SUPPORT THE WORK AND MISSION OF DELIVERING CARE THAT CHANGES PEOPLE'S LIVES. OPERATING WITH APPROXIMATELY 3,500 EMPLOYEES, CENTERSTONE PROVIDES LIFE-CHANGING AND LIFE-SAVING SERVICES TO MORE THAN 140,000 INDIVIDUALS AND FAMILIES THROUGHOUT THE COMMUNITIES WE SERVE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THE SOLE STOCKHOLDER OF THE ORGANIZATION IS CENTERSTONE OF AMERICA, INC, AN INDIANA NONPROFIT CORPORATION.

990 Schedule O, Supplemental Information

Return Reference	Explanation
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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	THE FOLLOWING DECISIONS ARE TO BE RATIFIED BY THE SOLE STOCKHOLDER PRIOR TO ACTION: FORMAT ION OR ACQUISITION OF LEGAL ENTITIES BY THE CORPORATION; AMENDMENT OF THE CHARTER OR BYLAW S OF THE CORPORATION; APPROVAL, ACCEPTANCE, AMENDMENT OR TERMINATION OF CONTRACTS OF THE C ORPORATION TO PROVIDE SERVICES OUTSIDE THE HISTORICAL LINES OF BUSINESS OR SERVICES ENGAGE D IN BY THE CORPORATION; AND ADOPTION AND AMENDMENT OF THE STATEMENT OF THE MISSION OF THE CORPORATION.

990 Schedule O, Supplemental Information

Return Reference	Explanation
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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THE BOARD HAS ADOPTED A WRITTEN CONFLICT OF INTEREST POLICY. ON AN ANNUAL BASIS BOARD MEMBERS COMPLETE A BOARD EXPECTATIONS LETTER IN WHICH THE MEMBERS AFFIRM THAT THEY ARE AWARE OF THE CONFLICT OF INTEREST POLICY AND THAT THEY HAVE REPORTED ANY POTENTIAL CONFLICTS OF INTEREST. FURTHER, THE BOARD HAS ADOPTED A POLICY WHICH REQUIRES BOARD MEMBERS TO COMPLETE A CONFLICT OF INTEREST ACKNOWLEDGEMENT AND DISCLOSURE FORM ON AN ANNUAL BASIS. IN ADDITION, THE CHAIR INQUIRES AT THE BEGINNING OF EACH MEETING IF BOARD MEMBERS HAVE ANY NEW OR POTENTIAL CONFLICTS OF INTEREST THAT HAVE ARISEN SINCE THE PREVIOUS BOARD MEETING NECESSITATING DISCLOSURE. FOR EMPLOYEES, THE COMPANY'S CODE OF CONDUCT CONTAINS A WRITTEN CONFLICT OF INTEREST POLICY. EMPLOYEES ARE REQUIRED TO CERTIFY ON AN ANNUAL BASIS THAT THEY HAVE READ AND WILL ABIDE BY THE CONFLICT OF INTEREST POLICY. FURTHER, SENIOR EXECUTIVES OF THE COMPANY ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST ACKNOWLEDGEMENT AND DISCLOSURE FORM ON AN ANNUAL BASIS..

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	IN 2018 CENTERSTONE OF AMERICA CONTRACTED WITH A THIRD PARTY CONSULTANT TO CONDUCT AN ASSESSMENT OF THE BEHAVIORAL HEALTH MARKETPLACE CEO COMPENSATION AND PROVIDE RECOMMENDATIONS TO THE ORGANIZATION'S BOARD OF DIRECTORS IN FORMING A COMPENSATION PACKAGE FOR THE CEO OF CENTERSTONE OF AMERICA, INC. AS A RESULT, THE COMPENSATION PACKAGE OF CENTERSTONE OF AMERICA'S CEO WAS UPDATED IN 2019 TO REFLECT THE CURRENT MARKET RATES. THE CEO'S COMPENSATION PACKAGE IS REVIEWED BY THE BOARD OF DIRECTORS ON AN ANNUAL BASIS. COMPENSATION FOR THE CEOS OF THE CENTERSTONE AFFILIATED ORGANIZATIONS IS BENCHMARKED BY THE CENTERSTONE OF AMERICA'S CEO COMPENSATION AND ADJUSTED TO MARKET RATES UTILIZING COMPENSATION SURVEYS AVAILABLE FROM THE INDUSTRY'S TWO MAJOR ASSOCIATIONS. THE COMPENSATION IS SUBJECT TO AN ANNUAL REVIEW AND APPROVAL BY THE ORGANIZATION'S BOARD OF DIRECTORS. EXECUTIVE COMPENSATION PACKAGES WERE REVIEWED AND ADJUSTED TO MARKET AS NEEDED DURING THE 2019 TAX YEAR.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	N/A

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 23, FINANCIAL STATEMENT AND REPORTING	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)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2019

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization
SEVEN COUNTIES SERVICES INC
F/K/A CENTERSTONE OF KENTUCKY

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
(1) PERSONNEL BEST LLC 10101 LINN STATION RD SUITE 600 LOUISVILLE, KY 40223 26-2818918	PAYROLL PROCESSING FOR CLIENTS OF CONSUMER DIRECTED OPTIONS	KY	50,911,959		CENTERSTONE OF KENTUCKY FKA 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.

See Additional Data Table

(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

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

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.

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) CENTERSTONE OF AMERICA	J	835,432	FMV
(2) CENTERSTONE OF AMERICA	N	70,676,780	FMV
(3) CENTERSTONE OF AMERICA	O	8,997,283	FMV
(4) CENTERSTONE OF AMERICA	Q	6,345,726	FMV
(5) CENTERSTONE FOUNDATION	O	207,993	FMV
(6) CENTERSTONE RESEARCH INSTITUTE	O	207,993	FMV

Part VII **Supplemental Information**

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

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 31-0939757

Name: SEVEN COUNTIES SERVICES INC
F/K/A CENTERSTONE OF KENTUCKY

Form 990, Schedule R, Part II - 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 entity?	
						Yes	No
44 VANTAGE WAY SUITE 400 NASHVILLE, TN 37228 20-1590169	BILLING AND ADMINISTRATIVE SERVICES	TN	501(C)(4)		CENTERSTONE OF TENNESSEE		No
120 MANOR COURT ALTON, IL 62002 45-4926717	PROVIDE HOUSING FOR THE DISABLED	IL	501(C)(3)	LINE 10	CENTERSTONE OF ILLINOIS		No
720 N MARR RPAD COLUMBUS, IN 47201 35-1925610	PROVIDE LOW INCOME HOUSING	IN	501(C)(3)	LINE 10	CENTERSTONE OF INDIANA		No
720 N MARR RPAD COLUMBUS, IN 47201 35-1943874	PROVIDE LOW INCOME HOUSING	IN	501(C)(3)	LINE 10	CENTERSTONE OF INDIANA		No
44 VANTAGE WAY SUITE 400 NASHVILLE, TN 37228 26-1186476	FUNDRAISING	IN	501(C)(3)	LINE 12A	CENTERSTONE OF INDIANA		No
44 VANTAGE WAY SUITE 400 NASHVILLE, TN 37228 30-0181963	OWN AND OPERATE GROUP HOMES	TN	501(C)(3)	LINE 14	CENTERSTONE OF TENNESSEE		No
44 VANTAGE WAY SUITE 400 NASHVILLE, TN 37228 27-4417281	PROVIDE MENTAL HEALTH SERVICES	KY	501(C)(3)	7	CENTERSTONE OF KENTUCKY		No
44 VANTAGE WAY SUITE 400 NASHVILLE, TN 37228 27-1934061	PROVIDE MENTAL HEALTH SERVICES	TN	501(C)(3)	LINE 7	CENTERSTONE OF AMERICA		No
44 VANTAGE WAY SUITE 400 NASHVILLE, TN 37228 20-0072992	HOLDING COMPANY	IN	501(C)(3)	LINE 10	N/A		No
44 VANTAGE WAY SUITE 400 NASHVILLE, TN 37228 59-1009537	PROVIDE MENTAL HEALTH SERVICES	FL	501(C)(3)	LINE 7	CENTERSTONE OF AMERICA		No
44 VANTAGE WAY SUITE 400 NASHVILLE, TN 37228 37-0916475	PROVIDE MENTAL HEALTH SERVICES	IL	501(C)(3)	LINE 7	CENTERSTONE OF AMERICA		No
44 VANTAGE WAY SUITE 400 NASHVILLE, TN 37228 35-1147323	PROVIDE MENTAL HEALTH SERVICES	IN	501(C)(3)	LINE 7	CENTERSTONE OF AMERICA		No
44 VANTAGE WAY SUITE 400 NASHVILLE, TN 37228 62-1674308	PROVIDE MENTAL HEALTH SERVICES	TN	501(C)(3)	LINE 3	CENTERSTONE OF AMERICA		No
44 VANTAGE WAY SUITE 400 NASHVILLE, TN 37228 26-2505456	RESEARCH RELATED TO MENTAL HEALTH	IN	501(C)(3)	LINE 7	CENTERSTONE OF AMERICA		No
44 VANTAGE WAY SUITE 400 NASHVILLE, TN 37228 62-1234354	PROVIDE HUD HOUSING	TN	501(C)(3)	LINE 10	CENTERSTONE OF TENNESSEE		No
720 N MARR RPAD COLUMBUS, IN 47201 20-1926260	PROVIDE LOW INCOME HOUSING	IN	501(C)(3)	LINE 10	CENTERSTONE OF INDIANA		No
44 VANTAGE WAY SUITE 400 NASHVILLE, TN 37228 37-1398964	PROVIDE LOW INCOME HOUSING	IL	501(C)(3)	LINE 10	CENTERSTONE OF ILLINOIS		No
44 VANTAGE WAY SUITE 400 NASHVILLE, TN 37228 37-1275096	HOLDING COMPANY	IL	501(C)(2)	LINE 10	CENTERSTONE OF ILLINOIS		No
120 MANOR COURT ALTON, IL 62002 37-1365765	PROVIDE HOUSING FOR THE DISABLED	IL	501(C)(3)	LINE 10	CENTERSTONE OF ILLINOIS		No
720 N MARR RPAD COLUMBUS, IN 47201 35-1942793	PROVIDE LOW INCOME HOUSING	IN	501(C)(3)	LINE 10	CENTERSTONE OF INDIANA		No

Form 990, Schedule R, Part II - 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 entity?	
						Yes	No
645 SOUTH ROGERS STREET BLOOMINGTON, IN 47403 35-1270418	PROVIDE HEALTHCARE FOR AT-RISK PERSONS	IN	501(C)(3)	LINE 7	CENTERSTONE OF INDIANA		No
720 N MARR RPAD COLUMBUS, IN 47201 35-1876232	PROVIDE LOW INCOME HOUSING	IN	501(C)(3)	LINE 10	CENTERSTONE OF INDIANA		No
120 MANOR COURT ALTON, IL 62002 37-1120291	PROVIDE HOUSING FOR THE DISABLED	IL	501(C)(3)	LINE 10	CENTERSTONE OF ILLINOIS		No
720 N MARR RPAD COLUMBUS, IN 47201 35-1942794	PRIVATE FOUNDATION	IN	501(C)(3)	PF	CENTERSTONE OF INDIANA		No
720 N MARR RPAD COLUMBUS, IN 37228 35-2129307	PROVIDE LOW INCOME HOUSING	IN	501(C)(3)	LINE 10	CENTERSTONE OF INDIANA		No
44 VANTAGE WAY SUITE 400 NASHVILLE, TN 37228 20-1885830	PROVIDE LOW INCOME HOUSING	IL	501(C)(3)	LINE 10	CENTERSTONE OF ILLINOIS		No
720 N MARR RPAD COLUMBUS, IN 47201 35-2129471	PROVIDE LOW INCOME HOUSING	IN	501(C)(3)	LINE 10	CENTERSTONE OF INDIANA		No
120 MANOR COURT ALTON, IL 62002 37-1393454	PROVIDE HOUSING FOR THE DISABLED	IL	501(C)(3)	LINE 10	CENTERSTONE OF ILLINOIS		No
720 N MARR RPAD COLUMBUS, IN 47201 31-1141620	PROVICE LOW INCOME HOUSING	IN		LINE 10	CENTERSTONE OF INDIANA		No
391 6TH AE WEST BRADENTON, FL 34205 82-0647920	HOLDING PROPERTY FOR THE BENEFIT OF CENTERSTOEN OF FLORIDA OPERATIONS	FL	501(C)(3)	LINE 10	CENTERSTONE OF FLORIDA		No
645 SOUTH ROGERS ST BLOOMINGTON, IN 47403 83-2826772	PROVICE LOW INCOME HOUSING	TN	501(C)(3)	LINE 10	CENTERSTONE OF INDIANA		No
800 N MAIN ST ANNA, IL 62906 37-0925576	PROVICE LOW INCOME HOUSING	TN	501(C)(3)	LINE 10	CENTERSTONE OF ILLINOIS		No
2421 SOUTH ILLINOIS AVENUE CARBONDALE, IL 62901 84-1851189	PROVIDE LOW INCOME HOUSING	IL	501(C)(3)	LINE 10	CENTERSTONE OF ILLINOIS		No

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
CENTERSTONE OF AMERICA	J	835,432	FMV
CENTERSTONE OF AMERICA	N	70,676,780	FMV
CENTERSTONE OF AMERICA	O	8,997,283	FMV
CENTERSTONE OF AMERICA	Q	6,345,726	FMV
CENTERSTONE FOUNDATION	O	207,993	FMV
CENTERSTONE RESEARCH INSTITUTE	O	207,993	FMV