

## 11. Completeness Checklist

Applicants must complete chart below and attach as PAGE 1 of the submission.

<u>Application Forms and Attachments</u>	<u>Page #</u>
<b><u>Project Name:</u> Adolescents in Motion (AIM)</b>	
<b><u>Project Applicant:</u> Lakeview Center, Inc.</b>	
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10. Required Attachments	26
a. Documentation of Partnerships – MOUs, Letters of Commitment or Contracts demonstrating location and program services in Escambia County.	N/A

b. Applicants Annual Operating Budget	\$76,915,875
c. Proof of 501c3 Status	27
d. Current W-9	28
e. 2022 and 2023 Tax returns	29
f. Two most recent years' financial statements (audited, if applicable)	158

## 1. Applicant Information

Organization Name: Lakeview Center, Inc.	Authorized Organization Representative Name/Title: Shawn Salamida, President Behavioral Health Services
Address: 1221 W. Lakeview Ave.	Telephone: 850-495-2304
City, State/Zip: Pensacola, FL 32501	Organization Website: <a href="https://lakeviewcenter.org">https://lakeviewcenter.org</a>
Contact Person Name/Title: Patti Hyde, Director Family Based Intervention Svs.	Unique Entity ID (SAM #): HKKJG3A4NKP7
Contact Person E-mail: Patti.Hyde@lakeview-center.org	Federal Employer ID #: 59-0737872

## 2. Project Information

Project Name: <b>Adolescents In Motion/AIM, Escambia County</b>
Project Address ( <i>if different from organization address</i> ): Same as above
This is a/an: <input type="checkbox"/> New Project   or <input checked="" type="checkbox"/> Expanded Project
Total Funding Requested for this Project: \$ <u>  \$266,924.84  </u>
Number of Persons to be Served: <u>  60  </u>
Project Type ( <i>check as many as applicable below</i> ):

<b>Medication Assisted Treatment</b> X (Linkage)	<b>Education Program</b> X
<b>Prevention</b> X	<b>Recovery</b> X
<b>X Treatment (other than medication assisted) (specify model):</b> Individual/family counseling for conflict and crisis management as needed, and linkage to psychiatric medication management as needed.	
<b>Overdose Reversal Medication Distribution</b> X	<b>Criminal Justice Training, Prevention, and Treatment</b>
<b>Other (please specify):</b> Employability skill building.	

<b>Target Population (check as many as applicable below):</b>	
<input type="checkbox"/> Chronically Homeless X Single Individuals X Victims of Domestic Violence X LGBTQI+ Individuals/Families/Youth <input type="checkbox"/> Other: _____	X Families X Unaccompanied Youth (ages 18-21) <input type="checkbox"/> Veterans X Individuals with Severe and Persistent Mental Illness
<b>Target Service Location (check as many as applicable below):</b>	
<input type="checkbox"/> City of Pensacola <input type="checkbox"/> Town of Century	<input type="checkbox"/> Unincorporated Escambia County X All of Escambia County <input type="checkbox"/> Other: _____
Is this project using a mobile based treatment model? X Yes <input type="checkbox"/> No	



### 3. Certification

To the best of my knowledge, I certify that the information in this application is true and correct and that the document has been duly authorized by the governing body of the applicant. I will comply with the program rules and regulations if assistance is approved. I also certify that I am aware that providing false information on the application can subject the individual signing such application to criminal sanctions. I further certify that I am authorized to submit this application and have followed all policies and procedures of my agency regarding grant application submissions.

Authorized Organization Representative:

Signature: M Allison Hill

Typed Name: M. Allison Hill

Title: President and CEO

### 4. Project Description

Narrative response must include:

- Sufficient information to understand the scope of the project, the number and type of clients to be served, the services to be provided and the cost of the proposed activities.
- How the project will follow an evidence-based program model or creates an innovative approach to reducing opioid abuse.
- The project's plan to coordinate with housing providers, workforce development boards, and physical and behavioral healthcare organizations to provide housing and supportive services.

*Limit response to 2,000 words.*

*The narrative is required and must be attached to the application in either Word or PDF format.*

The Adolescents in Motion/AIM Team serves children and adolescents of all genders who are experiencing impairment related to mental health and/or substance use related issues. Youth ages thirteen-twenty one (13 – 21) in Escambia County may be served by AIM when meeting at least one admission eligibility criteria; have had two Baker Acts, those with a mental health **and/or** substance abuse diagnosis, those living in homes where a family member's substance abuse has impacted the youth's ability to be successful across systems, **and/or** those with a high probability of out-of-home placement into the SIPP level of care, a DJJ residential program or at risk of being placed into the care of the Florida Department of Children and Families. This is a ninety (90) day program; however, this may be extended based on individual needs. With a caseload of twelve-fifteen (12-15) youth, we will be able to serve sixty (60) youth and their families per year. Including families within this program allows us not to just impact on the sixty (60) individuals, but potentially up to one hundred (100) additional family members.

AIM is a community-based intervention service. We provide services in the home, school, and community, and can include telehealth if warranted. We provide group services on Lakeview Main Campus and may provide transportation to and from the group as a way to decrease barriers to services. Parents may need to drop the youth off at a pre-determined area if they are outside of a general radius of the campus. We will also provide transportation to care-coordination/employment opportunities in the community as we are able, and/or help

families identify natural support for assistance. We may provide bus passes to provide alternative academic or employment opportunities. Our hours of service are 8 a.m. – 5 p.m. Monday through Friday however we will be holding group and family meetings in the evenings between 4 p.m. and 8 p.m., again, to reduce barriers to services. There is at least one service per week, however the number of services is based on youth and family need.

AIM may provide various levels of services, depending on the individual's needs. We may provide substance abuse overlay services to anyone internal to Lakeview, including the CAT teams, Meridian (children's residential), and the Group Homes, as well as full team services for referrals from the community, schools, or Baptist Hospital. The services may include case management/care coordination, group therapy, support planning for safety and relapse prevention, short term individual and/or family therapy for managing conflict, transportation to and from group as well as for care coordination for academic and/or employment resources. The groups include substance abuse education, skill building/coping skills, communication skills, as well as employability education. We provide NARCAN and education to youth and families as a way to reduce opioid overdoses in our youth, families, and community.

The services demonstrate a multi-systemic approach to treatment and have a goal of keeping families together by reducing the impact that substance abuse or addiction plays in the family and by reducing sentinel events such as acute and residential hospitalizations, and removal of youth by the Department of Children and Families, residential SIPP placements, and the Department of Juvenile Justice. Services are designed to prevent out-of-home placement, hospitalization, and maintain intact families in the community. Such services are designed to meet any area of a family's functioning and may include:

- Substance Abuse Services
- Risk reduction including education and dissemination of Narcan
- Group, Individual, Family Services
- Safety/Relapse Prevention Planning
- Care Coordination
- Skill Development Services such as:
  - Behavior Management Skills
  - Life Skills
  - Conflict Resolution Skills
  - Crises Management Skills
  - SA/MH Education
  - Critical Thinking Skills
  - Anger Management Skills
  - Decision Making Skills
  - Linkages to ongoing recovery resources.
  - Linkage to MAT as individual needs present.
  - Linkage to Psychiatric/medication services as individual needs present.

The team will use Purchase of Service (POS) dollars to occasionally assist families with basic needs in order to stabilize the family while their youth are receiving services. This is often the make-or-break intervention for families on the verge of becoming unhoused, which further impedes a youth's access to substance abuse services. This might be an overdue rent payment while we attempt to connect them with community services; a shut off notice for an electric bill during the coldest months of the year; car repair when it might impact employment opportunities; clothing for court and/or employment; medication for conditions such as asthma

which is so common in our low income housing units; lock-boxes for parents to secure their own prescriptions and/or over the counter medications including cough syrups and opiates to decrease drug overdoses, as well as firearms for security reasons; supplies for weekly substance abuse groups geared to provide education and skill building, present community resources, and sustain youth engagement; ECAT bus passes for those in need for GED and/or employment transportation; Fees for accessing GED programs. These are some of the most common barriers for the youth and families to gain successful academic progress and/or employment in our community.

The AIM team consists of the following positions:

- One (1) Master's Level Counselor/Therapist: The Therapist drives the clinical component of the AIM program. They provide therapeutic support both to the family and the youth for conflict management, provide SA/MH treatment, acts as a lead direct care provider to others in the division/program, and conduct case staffing with other direct care providers in division/program/community. They systematically and regularly conduct quality record reviews of documentation. Their therapeutic support services may include in-depth assessments, screening for potential services, service needs assessment, service needs plan, bio- psychosocial evaluations, limited functional assessments, treatment plan development, treatment plan reviews, individual and family therapy, group therapy, and behavioral health overlay services per individual need.
- One (1) Bachelor's Level Case Manager: Our Case Manager develops a Service Needs Assessment and Service Plan based on individual needs to assess domains that need to be addressed. They manage care coordination including needed medical and other supportive appointments, provide health education, report critical incidents, assist caregivers with applications for basic needs (WIC, SNAP, SOAR, etc.), assist caregivers in developing informal and formal supports, make required referrals to medical/supportive services, coordinate physician visits, provide pharmacy coordination and other necessary clinical duties as needed by person served. They help coordinate and manage group services on a weekly basis. They help develop transition/discharge plans along with the person served and their family.
- One (1) Peer Specialist: Provides lived-person peer support, advocacy, coaching, mentoring, behavior modeling, assistance, and guidance for clients. They promote positive and collaborative relations with team members and the community. They assist the therapeutic staff by providing clinical support (transportation, skill building, group support) and provide psychoeducation in groups and individually around substance abuse, risk reduction, and risky behaviors. Most of their time is spent in the field and traveling within the community.
- One (.5) Support Staff: Because we are a community-based program, our team members are often on the road visiting homes, schools, and community partners. Our .5 fte Support Staff remains office based where they are able to access LCI systems to collect extensive data on youth receiving services and accurately input that data into our record-keeping database. They perform general clerical duties to include, but not limited to, processing referrals, copying, faxing, mailing, and filing. They answer the telephone for both those seeking services as well as our referral partners and respond appropriately, often linking to team members who are in the field.

## **ADMISSION & RE-ENTRY CRITERIA:**

If we are unable to accept a youth into our program, we will help identify an alternative treatment source. Admission and re-entry criteria are as follows:

- Have/at risk of mental health diagnosis or co-occurring mental health / substance abuse diagnosis.
- Have at least one (1) of the following characteristics:
  - At risk for out-of-home placement demonstrated by repeated failures in less intensive levels of care, and/or involvement with child welfare.
  - Two (2) or more acute psychiatric hospitalizations.
  - Department of Juvenile Justice (DJJ) involvement or multiple episodes involving law enforcement.
  - Poor academic performance / suspensions.
  - A family member whose MH/SA diagnoses has impacted on the youth's ability to function successfully across their systems.

## **DISCHARGE CRITERIA:**

Discharge criteria are as follows:

- Completed treatment.
- Left before completing treatment – involuntary (residential/incarceration/moved outside of area).
- Left before completing treatment – voluntary (disengaged).
- Administrative discharge.
- Death

## **REFERRAL SOURCES:**

Referral sources include, but are not limited to self, community-based organizations, Baptist Health Care, the child welfare system, the legal system, school systems, primary care physicians, receiving facilities, case managers, and other programs within Lakeview Center.

## **SCREENING PROCESS & HOW ADMISSION ARE CONDUCTED:**

The AIM Team Director and AIM Team review referrals, review available history, and interview the individual / family / guardian, referral source to determine suitability for this level of care. The AIM Team members meet with the individual (and family member if appropriate) either in the AIM Team office or in the community and complete an initial assessment. During the admissions process the person served is oriented to the program. All psychiatric services may be coordinated directly by the AIM team, either through Lakeview providers or referrals made to external programs/facilities depending on individual need. The program will arrange or refer when needed to applicable support services (such as MAT).

## **PRIORITIZATION OF ADMISSIONS:**

Individuals are rated for the greatest need and risk factors including substance abuse, homelessness, significant functional impairment, number of past hospitalizations, incarceration, academic problems, and history of unsuccessful outpatient treatment at the time an opening to AIM team is available. The team will inform the youth/family as to the expected admission date or will refer to applicable support services when needed.

## **AFTER HOUR SERVICES:**

- Mobile Response Team (MRT) 866-517-7766 is a 24/7 LCI crisis line who screens for Baker Act/Marchman Act.
- Emergency screening for psychiatric or detoxification services are available through local hospital Emergency Departments.
- Victim Services Helpline (850) 433-RAPE (7273)
- Helpline (850) 438-1617, a 24-hour recorded info line is available 24/7 to provide information related to services available at Lakeview and in the community.

## **PROGRAM OUTCOMES/GOALS:**

The AIM team strives to provide person centered, brief, conflict resolution focused support to assist individuals in resolving crises, reduce symptoms, gain insight and develop/improve coping skills to improve their overall level of functioning and build resilience in the least restrictive setting. AIM is intended to be a safe and effective alternative to out-of-home placement for children with serious behavioral health and substance abuse conditions. Goals of the AIM program include:

- Strengthen Families i.e., youth/adults live at home and successful in community.
- Improve school outcomes: Attendance, Grades, Graduation Rates.
- Improve employability skills and/or employment opportunities.
- Decrease out of home placements.
- Improve family/youth functioning.
- Decrease substance use and abuse.
- Decrease opioid overdoses in our youth, families, and community.
- Decrease psychiatric hospitalizations.
- Transition individuals into age-appropriate services.
- Increase health and wellness.
- To lessen or eliminate the debilitating symptoms of mental illness and/or substance abuse.
- To meet basic needs and enhance quality of life.
- To improve functioning in adolescent social and academic roles and activities.
- To lessen the family's burden of accessing resources and providing care.

## **Program Outcomes:**

- Maintain or Improve Level of Functioning, based upon CFARS, 80%
  - Living in a Community Setting 80%
  - Have a Support/Relapse Prevention Plan in place within 30 days of admission 80%
  - Return on Investment provided quarterly.
-

## 5. Quality of Service Questionnaire

The applicant shall provide a brief response to each question below:

1. Describe how the project aligns with Escambia County's Opioid Abatement Strategic Summary (Appendix 1).

The AIM Program aligns with the Escambia County Opioid Abatement Strategic Summary through expansion of outpatient treatment in Escambia County, a region that is often overlooked in state funding for adolescent substance abuse treatment and recovery options. The AIM program works to include parents and family members with youth in services as a way to promote healthy behavior and relationships, reduce risk factors, and reduce barriers to treatment. Referral sources include, but are not limited to self, the legal system, community-based organizations, Baptist Health Care, child welfare system, school systems, primary care physicians, receiving facilities, case managers, and other programs within Lakeview Center. AIM works with the youth referred by DJJ to complete their probation sanctions and often attend court to offer support and encouragement to reunite with their communities after probation. In addition to substance abuse education, AIM provides peer support with group skill building around employability and life management for our older adolescents and young adults. AIM provides group risk reduction education around use of and access to Narcan in an effort to reduce opiate overdose fatalities in our community. Finally, LCI and AIM participate in ongoing efforts at education for future community providers by working diligently with local and national academic programs to provide high quality internships across disciplines. In this way we know we are creating a future workforce that our region can be proud of and that understands the specific needs of our communities and the people that live and work here.

2. Explain how your agency is actively participating in the Homeless Continuum of Care (CoC) and existing Behavioral Health systems in Escambia County, and how this project will integrate with those systems.

LCI is a trusted partner in our community. Our team members currently participate in the Homeless Coalition and the entire agency is an integral part of the Behavioral Health systems in Escambia County. AIM will integrate both systems through input from those participating team members for the AIM Program.

3. Describe your procedure for assessing participant's needs and making client referrals to other service providers. Describe how you ensure that participants are connected to the services they request.

Youth who access AIM Program services undergo a needs assessment. This process assists in both client treatment planning and the development of a comprehensive list of client program and transition linkage needs. In addition, linkages to required services are made via long-standing LCI referral processes. LCI has worked hard to build relationships with other trusted partners in our community, both for adults and youth. Team members also attempt appointment prompts for clients (who have communications access) and may provide transportation assistance for client appointments (i.e., bus passes, van for groups).

4. Describe how the project will provide connections to permanent supportive solutions, include the extent to which this project will connect client to mainstream services (i.e. food stamps, SSI/SSDI, Medicare/Medicaid, physical health care, mental health care, substance abuse treatment, recovery support groups, public housing, childcare providers, etc.), and community-based supports (i.e. volunteer opportunities, faith-based organizations, civic groups, etc.) to ensure long term stability.

Persons in need of assistance to identify stable housing or workforce development will be provided linkage to all local housing assistance programs for which they might be eligible. These programs include local Section 8 or HUD Housing programs, as well as emergency shelter programs. For additional support services, the person served may be linked to local social service rent and/or utility assistance programs. The AIM Team will assist clients requiring linkage to additional services by completing/submitting required applications and/or paperwork. As a way to enhance long-term sustainable progress our team works to build skills around academic success and employability, connecting our young people to future oriented goals and opportunities.

5. Explain how your agency engages persons with lived experience (i.e. previously or currently homeless, previously or currently experiencing MH/SUD, etc.) and historically marginalized groups (i.e. black, indigenous, people of color, LGBTQ+ populations, etc.) in the design and evaluation of programs and services. Include the number of persons engaged and their role.

The AIM Team engages persons with lived experience, as does Lakeview Center as a whole. Not only have services been provided to these populations for 70 years, but many of those employed by LCI have lived experience themselves. For some, those experiences led them into service-based careers. Further, LCI programs incorporate all available community needs assessment data into the design, development, and evaluation of program services. The AIM team of 3.5 FTE includes one FTE Peer Specialist.

6. Explain your agency's experience providing services to individuals and families who have substance use or cooccurring disorders, including federal, state, and/or local government grant experience and capacity of the organization to administer the project and oversee all compliance requirements.

The main campus of LCI is readily accessible to the populations of focus for the project. LCI has a proven record for reaching and proving services to hardcore/chronic drug users and facilitating entry into SUD treatment. Further, LCI has demonstrated success in referral, engagement, and retention beyond SUD treatment, including recovery support services (NA/CA/AA groups) and outpatient support.

LCI Behavioral Health (BHS) Division services include adult residential substance use (SUD) treatment (RTR), DUI School, Outpatient SUD treatment, Methadone program, HIV-Hepatitis/ overdose prevention, outreach and rapid testing (OPUS) program, Central Receiving Facility, Avalon Center (multi-service, Santa Rosa Co), day/night treatment (co-occurring disorders), and Drug Court Program. For Children's Services we have a continuum of care that includes Families First Network (protective services), four (4) Community Action Teams (CAT) teams serving children aged five to twenty one (5-21), Family Crisis and Care Team (FCCT) for care coordination, Family Intensive Treatment (FIT) team for parents/children who are involved in substance use and Child Welfare, Children's Outpatient services, Specialized Foster Care/CHIPS, group homes for youth in the foster care system, children's residential, and Children's Case Management (CCM) for working with children and families who have complex needs. Our CCM team is the Single Point of Access (SPOA) for our region of the state; this is often the starting point to AIM's level of care in our children's continuum.

7. Describe how your agency has worked to remove traditional barriers (i.e. no income, no insurance, no transportation, etc.) to services for individuals and families who have substance use or co-occurring disorders.

The LCI values of treat people right, take care of each other, and never settle, have encouraged Family Based Intervention Services and AIM to address everyday barriers to treatment access that are common in the lives of those we serve. Community based care allows us to reach children, youth, and families in need wherever they are – home, school, or community. By bringing care to those we serve, we remove barriers to treatment so children and families can get the help they need, in settings where they feel most comfortable. Our goal is to help children, adolescents and family members succeed in their home environments, preventing the need for residential treatment or hospitalization, thereby creating more sustainable long-term outcomes.

8. Describe how your agency evaluates program success.

LCI measures project capacity and success by the outcomes of previously funded SAMHSA programs, with the same (or expanded) requirements (see list of programs in #6 response). In most cases an 80% or greater attainment of project goals is considered a successful outcome. AIM also provides a quarterly Return on Investment report that outlines how much state funding is saved by diverting youth from being removed from their families and placed in residential programs by the Department of Juvenile Justice, the Child Welfare system, and inpatient MH/SA treatment.

9. Describe how the agency will continue to provide quality services in the community in the case of reduced or loss of funding.

LCI and Family Based Intervention Services have many years of experience in developing sustainability plans for children's programs. In collaboration with both the agency's resource developer and legislative committee, the sustainability plan for the proposed AIM Program includes other potential local funding opportunities that may be accessible for continuing some aspects of the program, as well as legislative updates on any upcoming state funding that could be used for the continuation of other components of the program. Also, the plan proposes which program activities may be compatible with other LCI programs, and therefore, able to be taken on and continued by those units (e.g., counseling, supplemental services linkage). We consistently attend local, regional, and state networking events to highlight the lack of substance abuse services for children/adolescents in our local and regional community including the Mental Health Task Force of Northwest Florida, Northwest Florida SafePath Network, NWFH's Santa Rosa and Escambia Community Alliance and Integration, and NWFH's Integration of Child Welfare and Behavioral Health.



## 6. Ability to Complete Activities Outline

The applicant shall provide an outline that documents their ability to complete the funded activities in the allotted timeframe. This outline shall include:

- Timelines of critical tasks to be accomplished for each proposed activity.
- Monthly spending plans and proposed drawn down schedules; and Reporting schedule for outcomes achieved.

*The outline is required and must be attached to the application in either Word or PDF format*

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- Abbreviations: CN - Counselor; GA – Grant Award; RN – Nurse; Project Coordinator; PD – Project Director; TM – Therapeutic Mentor

PROJECT ACTIVITIES	MILESTONES	TARGET DATE	RESP STAFF
1. Alert news media, general public, and strategic partners & linkage sources of Award. Schedule pre-implementation meeting of project team	Project “buy-in” established at earliest stages of project. Importance of project conveyed from the outset by involvement of the key state stakeholders	W/I 30 days post GA	PD PC
2. Conduct review of terms/conditions of NOA; Assess org. readiness. Setup admin/fiscal accounting processes with SAMHSA to ensure accuracy	Administrative/fiscal procedures in place early to facilitate accurate & timely compliance. Organizational readiness assessed to ID opportunities for capacity development	W/I 30 days post GA	PD PC
3. Finalize key staff to expedite project implementation. Complete hiring process for all positions	Recruitment efforts will be expedited by identifying diverse applicants w/culturally relevant experience serving POF	By 30 days post GA	PD PC
4. Designate staff to finalize project design & implementation plans.	Finalized plans for project will ensure timely start of implementation. Formally foster clarity of role & function.	By 30 days post GA	PD PC

5. Begin collaboration with relevant community partners and stakeholders for services. Leverage existing collaborative relationships to enhance POF access; Cascade P&P's.	Prioritizing eligible participants for services is an efficient & cost-effective way to meet target contact numbers. Use existing relationships to enhance capacity	BY 30 days post GA	PD PC ESS CN TM
6. Activate MOAs with linkage partners Leverage relevant community services for POF; Reactivate linkage/referral mechanisms.	Sound foundational structure & clear roles, responsibilities & deliverables will ensure critical functions occur as planned; Processes for linkages/referral renewed.	By 45 days post GA	PC CN
7. Purchase equipment & supplies to begin implementation in timely manner	Acquisitions are in alignment w/what was proposed in order to implement services no later than 4 months post GA	By 45 days Post GA	PC
8. Hold cultural competence, confidentiality, self-care and EBI training for all staff.	POF treated w/respect, confidentiality observed Materials/interventions delivered in culturally appropriate manner; Informed input obtained for improvement	By 60 days post GA	PD PC
9. Finalize evaluation plan; Update sustainability plan for future continuation opportunities & behavioral health impact statement	Evaluation captures all key project processes & outcomes Sustainability key to future project continuation- post year 3 Impact on community/pops assessed	By 36 months post GA	PD PC  CN
10. Attend relevant trainings/conferences. Update staff on data collection procedures.	Project staff will become familiar with CSAP PO & other cohort members and data collection instruments/website.	Ongoing (5/29/26)	PD PC RN TM
11. Begin providing evidence-based interventions to: Populations of focus (including: Overdose prevention education sessions; Distribution of Narcan	Project implementation will include proven effective interventions & will be guided by evaluation plan to ensure all required components are in place	* By 120 days post GA & On-going	All Staff

12. Finalize sustainability plan & resource development activities	A formal & evolving sustainability plan is in place throughout project The project has a vision of its role & the components necessary to continue beyond Year 3	* By 30 months post GA & On-going	PD SSA
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13. Utilize & continue to build partners embedded within a comprehensive, integrated system to enhance future sustainability	Support for funds to address the disproportional effect on POF and their families will be widely fostered . Efforts to access other funding sources will be pursued	By 365 days post GA & On-going	PD SSA
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- Monthly spending plans and proposed drawn down schedules; and Reporting schedule for outcomes achieved.  
LCI anticipates spending and drawing down no more than 1/12th of the award amount on a monthly basis.

## 7. Budget Narrative

The applicant shall provide a budget narrative to describe the overall project budget and sources of match funds expected for the period of the grant. The budget narrative ***must*** include the following criteria:

- Identify sources of leveraged funds which are currently committed to the organization for this project (***commitment letters MUST be attached***).
- Description and justification of the proposed Personnel Costs, including Fringe Benefits.
- Description and justification of the proposed Other Program Operation Costs.
- Description and justification of the proposed Administrative Costs.
- Clearly identify the timeframes and methods for obligating grant funds, and how the agency plans to ensure funds are spent before the deadline.
- If the applicant plans to provide additional services, other than those eligible under the funding in this application, clearly denote the type of other services or programs and the funding sources.

### Budget Narrative

#### A. PERSONNEL

##### REQUEST

Position	Name	Annual Salary/Rate	Level of Effort	Salary Requested	Total
Counselor II	TBD	52,384.80	100%	<b>52,384.80</b>	
Case Manager	TBD	46,043.72	100%	<b>46,043.72</b>	
Peer Specialist	TBD	34,187.63	100%	<b>34,187.63</b>	
Admin Assistant	TBD	34,738.34	50%	<b>17,369.17</b>	
<b>Total:</b>					<b>\$149985.32</b>

##### Justification:

Counselor II	Master's Level Counselor: Provide clinical therapy services both to the family and the youth served for substance abuse, and co-occurring disorders; act as a lead direct care provider to others in the division/program; conduct case staffing with other direct care providers in division/program/community; systematically and regularly conduct quality record reviews of documentation. Provide services to persons served, which may include in-depth assessments, screening for potential services, bio- psychosocial evaluations, limited functional assessments, treatment plan development, treatment plan reviews, individual and family therapy, group therapy, and behavioral health overlay services per individual need.
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Case Manager	Bachelor's Level Case Manager: Based on individual needs we would develop a Service Needs Assessment and Service Plan to assess for domains that need to be addressed. They would manage care coordination including make needed medical and other supportive appointments, provides health education, reports critical incidents, assist caregivers with applications for basic needs (WIC, SNAP, SOAR, etc.), assist caregivers in developing informal and formal supports, makes required referrals to medical/supportive services, coordinates physician visits, provides pharmacy coordination, and other necessary clinical duties as need by person served. Help create and run group services on a weekly basis. Helps develop transition/discharge plans along with the person served and their family.
Peer Specialist	Peer Specialist: Provides peer support, advocacy, coaching, mentoring, behavior modeling, assistance, and guidance for clients. Promote positive and collaborative relations with team members and the community. Assist the counselors/therapeutic/care coordination by providing support (transportation, skill building, group support). Provides psychoeducation in group and individually around substance abuse and risky behaviors. Most of their time is spent in the field and traveling within the community.
Admin Assistant	Admin Assistant: Collects and manages necessary data on clients receiving services and accurately inputs that data into a record-keeping database. Perform general clerical duties to include, but not limited to, assisting with referral process, copying, faxing, mailing, and filing. Answer telephone and respond appropriately.

A. Fringe  
Benefits  
REQUEST

Component		Total
FICA	<b>Historical average = 30% combined (all fringe)</b>	
Retirement Annuity		
Health Insurance		
Unemployment		
Worker's Comp		
Life Insurance		<b>\$44,995.60</b>

**Justification:** Based on current agency rates.

**B. Travel****REQUEST**

Purpose of Travel	Location	Item	Rate	Cost	Total
Motor pool	Escambia County, FL	Ad hoc Motor pool usage	\$5/hr @ 10 hours per week + \$0.20/mile @ (20 Clients x 20 Miles & 5 Clients x 10 Miles & ~10 ad hoc miles)	7,384.00	\$16,034.80
Local Travel	Escambia County, FL	3 staff	3 FTE @ 6,480 miles per year @ \$.0445/mile	8,650.80	
Total All Travel:					

**Justification:**

- 1) \$5.00 per hours @ ~10 hours per week for client transport to group weekly, transporting to and from job interviews, medical appts, etc. + \$0.20 per mile @ (20 Clients x 20 miles for Groups & 5 Clients x 10 miles for appointments. 10 miles included for ad hoc.
- 2) Local travel to provide client services in-home, client transportation, client family member services and to liaison with partner/community agencies. Rate is based on current agency policy for reimbursement for use of privately owned vehicles.

**C. Equipment: NA****D. Supplies****REQUEST**

Item(s)	Rate	Cost	Total
General Office Supplies	\$25/staff/month x 12 mos. x 3 FTE	900	<b>\$1,600</b>
Clinical Books for Staff Training	Based on therapeutic support for previous SA programs.	200	
Medication Lock Boxes	20 Boxes @ \$25/per	500	

**Justification:**

General Office Supplies: pens, copy paper, note pads, etc. needed for general operations of project based on agency experience average per staff; & cupboard to securely hold group supplies.

Clinical Books for Staff Training: educational brochures, educational pamphlets, NA big books/workbooks, Seeking Safety, etc.

Medication lock boxes: Lock-boxes for parents to secure their own prescriptions and/or over the counter medications including cough syrups and opiates to decrease drug overdoses, as well as firearms for security reasons.

**E. Contractual Total: NA**

N/A

**\$0**

**G. Construction Total: NA**

**H. Other Request**

Item	Rate	Cost	Total
Occupancy	Utilities, Repair & Maintenance, Janitorial Services, Depreciation Expense	5,260.08	
Cell Phones	3 Cell phones x \$29.75/mo. x 12 mos.	1,071.00	
Copier Cost	\$31.08/month x 12 months	373	
Purchase of Service	Ad hoc POS	18,591.11	
Insurance – G&P	General & Professional – historical	3,931	
Insurance – Building & Property	Building & Property – historical	833.40	
			<b>\$30,059.59</b>

**Justification:**

Occupancy: Utilities for FPL – Power, Cox – Internet, ECUA – Utilities. Allocated to program based on Square Footage usage of building.

Cell Phones: 3 cell phones x \$29.75/month.

Copier cost: For staff use for educational materials and routine office paperwork;

Purchase of Service: Client needs: Employment/school clothing and bus passes, basic needs to avoid homelessness. Group supplies/activities: art supplies, books/workbooks, prosocial activities such as movie passes, bowling passes, etc.

Insurance: Based on historical average.

**Indirect Cost Rate:** Allowable rate (10%) of direct expenses.

**Total:** \$23,478.45

**BUDGET SUMMARY**

<b>Category</b>	<b>Federal Request</b>
Salaries & Wages	149,985.32
Fringe Benefits	44,995.60
Travel	16,034.80
Equipment	0.00
Supplies	1,600.00
Contractual	0.00
Construction	0.00
Other	30,059.59
Total Direct Costs	242,675.31
Indirect Costs	24,267.53
<b>Total Project Costs</b>	<b>266,942.84</b>

**Total Direct Costs:**  
**REQUEST**

**\$242,675.31**

**Total Project Costs:**  
**REQUEST**

**\$266,942.84**

- Clearly identify the timeframes and methods for obligating grant funds, and how the agency plans to ensure funds are spent before the deadline.
- Lakeview Center has decades sustained experience in obligating funds and meeting expenditure deadlines. As with other grant funding, LCI will draw down 1/12<sup>th</sup> of the total grant award for each month of the funding year, if awarded.

**A copy of the applicant's overall budget, including other services or programs and funding sources, general management and oversight budget, and overhead/indirect rates charged to grant sources must be attached following the Budget Narrative.**



## 8. Budget Form

Complete each line as applicable to the proposed project.

**Budget Template**  
**Notice of Funding Availability**  
*Complete ONLY BLUE fields. Do not edit grey fields.*

Year 1 (Dates will be based on award date)		
Eligible Costs	Quantity AND Description ( <i>max 400 characters</i> )	Annual Assistance Requested
Counselor II	1 FTE - Clinical work, Individual & Family Therapy, Train and Manage staff.	\$52,384.80
Case Manager	1 FTE - Care Coordination between educational and employment needs. Connecting to other levels of care once finished in the program, provide transportation.	\$46,043.72
Peer Specialist	1 FTE - Advocate for the client and parent, CM and Peer will be leading the Groups and providing transportation.	\$34,187.63
Admin Assistant	.50 FTE - Collecting data and assisting in purchasing, group needs, reporting.	\$17,369.17
Fringe Benefits @ 30% of Salary	Historical average @ 30% of salaries.	\$44,995.60

Ad hoc Motor pool	\$5.00 per hours @ ~10 hours per week for client transport to group weekly, transporting to and from job interviews, medical appts, etc. + \$0.20 per mile @ (20 Clients x 20 miles for Groups & 5 Clients x 10 miles for appointments. 10 miles included for ad hoc.	\$7,384.00
Travel – Mileage Reimbursement	3 FTE @ 6,480 miles per year @ \$.0445 per mile. Local travel reimbursement to provide client services in-home, client family member services and to liaison with partner/community agencies.	\$8,650.80
Cell Phones	3 FTE Cell phones @ \$29.75/month	\$1,071.00
Office Supplies	Basic office supplies & a cupboard to securely hold supplies.	\$900
Medication Lock Box	20 Boxes @ \$25 per	\$500
Copier Cost	Estimated costs for 3.5 FTE using copier. Based on actuals from a similar program.	\$373
Purchase of Service	Client needs, employment/school clothing, bus passes, basic needs & Group supplies/activities, art supplies, books/workbooks, movie passes, bowling passes, etc.	\$18,591.11
Training	Clinical books for staff training.	\$200

Insurance – General & Professional	Estimated G&P costs for 3.5 FTE.	\$3,931.00
Insurance – Building & Property	Allocated insurance for Building & Property expense based on SF usage of Building.	\$833.40
Building Occupancy (Utilities, R&M, Janitorial Services, Depreciation Expense)	Utilities: FPL - Power, Cox - Internet, ECUA - Util, based on SF usage of building.	Utilities - \$1,033.08 R&M - \$1,993.38 Janit Svc - \$1,465.62 Depr Exp - \$768.00
	R&M: Pest control and R&M based on SF usage of building	
	Janitorial Services: Allocated Janitorial Services expense based on SF usage of Building.	
	Depreciation Expense: Allocated depreciation expense based on SF usage of Building.	
<b>Subtotal Requested</b>		<b>\$242,675.31</b>
<i>Admin Requested (MAX 10%) (i.e. accounting costs, contract management costs, facility costs)</i>		\$24,267.53
<b>Total Amount Requested</b>		<b>\$266,942.84</b>

## 10. Project Outcomes

Applicants must provide anticipated outcomes for each of the following performance measures.

Performance Measure	Baseline Data ( <i>must include source</i> )	Desired Outcome	Describe the project component(s) that will be used, and how the outcome will be achieved and monitored.
1. Reduced number of fatal overdoses.	60 (fatal), FDOH SU Dashboard	.1% reduction	Client and family counseling; Weekly group education and skill building; Addressing medical needs; Care Coordination; and Peer Specialist.
2. Reduced number of EMS overdose responses.	3,570 (2022) Esc. County EMS	.1% reduction	Client and family counseling; Weekly group education and skill building; Addressing medical needs; Care Coordination, and Peer Specialist.
3. Increase in substance use disorder treatment to reduce opioid overdoses.	13,210 Lakeview Center, Inc., EHR System Statistics, 2023	.3% increase	Client and family counseling; Weekly group education and skill building; Addressing medical needs; Care Coordination, and Peer Specialist.
4. Increase in access to substance use disorder treatment programs.	13,210 Lakeview Center, Inc., EHR System Statistics, 2023	.3% increase	Client and family counseling; Weekly group education and skill building; Addressing medical needs; Care Coordination, and Peer Specialist.
5. Increase access to substance use prevention programs.	1,100 (2023), LCI prevention programs encounter reports	.3% increase	Client and family counseling; Weekly group education and skill building; Addressing medical needs; Care Coordination, and Peer Specialist.
6. Increase in substance use disorder training, treatment, and prevention in the Criminal Justice Departments.	N/A	N/A	N/A
7. OTHER: _ LCI Program Outcomes			

Maintain or Improve Level of Functioning, based upon CFARS (including Substance Abuse)		80%	Client and family counseling; Weekly group education and skill building; Addressing medical needs; Care Coordination, and Peer Specialist.
Living in a Community Setting		80%	Client and family counseling; Weekly group education and skill building; Addressing medical needs; Care Coordination, and Peer Specialist.
Have a SAFE-T completed at admission and discharge.		80%	Client and family counseling; Weekly group education and skill building; Addressing medical needs; Care Coordination, and Peer Specialist.
Have a Support/Relapse Prevention Plan in place within 30 days of admission.		80%	Client and family counseling; Weekly group education and skill building; Addressing medical needs; Care Coordination, and Peer Specialist.
Return on Investment Document Provided Quarterly			Client and family counseling; Weekly group education and skill building; Addressing medical needs; Care Coordination, and Peer Specialist.
If awarded, applicants will be required to submit detailed reports include de-identified and de-duplicated demographic, service, health, and outcome data.			

*Notice of Funding Availability (NOFA) for projects aligned with Escambia County's Opioid Abatement Strategy*

**Required Attachments**

- a) Documentation showing the applicant is located in and provides services Escambia County.
- b) Letter of Determination from the IRS confirming your organization's federally taxexempt status.
- c) Copy of your organization's current W-9.
- d) Copy of your organization's 2023 or 2024 tax return (Form 990 or 990-EZ with supporting forms). You may submit a 2022 tax return along with explanation for late filing.
- e) Copy of your organization's most recent 2 years of financial statements, with audit if applicable.



## Consumer's Certificate of Exemption

Issued Pursuant to Chapter 212, Florida Statutes

DR-14  
R. 01/18

85-8012647318C-5	04/30/2024	04/30/2029	501(C)(3) ORGANIZATION
Certificate Number	Effective Date	Expiration Date	Exemption Category

This certifies that

LAKEVIEW CENTER INC  
1221 W LAKEVIEW AVE  
PENSACOLA FL 32501-1857

is exempt from the payment of Florida sales and use tax on real property rented, transient rental property rented, tangible personal property purchased or rented, or services purchased.



## Important Information for Exempt Organizations

DR-14  
R. 01/18

1. You must provide all vendors and suppliers with an exemption certificate before making tax-exempt purchases. See Rule 12A-1.038, Florida Administrative Code (F.A.C.).
2. Your *Consumer's Certificate of Exemption* is to be used solely by your organization for your organization's customary nonprofit activities.
3. Purchases made by an individual on behalf of the organization are taxable, even if the individual will be reimbursed by the organization.
4. This exemption applies only to purchases your organization makes. The sale or lease to others of tangible personal property, sleeping accommodations, or other real property is taxable. Your organization must register, and collect and remit sales and use tax on such taxable transactions. Note: Churches are exempt from this requirement except when they are the lessor of real property (Rule 12A-1.070, F.A.C.).
5. It is a criminal offense to fraudulently present this certificate to evade the payment of sales tax. Under no circumstances should this certificate be used for the personal benefit of any individual. Violators will be liable for payment of the sales tax plus a penalty of 200% of the tax, and may be subject to conviction of a third-degree felony. Any violation will require the revocation of this certificate.
6. If you have questions about your exemption certificate, please call Taxpayer Services at 850-488-6800. The mailing address is PO Box 6480, Tallahassee, FL 32314-6480.

Form **W-9**  
(Rev. October 2018)  
Department of the Treasury  
Internal Revenue Service

## Request for Taxpayer Identification Number and Certification

**Give Form to the  
requester. Do not  
send to the IRS.**

► Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

**1** Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.  
Lakeview Center, Inc

**2** Business name/disregarded entity name, if different from above

**3** Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ►

**Note:** Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☒ Other (see instructions) ► NFP 501(C)3

**4** Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) \_\_\_\_\_

Exemption from FATCA reporting code (if any) \_\_\_\_\_

(Applies to accounts maintained outside the U.S.)

**5** Address (number, street, and apt. or suite no.) See instructions.  
1221 W Lakeview Ave

**6** City, state, and ZIP code  
Pensacola, FL 32501-1836

**7** List account number(s) here (optional)

**Requester's name and address (optional)**

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

**Social security number**

			-			-				
--	--	--	---	--	--	---	--	--	--	--

**or**

**Employer identification number**

5	9	-	0	7	3	7	8	7	2
---	---	---	---	---	---	---	---	---	---

### Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

**Sign Here** Signature of U.S. person ► Heather Boyd, CPA Date ► 08/28/25 | 6:28 AM PDT

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
  - Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
  - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
  - Form 1099-S (proceeds from real estate transactions)
  - Form 1099-K (merchant card and third party network transactions)
  - Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
  - Form 1099-C (canceled debt)
  - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.
- If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*



LAKEVIEW CENTER, INC.  
FORM 990 & 990-T  
TAX YEAR 2022

Lakeview Center Inc.  
1221 W. LAKEVIEW AVENUE  
PENSACOLA, FL 32501-1836

Enclosed are the following income tax returns prepared on behalf of Lakeview Center Inc for the year ended September 30 2023.

2022 990 - Return of Organization Exempt from Income Tax  
2022 8879-TE - IRS E-file Signature Authorization Form - Signed  
2022 990-T -Exempt Organization Business Income Tax Return  
2022 8879-TE - IRS E-file Signature Authorization Form - Signed  
2022 F-1120- Florida Corporate Income/Franchise Tax Return

The original of each of the above mentioned returns should be dated and signed in accordance with the following instructions included with the copy of the return. This copy is for your use and should be retained for your files.

Upon an audit of the return(s), requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records.

An additional copy of the Form 990 has been included, to be made available for public inspection upon request. Please note that all statements of donors' contributions are not subject to public inspection and have been removed, as appropriate.

Form 990 must be made available for public inspection for a period of three years, beginning with the date the return is filed. The available document must be an exact copy of the return and schedules as filed with the IRS, except that the names and addresses of the contributors may be excluded. Any organization that fails to comply with this provision is subject to a penalty of \$20 for each day that inspection is not permitted, up to a maximum of \$10,000. Any organization that willfully fails to comply shall be subject to an additional penalty of \$5,000. You are also required to provide copies of the return if you receive such a request. Should you receive a request for inspection or for copies of your return, you may want to contact us for further details.

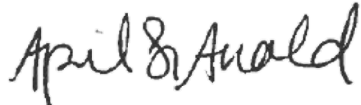
These return(s) were prepared from information provided by you or your representative. The preparation of tax returns does not include the independent verification of information used. Therefore, we recommend you review the return(s) before signing to ensure there are no omissions or misstatements. If you note anything which may require a change to the return(s), please contact us before filing them. We recommend that you retain all pertinent records that support the information reported on your return.

Before preparing your tax return, we provided you with access to a summary of transactions identified by the U.S. Treasury as reportable transactions. The law provides for a penalty as high as \$200,000 per transaction for failure to adequately disclose any of them on your tax return if applicable. Unless you notified us otherwise, your tax return was prepared with the assumption you have not engaged in any

reportable transaction. Otherwise, we have prepared your tax return in accordance with the information you provided to us and have attached the appropriate disclosure statement to your tax return. We are not liable for any penalties resulting from your failure to provide us with accurate and timely information about such transactions or to timely file the required disclosure statements. If you have any questions about reportable transactions, please contact us before filing your return.

We appreciate this opportunity to serve you. Please contact us if you have any questions or if we may be of further assistance.

Sincerely,

A handwritten signature in black ink that reads "April Arnold". The signature is written in a cursive, flowing style.

April Arnold

FORVIS MAZARS, LLP

Enclosures

LAKEVIEW CENTER, INC.

Instructions for Filing  
Form 8879-TE  
IRS e-file Signature Authorization for Form 990  
For the year ended September 30, 2024

The original IRS E-file Signature Authorization form should be signed (use full name) and dated by an authorized officer of the organization.

Return your signed IRS e-file Signature Authorization Form 8879-TE to:

FORVIS, LLP  
Fax: Attn: eFile Administration  
816-221-6380

Or email your signed Form 8879-TE to:  
EFileNW@forvis.com

There is no tax due with the filing of this return.

No estimated tax payments for 2023 will be required, nor will you be subject to underpayment penalties because you have no 2022 tax liability.

Under current IRS regulations, your return is subject to public inspection. Before filing, you should review all information in this return to determine that the disclosures are appropriate, accurate and complete. Please contact us if you believe any of the disclosures should be modified.

Do NOT separately file Form 990-T with the Internal Revenue Service. Doing so will delay the processing of your return. We must receive your signed form before we can electronically transmit your return. We would appreciate you returning this form as soon as possible as this will expedite the processing of your return. The Internal Revenue Service will notify us when your return is accepted. Your return is not considered filed until the Internal Revenue Service confirms their acceptance, which may occur after the due date of your return.

IRS e-file Signature Authorization  
for a Tax Exempt Entity

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

For calendar year 2022, or fiscal year beginning 10/01, 2022, and ending 09/30, 20 23

Do not send to the IRS. Keep for your records.  
Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.

2022

Name of filer

LAKEVIEW CENTER, INC.

EIN or SSN

59-0737872

Name and title of officer or person subject to tax

ERIC BARLEY, VICE PRESIDENT/CFO

## Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here . . . <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . .	1b 127,697,190
2a Form 990-EZ check here . . . <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9) . . .	2b
3a Form 1120-POL check here . . . <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22) . . .	3b
4a Form 990-PF check here . . . <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5) . . .	4b
5a Form 8868 check here . . . <input type="checkbox"/>	b Balance due (Form 8868, line 3c) . . .	5b
6a Form 990-T check here . . . <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4) . . .	6b
7a Form 4720 check here . . . <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1) . . .	7b
8a Form 5227 check here . . . <input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D) . . .	8b
9a Form 5330 check here . . . <input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19) . . .	9b
10a Form 8038-CP check here . . . <input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22) . . .	10b

## Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that ☒ I am an officer of the above entity or ☐ I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

## PIN: check one box only

☒ I authorize FORVIS MAZARS

ERO firm name

to enter my PIN

3 7 8 7 2

as my signature  
Enter five numbers, but  
do not enter all zeros

on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

SIGN HERE

Date 7/23/2024

## Part III Certification and Authentication

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

4 3 3 7 2 2 6 0 2 6 0

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

Date

7/23/2024

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

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

Cat. No. 31722T

Form 8879-TE (2022)

## Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

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](http://www.irs.gov/Form990) for instructions and the latest information.

2022

Open to Public  
Inspection

<b>A</b> For the 2022 calendar year, or tax year beginning 10/01, 2022, and ending 09/30, 2023	
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization LAKEVIEW CENTER, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1221 W. LAKEVIEW AVENUE City or town, state or province, country, and ZIP or foreign postal code PENSACOLA, FL 32501-1836 <b>F</b> Name and address of principal officer: M. ALLISON HILL SAME AS C ABOVE <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions. <b>H(c)</b> Group exemption number <b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 <b>J</b> Website: WWW.ELAKEVIEWCENTER.ORG <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other <b>L</b> Year of formation: 1961 <b>M</b> State of legal domicile: FL
<b>D</b> Employer identification number 59-0737872 <b>E</b> Telephone number (850) 495-3099 <b>G</b> Gross receipts \$ 127,799,350	

## Part I Summary

Activities & Governance	<b>1</b>	Briefly describe the organization's mission or most significant activities: HELPING PEOPLE THROUGHOUT LIFE'S CHALLENGES BY PROVIDING BEHAVIORAL HEALTH AND FOSTER CARE SERVICES.		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	3	10
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	4	10
	<b>5</b>	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	1,327
	<b>6</b>	Total number of volunteers (estimate if necessary)	6	29
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
<b>b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue	<b>8</b>	Contributions and grants (Part VIII, line 1h)	Prior Year 98,208,660	Current Year 59,258,878
	<b>9</b>	Program service revenue (Part VIII, line 2g)	56,319,452	60,257,928
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	(69,584)	(96,086)
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	7,427,400	8,276,470
	<b>12</b>	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	161,885,928	127,697,190
Expenses	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	33,115,039	3,532,932
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)		
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	71,243,527	67,080,136
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25)	0	
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	55,405,797	53,694,001
	<b>18</b>	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	159,764,363	124,307,069
Net Assets or Fund Balances	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	2,121,565	3,390,121
	<b>20</b>	Total assets (Part X, line 16)	Beginning of Current Year 50,949,187	End of Year 57,501,141
	<b>21</b>	Total liabilities (Part X, line 26)	115,019,785	31,189,907
<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	(64,070,598)	26,311,234	

## 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 ERIC BARLEY, VICE PRESIDENT/CFO	Date			
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name APRIL ARNOLD	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P01559426
	Firm's name FORVIS MAZARS	Firm's EIN 44-0160260			
	Firm's address 1201 WALNUT SUITE 1700, KANSAS CITY, MO 64106-2246	Phone no. (816) 221-6300			

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form 990 (2022)



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

► **File a separate application for each return.**  
► **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

OMB No. 1545-0047

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

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

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

<b>Type or print</b>	Name of exempt organization or other filer, see instructions.	Taxpayer identification number (TIN)
	LAKEVIEW CENTER, INC.	59-0737872
	Number, street, and room or suite no. If a P.O. box, see instructions.	
	1221 W. LAKEVIEW AVENUE	
File by the due date for filing your return. See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	PENSACOLA, FL 32501-1836	

Enter the Return Code for the return that this application is for (file a separate application for each return) . . . . . **01**

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

- The books are in the care of ► DOREEN DRIMMIE  
1221 W. LAKEVIEW AVENUE PENSACOLA FL 32501-1836  
Telephone No. ► 850 434-4567 Fax No. ►

- If the organization does not have an office or place of business in the United States, check this box . . . . . ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . . . . . . If this is for the whole group, check this box . . . . . ☐ . If it is for part of the group, check this box . . . . . ☐ and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until 08/15, 2024, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ☐ calendar year 20\_\_\_\_ or  
 ► ☒ tax year beginning 10/01, 2022, and ending 09/30, 2023.

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

<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	NONE
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	NONE
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	NONE

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

**For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

Form **8868** (Rev. 1-2022)

**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:  
HELPING PEOPLE THROUGHOUT LIFE'S JOURNEY: THE ORGANIZATION PROVIDES BEHAVIORAL HEALTH (MENTAL HEALTH AND SUBSTANCE ABUSE) SERVICES AND CHILD PROTECTIVE SERVICES. PEOPLE OF ALL AGES ARE INCLUDED IN THE SCOPE OF OUR SERVICES.
- 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 \$ 95,509,185 including grants of \$ 593,010 ) (Revenue \$ 49,410,782 )  
BEHAVIORAL HEALTH SERVICES: IN 2023, THIS DIVISION SERVED 27,350 PEOPLE, OF WHICH 6,261 WERE CHILDREN. THIS DIVISION OF LAKEVIEW CENTER SPECIALIZES IN HELPING PEOPLE WITH MENTAL ILLNESSES, SUBSTANCE ABUSE DISORDERS AND DEVELOPMENTAL DISABILITIES OVERCOME THEIR CHALLENGES. IN 2023, THIS DIVISION HAD 35,689 TELEHEALTH AND PHONE APPOINTMENTS. THE MOBILE RESPONSE TEAM SERVED 2,756 PEOPLE. THERE WAS AN AVERAGE OF 138,607 MEMBERS ENROLLED IN 2023 SUBSTANCE ABUSE PLAN FOR OUR DISTRICT. THERE WAS AN AVERAGE OF 135,086 MEMBERS ENROLLED IN 2022.

**4b** (Code: ) (Expenses \$ 20,967,125 including grants of \$ 2,939,922 ) (Revenue \$ 10,847,146 )  
CHILD PROTECTIVE SERVICES: IN 2023, THIS DIVISION SERVED 3,736 CHILDREN, REUNITED 195 CHILDREN WITH THEIR FAMILIES AND FINALIZED 357 ADOPTIONS. THIS DIVISION, ALSO REFERRED TO AS FAMILIES FIRST NETWORK (FFN), IS RESPONSIBLE FOR THE SAFETY, STABILITY, AND WELL-BEING OF ABUSED, NEGLECTED, AND ABANDONED CHILDREN IN OUR DISTRICT. THROUGH A CONTRACT FUNDED WITH STATE FUNDS, FFN WORKS TO PROVIDE FOSTER CARE AND ADOPTION SERVICES FOR CHILDREN AT RISK.

**4c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

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

**4e** Total program service expenses 116,476,310

000036



**Part IV Checklist of Required Schedules**

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

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

	Yes	No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . .	<b>22</b> ✓	
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J . . . . .	<b>23</b> ✓	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a . . . . .	<b>24a</b>	✓
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<b>24b</b>	
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	<b>24c</b>	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	<b>24d</b>	
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I . . . . .	<b>25a</b>	✓
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .	<b>25b</b>	✓
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II . . . . .	<b>26</b>	✓
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III . . . . .	<b>27</b>	✓
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV . . . . .	<b>28a</b>	✓
<b>b</b> A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV . . . . .	<b>28b</b>	✓
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV . . . . .	<b>28c</b>	✓
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . . .	<b>29</b> ✓	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M . . . . .	<b>30</b>	✓
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . . . . .	<b>31</b>	✓
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II . . . . .	<b>32</b>	✓
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I . . . . .	<b>33</b>	✓
<b>34</b> Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .	<b>34</b> ✓	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	<b>35a</b> ✓	
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . . .	<b>35b</b> ✓	
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 . . . . .	<b>36</b>	✓
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI . . . . .	<b>37</b>	✓
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O . . . . .	<b>38</b> ✓	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V . . . . . ☐

	Yes	No
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable . . . . .	<b>1a</b> 296	
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable . . . . .	<b>1b</b> 0	
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	<b>1c</b>	

<b>Part V Statements Regarding Other IRS Filings and Tax Compliance</b> (continued)			Yes	No
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b> 1,327		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b>	✓	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>		✓
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	<b>3b</b>		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>		✓
<b>b</b>	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>		✓
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>		✓
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6a</b>		✓
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>		✓
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>		✓
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>		✓
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>		✓
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:			
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:			
<b>a</b>	Gross income from members or shareholders	<b>11a</b>		
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>		
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>		
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>		✓
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>		
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	<b>15</b>		✓
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>		✓
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	<b>17</b>		

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

**Section A. Governing Body and Management**

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year . . . . . <b>1a</b> <b>10</b> If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
<b>b</b> Enter the number of voting members included on line 1a, above, who are independent . . . . . <b>1b</b> <b>10</b>		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . . <b>2</b>		<input checked="" type="checkbox"/>
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? . . . . . <b>3</b>		<input checked="" type="checkbox"/>
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . . <b>4</b>		<input checked="" type="checkbox"/>
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . . <b>5</b>		<input checked="" type="checkbox"/>
<b>6</b> Did the organization have members or stockholders? . . . . . <b>6</b>	<input checked="" type="checkbox"/>	
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . . <b>7a</b>	<input checked="" type="checkbox"/>	
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . . <b>7b</b>	<input checked="" type="checkbox"/>	
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body? . . . . . <b>8a</b>	<input checked="" type="checkbox"/>	
<b>b</b> Each committee with authority to act on behalf of the governing body? . . . . . <b>8b</b>	<input checked="" type="checkbox"/>	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O . . . . . <b>9</b>		<input checked="" type="checkbox"/>

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

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

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed **NONE**

**18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

**19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

**20** State the name, address, and telephone number of the person who possesses the organization's books and records.  
**DOREEN DRIMMIE, 1221 W. LAKEVIEW AVENUE, PENSACOLA, FL 32501-1836, (850) 495-2321**



**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(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/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) M. ALLISON HILL PRESIDENT/CEO	15.0 27.0			✓				540,114	0	11,777
(2) MELANIE JONES VICE PRESIDENT/CFO	15.0 27.0			✓				339,175	0	3,752
(3) ANNIE CHERIAN CHIEF OF MEDICAL SERVICES	40.0 0.0					✓		311,670	0	11,619
(4) SANDRA WHITAKER VICE PRESIDENT	15.0 27.0			✓				313,693	0	1,091
(5) GUIDO LUDERGNANI CHIEF OF MEDICAL SERVICES	40.0 0.0					✓		279,798	0	18,191
(6) DOMINIC SALAMIDA VICE PRESIDENT	40.0 0.0			✓				281,626	0	14,417
(7) AARON GODWIN PSYCHIATRIST	40.0 0.0					✓		279,603	0	10,241
(8) WARREN SCOTT PSYCHIATRIST	40.0 0.0					✓		274,989	0	13,069
(9) TANYA THERIAULT PSYCHIATRIST	40.0 0.0					✓		275,596	0	11,608
(10) MARK JONES VICE PRESIDENT	40.0 0.0			✓				238,614	0	4,501
(11) BARKSDALE "DALE" JORDAN, JR. TREASURER	1.0 0.0	✓		✓				0	0	0
(12) REV. DR. HUGH HAMILTON, III SECRETARY	1.0 1.0	✓		✓				0	0	0
(13) VINCENT CURRIE, JR. CHAIRMAN	1.0 1.0	✓		✓				0	0	0
(14) ADRIANA SPAIN MEMBER	1.0 0.0	✓						0	0	0

Form **990** (2022)

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			
(15) CHARLES F BEALL, JR. MEMBER	1.0 0.0	✓						0	0	0
(16) ERIC RANDALL MEMBER	1.0 0.0	✓						0	0	0
(17) FRANKIE WHITE MEMBER	1.0 0.0	✓						0	0	0
(18) KRISTEN RODRIGUEZ MEMBER	1.0 0.0	✓						0	0	0
(19) ROBIN RESHARD MEMBER	1.0 0.0	✓						0	0	0
(20) STEPHANIE POWELL MEMBER	1.0 0.0	✓						0	0	0
(21) ERIC BARLEY VICE PRESIDENT/CFO	15.0 27.0			✓				0	0	0
(22)										
(23)										
(24)										
(25)										
<b>1b Subtotal</b>								3,134,880	0	100,265
<b>c Total from continuation sheets to Part VII, Section A</b>								0	0	0
<b>d Total (add lines 1b and 1c)</b>								3,134,880	0	100,265

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **64**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
BRIDGEWAY CENTER, INC., 137 HOSPITAL DR, FORT WALKTON BEACH, FL 32548	MENTAL HEALTH SVCS	4,244,209
APALACHEE CENTER, INC., 2634 CAPTIOL CIRCLE NE, TALLAHASSEE, FL 32308	MENTAL HEALTH SVCS	1,835,744
CHILDREN'S HOME SOCIETY, INC., 5766 S SEMORAN BLVD, ORLANDO, FL 32822	MENTAL HEALTH SVCS	1,207,435
NETSMART TECHNOLOGIES, PO BOX 713519, PHILADELPHIA, PA 19171	COMPUTER SVCS	940,929
FLORIDA THERAPY SVCS, INC., 421 W OAK AVE, PANAMA CITY, FL 32401	MENTAL HEALTH SVCS	777,031

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **68**

**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
<b>Contributions, Gifts, Grants, and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b>	0			
	<b>b</b>	Membership dues . . . . .	<b>1b</b>	0			
	<b>c</b>	Fundraising events . . . . .	<b>1c</b>	0			
	<b>d</b>	Related organizations . . . . .	<b>1d</b>	0			
	<b>e</b>	Government grants (contributions)	<b>1e</b>	58,657,101			
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	601,777			
	<b>g</b>	Noncash contributions included in lines 1a-1f . . . . .	<b>1g</b>	\$ 162,871			
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . .		59,258,878			
	<b>Program Service Revenue</b>			Business Code			
<b>2a</b>	PATIENT REVENUE	624100	22,843,968	22,843,968			
<b>b</b>	CONTRACT REVENUE	900099	37,386,530	37,386,530			
<b>c</b>	CONSULTING FEES	541610	27,430	27,430			
<b>d</b>							
<b>e</b>							
<b>f</b>	All other program service revenue . . . . .		0	0	0	0	
<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . .		60,257,928				
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . .		6,074			6,074
	<b>4</b>	Income from investment of tax-exempt bond proceeds					
	<b>5</b>	Royalties . . . . .					
	<b>6a</b>	Gross rents . . . . .	(i) Real	185,531			
	<b>b</b>	Less: rental expenses	(ii) Personal	0			
	<b>c</b>	Rental income or (loss)		185,531	0		
	<b>d</b>	Net rental income or (loss) . . . . .		185,531		185,531	
	<b>7a</b>	Gross amount from sales of assets other than inventory	(i) Securities		(ii) Other	0	
	<b>b</b>	Less: cost or other basis and sales expenses . . . . .			102,160		
	<b>c</b>	Gain or (loss) . . . . .		0	(102,160)		
	<b>d</b>	Net gain or (loss) . . . . .		(102,160)		(102,160)	
	<b>8a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . .					
	<b>b</b>	Less: direct expenses . . . . .					
	<b>c</b>	Net income or (loss) from fundraising events . . . . .					
	<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . .					
	<b>b</b>	Less: direct expenses . . . . .					
	<b>c</b>	Net income or (loss) from gaming activities . . . . .					
	<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .					
	<b>b</b>	Less: cost of goods sold . . . . .					
	<b>c</b>	Net income or (loss) from sales of inventory . . . . .					
<b>Miscellaneous Revenue</b>			Business Code				
	<b>11a</b>	REIMBURSED COSTS	561300	7,998,246		7,998,246	
	<b>b</b>	CLINICAL RECORD REVENUE	541900	11,761		11,761	
	<b>c</b>			0		0	
	<b>d</b>	All other revenue . . . . .		80,932	0	80,932	
	<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .		8,090,939			
<b>12</b>	<b>Total revenue.</b> See instructions . . . . .	000043	127,697,190	60,257,928	0	8,180,384	

**Part IX Statement of Functional Expenses**

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

Check if Schedule O contains a response or note to any line in this Part IX ☒**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	554,210	554,210		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	2,978,722	2,978,722		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .				
<b>4</b> Benefits paid to or for members . . . . .				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	1,839,340	517,477	1,321,863	
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b> Other salaries and wages . . . . .	52,762,322	50,124,206	2,638,116	
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	1,052,794	1,000,154	52,640	
<b>9</b> Other employee benefits . . . . .	7,629,016	7,247,565	381,451	
<b>10</b> Payroll taxes . . . . .	3,796,664	3,606,831	189,833	
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management . . . . .				
<b>b</b> Legal . . . . .	284,969		284,969	
<b>c</b> Accounting . . . . .	316,500		316,500	
<b>d</b> Lobbying . . . . .	70,000		70,000	
<b>e</b> Professional fundraising services. See Part IV, line 17 . . . . .				
<b>f</b> Investment management fees . . . . .				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) . . . . .	19,742,571	19,435,319	307,252	0
<b>12</b> Advertising and promotion . . . . .	177,571	168,692	8,879	
<b>13</b> Office expenses . . . . .	1,213,652	1,152,969	60,683	
<b>14</b> Information technology . . . . .	3,617,602	2,028,634	1,588,968	
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	5,121,694	4,865,609	256,085	
<b>17</b> Travel . . . . .	1,396,401	1,326,581	69,820	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .	178,269	169,356	8,913	
<b>20</b> Interest . . . . .	4,729	4,729		
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .	1,802,237	1,712,125	90,112	
<b>23</b> Insurance . . . . .	1,235,626	1,173,845	61,781	
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) . . . . .				
<b>a</b> <u>MEDICAL SUPPLIES</u> . . . . .	15,551,161	15,551,161		
<b>b</b> <u>FOOD SERVICES</u> . . . . .	1,147,605	1,090,225	57,380	
<b>c</b> <u>SMALL EQUIPMENT</u> . . . . .	526,921	500,575	26,346	
<b>d</b> <u>BAD DEBT</u> . . . . .	523,133	523,133		
<b>e</b> All other expenses . . . . .	783,360	744,192	39,168	0
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e . . . . .	124,307,069	116,476,310	7,830,759	0
<b>26</b> <b>Joint costs.</b> 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 X ☐

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	11,166,746	<b>1</b>	11,741,948
	<b>2</b> Savings and temporary cash investments . . . . .	279,875	<b>2</b>	279,875
	<b>3</b> Pledges and grants receivable, net . . . . .	0	<b>3</b>	0
	<b>4</b> Accounts receivable, net . . . . .	6,770,166	<b>4</b>	12,264,061
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	0	<b>5</b>	0
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .	0	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .	151,601	<b>7</b>	157,540
	<b>8</b> Inventories for sale or use . . . . .	926,126	<b>8</b>	983,877
	<b>9</b> Prepaid expenses and deferred charges . . . . .	942,052	<b>9</b>	1,564,557
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	31,954,278		
	<b>b</b> Less: accumulated depreciation . . . . .	3,191,480	<b>10c</b>	28,762,798
	<b>11</b> Investments—publicly traded securities . . . . .	0	<b>11</b>	0
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	0	<b>12</b>	0
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	0	<b>13</b>	0
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	2,356,869	<b>15</b>	1,746,485
	<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .	50,949,187	<b>16</b>	57,501,141
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	15,196,467	<b>17</b>	11,202,069
	<b>18</b> Grants payable . . . . .	0	<b>18</b>	0
	<b>19</b> Deferred revenue . . . . .	6,463,891	<b>19</b>	9,163,247
	<b>20</b> Tax-exempt bond liabilities . . . . .	0	<b>20</b>	0
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	0	<b>21</b>	0
	<b>22</b> 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 . . . . .	0	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	0	<b>23</b>	0
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0	<b>24</b>	0
	<b>25</b> 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 . . . . .	93,359,427	<b>25</b>	10,824,591
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	115,019,785	<b>26</b>	31,189,907
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	(64,879,159)	<b>27</b>	24,881,584
	<b>28</b> Net assets with donor restrictions . . . . .	808,561	<b>28</b>	1,429,650
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .	0	<b>29</b>	0
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .	0	<b>30</b>	0
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds . . . . .	0	<b>31</b>	0
	<b>32</b> Total net assets or fund balances . . . . .	(64,070,598)	<b>32</b>	26,311,234
	<b>33</b> Total liabilities and net assets/fund balances . . . . .	50,949,187	<b>33</b>	57,501,141

Form **990** (2022)

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	127,697,190
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	124,307,069
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	3,390,121
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	(64,070,598)
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	86,991,711
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	26,311,234

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		✓
<b>b</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: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	✓	
<b>c</b> 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 on Schedule O.	✓	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	✓	
<b>b</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 on Schedule O and describe any steps taken to undergo such audits.	✓	

Form **990** (2022)

**SCHEDULE A  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Name of the organization

LAKEVIEW CENTER, INC.

Employer identification number

59-0737872

**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).)
- 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)(vii)**. (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on 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		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	79,979,948	83,101,223	87,254,008	98,208,660	59,258,878	407,802,717
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0
<b>4 Total.</b> Add lines 1 through 3 . . . . .	79,979,948	83,101,223	87,254,008	98,208,660	59,258,878	407,802,717
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . .						0
<b>6 Public support.</b> Subtract line 5 from line 4						407,802,717

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>7</b> Amounts from line 4 . . . . .	79,979,948	83,101,223	87,254,008	98,208,660	59,258,878	407,802,717
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .	4,713,473	4,741,224	2,469,451	26,022	191,605	12,141,775
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						0
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .	7,187,322	7,687,996	8,107,482	7,407,219	8,090,939	38,480,958
<b>11 Total support.</b> Add lines 7 through 10						458,425,450
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					12	265,475,821
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . .						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) . . . . .	<b>14</b>	88.96 %
<b>15</b> Public support percentage from 2021 Schedule A, Part II, line 14 . . . . .	<b>15</b>	89.16 %
<b>16a 33<sup>1</sup>/<sub>3</sub>% support test—2022.</b> If the organization did not check the box on line 13, and line 14 is 33 <sup>1</sup> / <sub>3</sub> % or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .	<input checked="" type="checkbox"/>	
<b>b 33<sup>1</sup>/<sub>3</sub>% support test—2021.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 <sup>1</sup> / <sub>3</sub> % or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .	<input type="checkbox"/>	
<b>17a 10%-facts-and-circumstances test—2022.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . .	<input type="checkbox"/>	
<b>b 10%-facts-and-circumstances test—2021.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . .	<input type="checkbox"/>	
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .	<input type="checkbox"/>	

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . .						
<b>c</b> Add lines 7a and 7b . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>9</b> Amounts from line 6 . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . .						
<b>c</b> Add lines 10a and 10b . . . .						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . .						
<b>14 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . <input type="checkbox"/>						

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

<b>15</b> Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2021 Schedule A, Part III, line 15 . . . .	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2022</b> (line 10c, column (f), divided by line 13, column (f)) . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2021</b> Schedule A, Part III, line 17 . . . .	<b>18</b>	%
<b>19a 33 1/3% support tests—2022.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . <input type="checkbox"/>		
<b>b 33 1/3% support tests—2021.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . <input type="checkbox"/>		
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . <input type="checkbox"/>		

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> 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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</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 <b>Part VI</b> when and how the organization made the determination.</i>		
<b>c</b> 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 <b>Part VI</b> what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</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 <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> 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 <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b>, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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 <b>Part VI</b>.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> 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 <b>Part VI</b>.</i>		
<b>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
<b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
<b>b</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
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
<b>11a</b>		
<b>b</b> A family member of a person described on line 11a above?		
<b>11b</b>		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in <b>Part VI</b> .		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

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

**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.

<b>Section A—Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3.	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	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)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>	
<b>Section B—Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
<b>2</b>	Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d.	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by 0.035.	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C—Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, column A)	<b>1</b>	
<b>2</b>	Enter 0.85 of line 1.	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3.	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>	
<b>7</b>	<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).		

Schedule A (Form 990) 2022



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

Section D—Distributions		Current Year
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required—provide details in <b>Part VI</b> )	<b>5</b>
<b>6</b>	Other distributions (describe in <b>Part VI</b> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2022 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

Section E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
<b>1</b> Distributable amount for 2022 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2022 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2022			
<b>a</b> From 2017 . . . . .			
<b>b</b> From 2018 . . . . .			
<b>c</b> From 2019 . . . . .			
<b>d</b> From 2020 . . . . .			
<b>e</b> From 2021 . . . . .			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2022 distributable amount			
<b>i</b> Carryover from 2017 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2022 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2022 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2023.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2018 . . .			
<b>b</b> Excess from 2019 . . .			
<b>c</b> Excess from 2020 . . .			
<b>d</b> Excess from 2021 . . .			
<b>e</b> Excess from 2022 . . .			

Schedule A (Form 990) 2022

## 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.)

[illegible]

# Part VI

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.)

Return Reference - Identifier	Explanation						
SCHEDULE A, PART II, LINE 10 - OTHER INCOME	Description	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	(1) MEAL SALES	1,942	811	0	0	0	2,753
	(2) CLINICAL RECORD REVENUE	40,371	35,361	45,437	22,261	11,761	155,191
	(3) REIMBURSED COSTS	7,068,000	7,602,357	8,026,155	7,281,982	7,998,246	37,976,740
	(4) STAFFING/SUPPORT SERVICES	17,723	874	0	0	0	18,597
	(5) ALL OTHER REVENUE	59,286	48,593	35,890	102,976	80,932	327,677
	Total	7,187,322	7,687,996	8,107,482	7,407,219	8,090,939	38,480,958

Schedule B  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

2022

Name of the organization

LAKEVIEW CENTER, INC.

Employer identification number

59-0737872

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)( 3 ) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 $\frac{1}{3}$ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization

LAKEVIEW CENTER, INC.

Employer identification number

59-0737872

**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	NWF HEALTH NETWORK 525 NORTH MARTIN LUTHER KING JR BLV TALLAHASSEE, FL 32301	\$ 43,760,108	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	FLORIDA DEPARTMENT OF CHILDREN & FAMILY 160 GOVERNMENT CENTER, STE 713 PENSACOLA, FL 32501	\$ 7,556,128	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	DEPARTMENT OF HEALTH & HUMAN SERVICES - SAMHSA 5600 FISHER LANE ROCKVILLE, MD 20857	\$ 1,751,304	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)

Employer identification number

59-0737872

## Part II

(a) No.  
from  
Part I

## PHARMACEUTICALS

2

\$ 83,330

06/30/2023

(a) No.  
from  
Part I

(c)  
**FMV (or estimate)**  
(See instructions.)

(d)  
Date received

\$ \_\_\_\_\_

(a) No.  
from  
Part I

(c)  
**FMV (or estimate)**  
(See instructions.)

(d)  
Date received

\$ \_\_\_\_\_

(a) No.  
from  
Part I

(c)  
FMV (or estimate)  
(See instructions.)

(d)  
Date received

\$

(a) No.  
from  
Part I

(c)  
**FMV (or estimate)**  
(See instructions.)

(d)  
Date received

\$

(a) No.  
from  
Part I

(c)  
FMV (or estimate)  
(See instructions.)

(d)  
Date received

\$

Name of organization

LAKEVIEW CENTER, INC.

Employer identification number

59-0737872

**Part III**

**Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) \$ \_\_\_\_\_

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----
	<b>(e) Transfer of gift</b>		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	----- ----- -----	----- ----- -----	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----
	<b>(e) Transfer of gift</b>		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	----- ----- -----	----- ----- -----	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----
	<b>(e) Transfer of gift</b>		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	----- ----- -----	----- ----- -----	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----
	<b>(e) Transfer of gift</b>		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	----- ----- -----	----- ----- -----	

000059

**SCHEDULE C**  
**(Form 990)**

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](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2022**

**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 organization

LAKEVIEW CENTER, INC.

Employer identification number

59-0737872

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

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

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

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

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

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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

Cat. No. 50084S

Schedule C (Form 990) 2022

000060



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

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

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying) . . . . .														
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .														
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) . . . . .														
<b>d</b>	Other exempt purpose expenditures . . . . .														
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) . . . . .														
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;">If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) . . . . .														
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .														
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .														
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No													

**4-Year Averaging Period Under Section 501(h)**

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

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

Schedule C (Form 990) 2022

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

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

	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers?		✓	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		✓	
<b>c</b> Media advertisements?		✓	
<b>d</b> Mailings to members, legislators, or the public?		✓	
<b>e</b> Publications, or published or broadcast statements?		✓	
<b>f</b> Grants to other organizations for lobbying purposes?		✓	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?	✓		8,270
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		✓	
<b>i</b> Other activities?	✓		70,000
<b>j</b> Total. Add lines 1c through 1i			78,270
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		✓	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

**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.

SEE NEXT PAGE

## 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 - Identifier	Explanation
SCHEDULE C, PART II-B, LINE 1 - DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY	<p>FORM 990, SCHEDULE C, PART II-B, LINE 1G</p> <p>MEETINGS WITH LOBBYIST AND OUR ELECTED OFFICIALS, ADVOCATING FOR FUNDING FOR ADEQUATE SERVICES FOR INDIVIDUALS WITH MENTAL ILLNESS AND SUBSTANCE ABUSE.</p> <p>FORM 990, SCHEDULE C, PART II-B, LINE 1I</p> <p>THE ORGANIZATION PAID A COMPANY TO LOBBY ON THEIR BEHALF.</p>

SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public  
Inspection

Name of the organization

LAKEVIEW CENTER, INC.

Employer identification number

59-0737872

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

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

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

Part II Conservation Easements.

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

1 Purpose(s) of conservation easements held by the organization (check all that apply). <input type="checkbox"/> Preservation of land for public use (for example, recreation or education) <input type="checkbox"/> Preservation of a historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	
a Total number of conservation easements . . . . .	2a
b Total acreage restricted by conservation easements . . . . .	2b
c Number of conservation easements on a certified historic structure included in (a) . . . . .	2c
d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register . . . . .	2d
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? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> 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)? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> 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 FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:	
(i) Revenue 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 FASB 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 make 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 program

**e** ☐ Other .....

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

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

**Part IV Escrow and Custodial Arrangements.**

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

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

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

	Amount
<b>c</b> Beginning balance	<b>1c</b>
<b>d</b> Additions during the year	<b>1d</b>
<b>e</b> Distributions during the year	<b>1e</b>
<b>f</b> Ending balance	<b>1f</b>

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

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

**Part V Endowment Funds.**

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance	132,775	132,775	760,125	770,713	1,961,080
<b>b</b> Contributions					
<b>c</b> Net investment earnings, gains, and losses			(610,747)	4,568	6,493
<b>d</b> Grants or scholarships	132,775		16,603	15,156	1,196,860
<b>e</b> Other expenditures for facilities and programs					
<b>f</b> Administrative expenses					
<b>g</b> End of year balance	0	132,775	132,775	760,125	770,713

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

**a** Board designated or quasi-endowment 0.00 %

**b** Permanent endowment 0.00 %

**c** Term endowment 100.00 %

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
<b>3a(i)</b>		✓
<b>3a(ii)</b>	✓	
<b>3b</b>	✓	

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

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

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land		2,252,659		2,252,659
<b>b</b> Buildings		19,763,994	1,060,927	18,703,067
<b>c</b> Leasehold improvements		69,748	9,461	60,287
<b>d</b> Equipment		9,030,752	2,121,092	6,909,660
<b>e</b> Other		837,125	0	837,125
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				28,762,798

**Part VII Investments—Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely held equity interests . . . . .		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
<b>Total.</b> (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) _____		
<b>Total.</b> (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) _____	
(2) _____	
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) . . . . .	

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO AFFILIATED ORGANIZATIONS	9,097,682
(3) LEASE LIABILITY	1,726,909
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) . . . . .	10,824,591

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ☒



# 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 - Identifier	Explanation
SCHEDULE D, PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUNDS	PREVIOUSLY RESTRICTED FUNDS TO BE USED FOR BEHAVIORAL MEDICAL SERVICES. THE ENDOWMENT FUNDS ARE TO PROVIDE RESOURCES TO SUPPORT CHILDREN'S SERVICES AT LAKEVIEW CENTER, INC.
SCHEDULE D, PART X, LINE 2 - FIN 48 (ASC 740) FOOTNOTE	FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ACCOUNTING STANDARDS CODIFICATION (ASC) TOPIC 740, INCOME TAXES, PRESCRIBES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAX POSITIONS RECOGNIZED IN FINANCIAL STATEMENTS. ASC TOPIC 740 PROVIDES GUIDANCE FOR RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTES FOR THE FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THERE WERE NO MATERIAL UNCERTAIN TAX POSITIONS AS OF SEPTEMBER 30, 2023.



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

LAKEVIEW CENTER, INC.

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Employer identification number

59-0737872

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) ARNETTE HOUSE INC. 2310 NE 24TH ST., OCALA, FL, 34470	59-2119445	501(C)(3)	9,300				RESIDENTIAL GROUP
(2) (SEE STATEMENT)	47-0376606	501(C)(3)	20,748				RESIDENTIAL GROUP
(3) (SEE STATEMENT)	47-0376606	501(C)(3)	22,111				RESIDENTIAL GROUP
(4) CHOICE INC II P.O. BOX 1277, BRANDON, FL, 33509	20-4132923	501(C)(3)	25,834				RESIDENTIAL GROUP
(5) CURRIE HOUSE/LUTHERAN SERVICES 3627A WEST WATERS AVE, TAMPA, FL, 33614	59-2198911	501(C)(3)	5,115				RESIDENTIAL GROUP
(6) DEVEREUX - RGC TITUSVILLE 1850 S DELEON AVE, TITUSVILLE, FL, 32780	23-1390618	501(C)(3)	10,085				RESIDENTIAL GROUP
(7) DEVEREUX STGH TITUSVILLE MALE 1850 S. DELEON AVE., TITUSVILLE, FL, 32780	23-1390618	501(C)(3)	34,760				RESIDENTIAL GROUP
(8) (SEE STATEMENT)	65-0821321	501(C)(3)	5,270				RESIDENTIAL GROUP
(9) HEART OF FLORIDA YOUTH 15841 N US HIGHWAY 301, CITRA, FL, 32113	59-2274734	501(C)(3)	21,500				RESIDENTIAL GROUP
(10) HEART OF FLORIDA YOUTH RANCH COTTAGE 2 15845 N US HIGHWAY 301, CITRA, FL, 32113	59-2274734	501(C)(3)	26,783				RESIDENTIAL GROUP
(11) HIBISCUS-JENSEN SHELTER 4001 SAVANNAH RD., JENSEN BEACH, FL, 34958	59-2632361	501(C)(3)	26,681				RESIDENTIAL GROUP
(12) (SEE STATEMENT)							

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 27
- 3** Enter total number of other organizations listed in the line 1 table 2

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

Cat. No. 50055P

Schedule I (Form 990) 2022

**Part III** **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 ADOPTION SUBSIDY	1,830	1,563,855			
2 FOSTER CARE SUBSIDY	695	1,328,512			
3 INDEPENDENT LIVING SUBSIDY	61	86,160			
4 RESPITE SERVICES	8	195			
5					
6					
7					

<b>Part IV</b>	<b>Supplemental Information.</b> Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.
----------------	--

(SEE STATEMENT)

## Part II

## Grants and Other Assistance to Governments and Organizations in the United States (continued)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(12) HOME OF DREAMS 201 LEE MILLER RD., CRAWFORDVILLE, FL, 32327	27-2377247	501(C)(3)	41,106				RESIDENTIAL GROUP
(13) HOME SAFE LIBRA GIRLS 4854 N HAVERHILL RD, WEST PALM BEACH, FL, 33417	59-1935485	501(C)(3)	16,117				RESIDENTIAL GROUP
(14) HOPE HOUSE/LUTHERAN SERVICES 3627A WEST WATERS AVE, TAMPA, FL, 33614	59-2198911	501(C)(3)	6,820				RESIDENTIAL GROUP
(15) INSPIRE GROUP CURRY 317 REHWINKLE DR., TALLAHASSEE, FL, 32305	13-4364718	501(C)(3)	17,960				RESIDENTIAL GROUP
(16) INSPIRE GROUP/CURRY COTTAGE P.O. BOX 12493, TALLAHASSEE, FL, 32317	13-4364718	501(C)(3)	17,980				RESIDENTIAL GROUP
(17) LIBRA BOYS SOUTH II 680 IPSWICH ST, BOCA RATON, FL, 33487	65-0462950	501(C)(3)	22,690				RESIDENTIAL GROUP
(18) LITTLE DEBBIE'S SECOND CHANCE 14231 ONSLOW LN, PORT CHARLOTTE, FL, 33981	58-2614995	501(C)(3)	12,338				RESIDENTIAL GROUP
(19) NEW HEAVEN DOMINION 12620 BEACH BLVD. 3-102, JACKSONVILLE, FL, 32246	33-1144072	501(C)(3)	22,325				RESIDENTIAL GROUP
(20) REYNA GROUP HOME INC. P.O. BOX 848275, HOLLYWOOD, FL, 33084	59-3223725		15,748				RESIDENTIAL GROUP
(21) REYNA'S SAFE HAVEN 5216 SW 90TH TER, FORT LAUDERDALE, FL, 33328	27-0047003	501(C)(3)	8,928				RESIDENTIAL GROUP
(22) ROYALE RESIDENTIAL GROUP HOME 2813 FAIRMONT DR, PANAMA CITY, FL, 32405	81-2979088		28,299				RESIDENTIAL GROUP
(23) SAYS 201 SIMONE WAY, SAINT AUGUSTINE, FL, 32086	59-2925271	501(C)(3)	10,402				RESIDENTIAL GROUP
(24) SUSANNA WESLEY ER/CIC 968 LUKE'S WAY, FORT WALTON BEACH, FL, 32547	65-1196220	501(C)(3)	8,554				SUBPROVIDER CONTRACT
(25) THE CHILDREN'S HOME INC. 10909 MEMORIAL HWY., TAMPA, FL, 33615	59-0192430	501(C)(3)	7,381				RESIDENTIAL GROUP
(26) THE HAVEN FOR CHILDREN, INC. P.O. BOX 327, MELBOURNE, FL, 32902	59-2722408	501(C)(3)	26,040				RESIDENTIAL GROUP
(27) TWIN OAKS JUVENILE 823 SW GREENVILLE HILLS RD, GREENVILLE, FL, 32331	59-3512790	501(C)(3)	20,150				RESIDENTIAL GROUP
(28) TWIN OAKS JUVENILE DEVT. 823 SW GREENVILLE HILLS RD, GREENVILLE, FL, 32331	59-3512790	501(C)(3)	27,280				RESIDENTIAL GROUP
(29) UNITED METHODIST 3140 ZELDA COURT, MONTGOMERY, AL, 36106	63-0302145	501(C)(3)	14,508				SUBPROVIDER CONTRACT/RESIDENTIAL GROUP

000071

## Part IV

**Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference - Identifier	Explanation
SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS.	THE ORGANIZATION HAS GUIDELINES IN PLACE THAT ARE TO BE USED IN REVIEWING THE ELIGIBILITY OF GRANTEEES. ALL GRANTS REQUIRE WRITTEN DOCUMENTATION AND APPROPRIATE LEVELS OF APPROVAL.
(2) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	BOYSTOWN FIFTY-THREE 3555 COMMONWEALTH BLVD., TALLAHASSEE, FL, 32303
(3) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	BOYSTOWN SIXTY-THREE 2763 HOLLYHOCK HILL, STE 300, TALLAHASSEE, FL, 32303
(8) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	GRANDMA'S PLACE, IN.C 184 SPARROW DRIVE, ROYAL PALM BEACH, FL, 33411

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

LAKEVIEW CENTER, INC.

**Compensation Information**

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

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Employer identification number

59-0737872

**Part I Questions Regarding Compensation**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC 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	M. ALLISON HILL PRESIDENT/CEO	(i) 448,774	(ii) 88,643	(iii) 2,698	3,163	8,614	551,891	0
		(ii) 0	0	0	0	0	0	0
2	MELANIE JONES VICE PRESIDENT/CFO	(i) 292,247	(ii) 43,361	(iii) 3,567	0	3,752	342,926	0
		(ii) 0	0	0	0	0	0	0
3	ANNIE CHERIAN CHIEF OF MEDICAL SERVICES	(i) 273,589	(ii) 35,876	(iii) 2,206	6,181	5,438	323,289	0
		(ii) 0	0	0	0	0	0	0
4	SANDRA WHITAKER VICE PRESIDENT	(i) 270,422	(ii) 39,925	(iii) 3,346	0	1,091	314,784	0
		(ii) 0	0	0	0	0	0	0
5	GUIDO LUDERGNANI CHIEF OF MEDICAL SERVICES	(i) 278,508	(ii) 0	(iii) 1,290	3,975	14,216	297,989	0
		(ii) 0	0	0	0	0	0	0
6	DOMINIC SALAMIDA VICE PRESIDENT	(i) 244,646	(ii) 35,286	(iii) 1,694	2,355	12,062	296,044	0
		(ii) 0	0	0	0	0	0	0
7	AARON GODWIN PSYCHIATRIST	(i) 279,315	(ii) 0	(iii) 289	6,273	3,968	289,844	0
		(ii) 0	0	0	0	0	0	0
8	WARREN SCOTT PSYCHIATRIST	(i) 271,852	(ii) 0	(iii) 3,138	5,146	7,923	288,059	0
		(ii) 0	0	0	0	0	0	0
9	TANYA THERIAULT PSYCHIATRIST	(i) 275,296	(ii) 0	(iii) 300	5,121	6,487	287,204	0
		(ii) 0	0	0	0	0	0	0
10	MARK JONES VICE PRESIDENT	(i) 216,401	(ii) 15,739	(iii) 6,474	200	4,301	243,115	0
		(ii) 0	0	0	0	0	0	0
11		(i)						
		(ii)						
12		(i)						
		(ii)						
13		(i)						
		(ii)						
14		(i)						
		(ii)						
15		(i)						
		(ii)						
16		(i)						
		(ii)						

Schedule J (Form 990) 2022

# 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 - Identifier	Explanation
SCHEDULE J, PART I, LINE 4B - SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN	THE FOLLOWING INDIVIDUALS PARTICIPATED IN A SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN THAT WAS FROZEN DURING THE TAX YEAR: M. ALLISON HILL, MELANIE JONES, DOMINC "SHAWN" SALAMIDA AND SANDRA WHITAKER.

**SCHEDULE M**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.  
Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Name of the organization

LAKEVIEW CENTER, INC.

Employer identification number

59-0737872

**Part I** **Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art . . . . .				
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .				
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .	✓	2	102,250	MARKET VALUE
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ( <u>TEACHERS - ESCA</u> ) . . . . .	✓	1	53,011	MARKET VALUE
26 Other ( <u>CHRISTMAS TOYS</u> ) . . . . .	✓	1	7,148	MARKET VALUE
27 Other ( <u>MISCELLANEOUS</u> ) . . . . .	✓	1	462	MARKET VALUE
28 Other ( ) . . . . .				
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement . . . . .			29	0
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? . . . . .				Yes No 30a ✓
b If "Yes," describe the arrangement in Part II.				
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? . . . . .				31 ✓
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .				32a ✓
b If "Yes," describe in Part II.				
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.				



Part II

**Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference - Identifier	Explanation
SCHEDULE M, PART I - COLUMN B	THE AMOUNT IN COLUMN B REPRESENTS THE NUMBER OF CONTRIBUTIONS.

<b>SCHEDULE O (Form 990)</b>  Department of Treasury Internal Revenue Service	<b>Supplemental Information to Form 990 or 990-EZ</b> Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. <div style="margin-top: 5px;">           ▶ Attach to Form 990 or 990-EZ.            ▶ Go to <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for the latest information.         </div>	OMB No. 1545-0047  <div style="background-color: black; color: white; padding: 10px; text-align: center;"> <b style="font-size: 24px;">2022</b>          Open to Public Inspection       </div>
Name of the Organization <b>LAKEVIEW CENTER, INC.</b>		Employer Identification Number <b>59-0737872</b>

Return Reference - Identifier	Explanation
FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS	LIFEVIEW GROUP, INC., A FLORIDA CORPORATION NOT-FOR-PROFIT, IS THE SOLE MEMBER OF LAKEVIEW CENTER, INC. LIFEVIEW GROUP, INC. HAS THE RIGHT TO ELECT THE BOARD OF DIRECTORS OF LAKEVIEW CENTER, INC.
FORM 990, PART VI, LINE 7A - MEMBERS OR STOCKHOLDERS ELECTING MEMBERS OF GOVERNING BODY	LIFEVIEW GROUP, INC. BEING THE SOLE MEMBER OF LAKEVIEW CENTER, INC. HAS THE RIGHT TO ELECT THE GOVERNING BODY OF LAKEVIEW CENTER, INC.
FORM 990, PART VI, LINE 7B - DECISIONS REQUIRING APPROVAL BY MEMBERS OR STOCKHOLDERS	<p>THE FOLLOWING SHALL REQUIRE APPROVAL BY THE LIFEVIEW GROUP, INC., THE SOLE MEMBER, BOARD OF DIRECTORS:</p> <p>A. THE MEMBER SHALL ELECT THE DIRECTORS OF THE CORPORATION AT THE ANNUAL MEETING OF THE MEMBER FROM AMONG THOSE PERSONS NOMINATED BY THE MEMBER'S GOVERNANCE COMMITTEE.</p> <p>B. THE MEMBER MAY REMOVE A DIRECTOR OF THE CORPORATION WITH OR WITHOUT CAUSE WHENEVER SUCH ACTION WOULD BE IN THE BEST INTERESTS OF THE CORPORATION.</p> <p>C. THE MEMBER SHALL APPROVE ALL AMENDMENTS TO THE CORPORATION'S ARTICLES OF INCORPORATION AND BYLAWS BEFORE THEY MAY BECOME EFFECTIVE.</p> <p>D. THE MEMBER SHALL APPROVE THE APPOINTMENT BY THE BOARD OF THE CHIEF EXECUTIVE OFFICER OF THE CORPORATION.</p> <p>E. THE MEMBER, THROUGH ITS GOVERNANCE COMMITTEE, SHALL (I) RECOMMEND TO THE BOARD POLICIES AND PROCESSES DESIGNED TO PROVIDE FOR EFFECTIVE AND EFFICIENT GOVERNANCE OF THE CORPORATION; (II) REVIEW AND RECOMMEND A POSITION DESCRIPTION DETAILING RESPONSIBILITIES OF AND EXPECTATIONS FOR BOARD MEMBERS AND THE BOARD CHAIRPERSON; (III) RECOMMEND NOMINEES FOR ELECTION AND REELECTION ANNUALLY TO THE BOARD; (IV) CONDUCT A SUCCESSION PLANNING PROCESS FOR THE BOARD CHAIRPERSON AND OTHER BOARD LEADERS; (V) NOMINATE BOARD OFFICERS FOR ELECTION BY THE FULL BOARD; (VI) REVIEW THE CORPORATE BYLAWS ANNUALLY AND RECOMMEND ANY NEEDED CHANGES TO THE BOARD; (VII) ADVISE MANAGEMENT ON PLANS FOR BOARD EDUCATION, INCLUDING NEW MEMBER ORIENTATION, EDUCATION OF BOARD MEMBERS, AND AN ANNUAL BOARD RETREAT; AND (VIII) OVERSEE THE BOARD'S SELF-ASSESSMENT AND IMPROVEMENT PROCESS EVERY ONE OR TWO YEARS.</p> <p>F. THE MEMBER SHALL (I) CONSIDER AND APPROVE SALARIES AND OTHER FORMS OF COMPENSATION FOR THE OFFICERS OF THE CORPORATION IN CONJUNCTION WITH ITS ANNUAL REVIEW OF THE PRESIDENT OF THE MEMBER AND THE PRESIDENT'S EVALUATION OF THE OFFICERS OF THE MEMBER AND THE RELATED PARTIES; (II) REVIEW COMPENSATION, PRACTICES, FRINGE BENEFITS, EMPLOYEE HEALTH AND WELFARE SERVICES, EMPLOYEE INSURANCE PROGRAMS, AND EMPLOYEE RETIREMENT PROGRAMS.</p> <p>G. THE MEMBER SHALL (I) PROVIDE DIRECTION FOR THE IMPLEMENTATION OF THE CORPORATE STANDARDS OF CONDUCT, ASSURE CORPORATE ADHERENCE TO THE STANDARDS OF CONDUCT, AND ALL APPLICABLE LAWS, RULES AND REGULATIONS AND PRESENT AND RECOMMEND TO THE BOARD, AS APPROPRIATE, SUCH MEASURES AND ACTIONS AS MAY BE NECESSARY OR DESIRABLE TO ASSIST THE CORPORATION IN CONDUCTING ITS ACTIVITIES IN ACCORDANCE WITH THE HIGHEST ETHICAL AND LEGAL STANDARDS.</p>
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	THE FORM 990 IS PREPARED AND REVIEWED BY AN INDEPENDENT ACCOUNTING FIRM. THE 990 IS THEN REVIEWED BY THE ORGANIZATION'S MANAGEMENT PERSONNEL. ANY QUESTIONS AND CONCERNS THE ORGANIZATION'S MANAGEMENT PERSONNEL HAS ARE ADDRESSED AND ANY CORRECTIONS OR CLARIFICATIONS THAT NEED TO BE MADE ARE MADE. THE FINAL FORM 990 WITH ALL REQUIRED SCHEDULES IS THEN MADE AVAILABLE TO ALL VOTING MEMBERS OF THE BOARD PRIOR TO FILING THE 990 WITH THE IRS. ALL BOARD MEMBERS ARE INFORMED THAT A PAPER COPY OF THE FORM 990 IS AVAILABLE AT THE ORGANIZATION'S PRINCIPAL OFFICE.
FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY	BOARD MEMBERS AND OFFICERS RECEIVE CORRESPONDENCE EACH YEAR THAT MUST BE COMPLETED AND SIGNED. THE CORRESPONDENCE INCLUDES A CONFLICT OF INTEREST QUESTIONNAIRE. OFFICERS AND KEY STAFF ALSO RECEIVE AN ATTESTATION FORM THAT MUST BE SIGNED CONFIRMING THAT THEY WILL DISCLOSE ANY CONFLICTS THAT VIOLATE THE ORGANIZATION'S POLICY. THE BOARD REVIEWS ALL CONFLICTS AND DETERMINES IF FURTHER ACTIONS NEED TO BE TAKEN.

Return Reference - Identifier	Explanation				
FORM 990, PART VI, LINE 15A - & 15B - PROCESS TO ESTABLISH COMPENSATION	<p>THE ORGANIZATION'S PROCESS FOR DETERMINING EXECUTIVE COMPENSATION BEGINS WITH THE EXECUTIVE COMPENSATION PHILOSOPHY THAT STRIVES TO ENSURE EXECUTIVES A COMPREHENSIVE, BALANCED, COMPETITIVE, FAIR AND EQUITABLE COMPENSATION PROGRAM THAT ALLOWS FOR RECOGNITION FOR PERFORMANCE, POSITION, TENURE, EDUCATION, AND EXPERIENCE; CONSIDERS THE IMPACT OF COMPETITIVE MARKETS AND INDUSTRY INCOME; PROVIDES SPECIFIC RECOGNITION AND INDIVIDUAL PERFORMANCE OF RESULTS; AND ENSURES RETENTION, STABILITY OF LEADERSHIP, AND COMPLIANCE WITH REGULATORY GUIDELINES.</p> <p>THE EXECUTIVE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS IS RESPONSIBLE FOR ENSURING COMPLIANCE WITH THIS PHILOSOPHY AND FOR REVIEWING AND APPROVING IT EVERY THREE YEARS.</p> <p>ANNUALLY, THE CEO, IN CONSULTATION WITH THE BOARD COMPENSATION CONSULTANT, WILL MAKE RECOMMENDATIONS FOR COMPENSATION ADJUSTMENTS FOR THE EXECUTIVES. THE EXECUTIVE COMPENSATION COMMITTEE WILL REVIEW THE CEO'S RECOMMENDATIONS AND APPROVE OR MODIFY THEM.</p> <p>ANNUALLY, THE EXECUTIVE COMPENSATION COMMITTEE AND THE BOARD COMPENSATION CONSULTANT, WILL REVIEW THE COMPENSATION OF THE CEO AND REPORT ADJUSTMENTS TO THE BOARD OF DIRECTORS.</p>				
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	THE ORGANIZATION HAS ALL GOVERNING DOCUMENTS, THE CONFLICT OF INTEREST POLICY, AND THE ANNUAL FINANCIAL STATEMENTS ON FILE IN THE ACCOUNTING AND ADMINISTRATION DEPARTMENTS. ALL DOCUMENTS ARE AVAILABLE UPON REQUEST.				
FORM 990, PART IX, LINE 11G - OTHER FEES FOR SERVICES	(a) Description	(b) Total Expenses	(c) Program Service Expenses	(d) Management and General Expenses	(e) Fundraising Expenses
	MEDICAL SERVICES	18,122,638	18,122,638	0	0
	MENTAL/CHILD HEALTH SERVICES	1,216,583	1,210,083	6,500	0
	PROFESSIONAL ADMIN SERVICES	403,350	102,598	300,752	0
	<b>Total</b>	<b>19,742,571</b>	<b>19,435,319</b>	<b>307,252</b>	<b>0</b>
FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES	(a) Description				(b) Amount
	INTERCOMPANY TRANSFERS				86,991,711

**SCHEDULE R  
(Form 990)**Department of the Treasury  
Internal Revenue Service

Name of the organization

LAKEVIEW CENTER, INC.

**Related Organizations and Unrelated Partnerships**

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

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022****Open to Public  
Inspection**

Employer identification number

59-0737872

**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) .....					
(2) .....					
(3) .....					
(4) .....					
(5) .....					
(6) .....					

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) CMHC HERNANDEZ HOUSE, INC. (59-2041794) 1221 WEST LAKEVIEW AVE, PENSACOLA, FL 32501	LOW COST HOUSING	FL	501(C)(3)	10	LCI	✓	
(2) LAKEVIEW PLACE, INC. (59-2804577) 1221 WEST LAKEVIEW AVE, PENSACOLA, FL 32501	LOW COST HOUSING	FL	501(C)(3)	10	LCI	✓	
(3) LAKEVIEW VILLA, INC. (59-2842486) 1221 WEST LAKEVIEW AVE, PENSACOLA, FL 32501	LOW COST HOUSING	FL	501(C)(3)	10	LCI	✓	
(4) GLOBAL CONNECTIONS TO EMPLOYMENT (47-2592811) 1221 WEST LAKEVIEW AVE, PENSACOLA, FL 32501	VOCATIONAL TRAINING	FL	501(C)(3)	7	LIFEVIEW	✓	
(5) LIFEVIEW GROUP, INC. (59-1469145) 1221 WEST LAKEVIEW AVE, PENSACOLA, FL 32501	SUPPORTING ORG	FL	501(C)(3)	12 TYPE III-FI	N/A		✓
(6) .....							
(7) .....							

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

Cat. No. 50135Y

Schedule R (Form 990) 2022

000080

**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	
(1) .....												
(2) .....												
(3) .....												
(4) .....												
(5) .....												
(6) .....												
(7) .....												

**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
(1) .....									
(2) .....									
(3) .....									
(4) .....									
(5) .....									
(6) .....									
(7) .....									

**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
<b>1</b> 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?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .	<b>1a</b>	✓
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	<b>1b</b>	✓
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	<b>1c</b>	✓
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	<b>1d</b>	✓
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	<b>1e</b>	✓
<b>f</b> Dividends from related organization(s) . . . . .	<b>1f</b>	✓
<b>g</b> Sale of assets to related organization(s) . . . . .	<b>1g</b>	✓
<b>h</b> Purchase of assets from related organization(s) . . . . .	<b>1h</b>	✓
<b>i</b> Exchange of assets with related organization(s) . . . . .	<b>1i</b>	✓
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	<b>1j</b>	✓
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<b>1k</b>	✓
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<b>1l</b>	✓
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<b>1m</b>	✓
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<b>1n</b>	✓
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	<b>1o</b>	✓
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	<b>1p</b>	✓
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	<b>1q</b>	✓
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	<b>1r</b>	✓
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	<b>1s</b>	✓

**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) GLOBAL CONNECTIONS TO EMPLOYMENT, INC.	E	10,949,996	FMV
(2) GLOBAL CONNECTIONS TO EMPLOYMENT, INC.	L	3,439,813	FMV
(3) GLOBAL CONNECTIONS TO EMPLOYMENT, INC.	S	82,610,784	FMV
(4) LAKEVIEW VILLA, INC.	Q	60,050	FMV
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512–514)	(e) Are all partners section 501(c)(3) organizations?		(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		Yes	No	
(1) .....													
(2) .....													
(3) .....													
(4) .....													
(5) .....													
(6) .....													
(7) .....													
(8) .....													
(9) .....													
(10) .....													
(11) .....													
(12) .....													
(13) .....													
(14) .....													
(15) .....													
(16) .....													

Schedule R (Form 990) 2022

LAKEVIEW CENTER, INC.

Instructions for Filing  
Form 8879-TE  
IRS e-file Signature Authorization for Form 990-T  
For the year ended September 30, 2024

The original IRS E-file Signature Authorization form should be signed (use full name) and dated by an authorized officer of the organization.

Return your signed IRS e-file Signature Authorization Form 8879-TE to:

FORVIS, LLP  
Fax: Attn: eFile Administration  
816-221-6380

Or email your signed Form 8879-TE to:  
EFileNW@forvis.com

There is no tax due with the filing of this return.

No estimated tax payments for 2023 will be required, nor will you be subject to underpayment penalties because you have no 2022 tax liability.

Under current IRS regulations, your return is subject to public inspection. Before filing, you should review all information in this return to determine that the disclosures are appropriate, accurate and complete. Please contact us if you believe any of the disclosures should be modified.

Do NOT separately file Form 990-T with the Internal Revenue Service. Doing so will delay the processing of your return. We must receive your signed form before we can electronically transmit your return. We would appreciate you returning this form as soon as possible as this will expedite the processing of your return. The Internal Revenue Service will notify us when your return is accepted. Your return is not considered filed until the Internal Revenue Service confirms their acceptance, which may occur after the due date of your return.



IRS e-file Signature Authorization  
for a Tax Exempt Entity

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

For calendar year 2022, or fiscal year beginning 10/01, 2022, and ending 09/30, 20 23

Do not send to the IRS. Keep for your records.  
Go to www.irs.gov/Form8879TE for the latest information.

2022

Name of filer

LAKEVIEW CENTER, INC.

EIN or SSN

59-0737872

Name and title of officer or person subject to tax

ERIC BARLEY, VICE PRESIDENT/CFO

## Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here . . . <input type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . .	1b	
2a Form 990-EZ check here . . . <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9) . . .	2b	
3a Form 1120-POL check here . . . <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22) . . .	3b	
4a Form 990-PF check here . . . <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5) . . .	4b	
5a Form 8868 check here . . . <input type="checkbox"/>	b Balance due (Form 8868, line 3c) . . .	5b	
6a Form 990-T check here . . . <input checked="" type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4) . . .	6b	0
7a Form 4720 check here . . . <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1) . . .	7b	
8a Form 5227 check here . . . <input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D) . . .	8b	
9a Form 5330 check here . . . <input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19) . . .	9b	
10a Form 8038-CP check here . . . <input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22) . . .	10b	

## Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that ☒ I am an officer of the above entity or ☐ I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

## PIN: check one box only

☒ I authorize FORVIS MAZARS

ERO firm name

to enter my PIN

3 7 8 7 2

Enter five numbers, but  
do not enter all zeros

as my signature

on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

SIGN HERE

Date 7/23/2024

## Part III Certification and Authentication

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

4 3 3 7 2 2 6 0 2 6 0

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

Date

7/23/2024

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

**Exempt Organization Business Income Tax Return**  
**(and proxy tax under section 6033(e))**

OMB No. 1545-0047

**2022**Department of the Treasury  
Internal Revenue ServiceFor calendar year 2022 or other tax year beginning 10/01, 2022, and ending 09/30, 20 23Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

**Open to Public Inspection**  
for 501(c)(3)  
Organizations Only

<b>A</b> <input type="checkbox"/> Check box if address changed.	<b>Print or Type</b>	Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.) <u>LAKEVIEW CENTER, INC.</u>	<b>D</b> Employer identification number <u>59-0737872</u>
<b>B</b> Exempt under section <input checked="" type="checkbox"/> 501( <u>C</u> )( <u>3</u> ) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A		Number, street, and room or suite no. If a P.O. box, see instructions. <u>1221 W. LAKEVIEW AVENUE</u>	<b>E</b> Group exemption number (see instructions)
		City or town, state or province, country, and ZIP or foreign postal code <u>PENSACOLA, FL 32501-1836</u>	<b>F</b> <input type="checkbox"/> Check box if an amended return.
		<b>C</b> Book value of all assets at end of year <u>57,501,141</u>	
<b>G</b> Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust <input type="checkbox"/> State college/university			
<b>H</b> Check if filing only to <input type="checkbox"/> Claim credit from Form 8941 <input type="checkbox"/> Claim a refund shown on Form 2439			
<b>I</b> Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation <input type="checkbox"/>			
<b>J</b> Enter the number of attached Schedules A (Form 990-T) . . . . .			
<b>K</b> During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the name and identifying number of the parent corporation			
<b>L</b> The books are in care of <u>(SEE STATEMENT)</u>		Telephone number <u>(850) 495-2321</u>	

**Part I Total Unrelated Business Taxable Income**

<b>1</b>	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) . . . . .	<b>1</b>	<u>0</u>
<b>2</b>	Reserved . . . . .	<b>2</b>	
<b>3</b>	Add lines 1 and 2 . . . . .	<b>3</b>	<u>0</u>
<b>4</b>	Charitable contributions (see instructions for limitation rules) . . . . .	<b>4</b>	<u>0</u>
<b>5</b>	Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 . . . . .	<b>5</b>	<u>0</u>
<b>6</b>	Deduction for net operating loss. See instructions . . . . .	<b>6</b>	<u>0</u>
<b>7</b>	Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5 . . . . .	<b>7</b>	<u>0</u>
<b>8</b>	Specific deduction (generally \$1,000, but see instructions for exceptions) . . . . .	<b>8</b>	<u>0</u>
<b>9</b>	<b>Trusts.</b> Section 199A deduction. See instructions . . . . .	<b>9</b>	<u>0</u>
<b>10</b>	<b>Total deductions.</b> Add lines 8 and 9 . . . . .	<b>10</b>	<u>0</u>
<b>11</b>	<b>Unrelated business taxable income.</b> Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero . . . . .	<b>11</b>	<u>0</u>

**Part II Tax Computation**

<b>1</b>	<b>Organizations taxable as corporations.</b> Multiply Part I, line 11 by 21% (0.21) . . . . .	<b>1</b>	<u>0</u>
<b>2</b>	<b>Trusts taxable at trust rates.</b> See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) . . . . .	<b>2</b>	
<b>3</b>	<b>Proxy tax.</b> See instructions . . . . .	<b>3</b>	<u>0</u>
<b>4</b>	Other tax amounts. See instructions . . . . .	<b>4</b>	<u>0</u>
<b>5</b>	Alternative minimum tax (trusts only) . . . . .	<b>5</b>	<u>0</u>
<b>6</b>	<b>Tax on noncompliant facility income.</b> See instructions . . . . .	<b>6</b>	<u>0</u>
<b>7</b>	<b>Total.</b> Add lines 3 through 6 to line 1 or 2, whichever applies . . . . .	<b>7</b>	<u>0</u>

For Paperwork Reduction Act Notice, see instructions.

Cat. No. 11291J

Form **990-T** (2022)

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

► **File a separate application for each return.**  
 ► **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

OMB No. 1545-0047

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

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

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

<b>Type or print</b>	Name of exempt organization or other filer, see instructions.	Taxpayer identification number (TIN)
	LAKEVIEW CENTER, INC.	59-0737872
	Number, street, and room or suite no. If a P.O. box, see instructions.	
	1221 W. LAKEVIEW AVENUE	
File by the due date for filing your return. See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	PENSACOLA, FL 32501-1836	

Enter the Return Code for the return that this application is for (file a separate application for each return) . . . . . **07**

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

- The books are in the care of ► DOREEN DRIMMIE  
1221 W. LAKEVIEW AVENUE PENSACOLA FL 32501-1836  
Telephone No. ► 850 434-4567 Fax No. ►

- If the organization does not have an office or place of business in the United States, check this box . . . . . ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . . . . . . If this is for the whole group, check this box . . . . . ☐ . If it is for part of the group, check this box . . . . . ☐ and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until 08/15, 2024, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ☐ calendar year 20\_\_\_\_ or  
 ► ☒ tax year beginning 10/01, 2022, and ending 09/30, 2023.

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

<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	NONE
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	NONE
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	NONE

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

**For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

Form **8868** (Rev. 1-2022)

**Part III Tax and Payments**

<b>1a</b>	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	<b>1a</b>		0
<b>b</b>	Other credits (see instructions)	<b>1b</b>		0
<b>c</b>	General business credit. Attach Form 3800 (see instructions)	<b>1c</b>		0
<b>d</b>	Credit for prior year minimum tax (attach Form 8801 or 8827)	<b>1d</b>		
<b>e</b>	<b>Total credits.</b> Add lines 1a through 1d	<b>1e</b>		0
<b>2</b>	Subtract line 1e from Part II, line 7	<b>2</b>		0
<b>3</b>	Other amounts due. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement)	<b>3</b>		0
<b>4</b>	<b>Total tax.</b> Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here	<b>4</b>		0
<b>5</b>	Current net 965 tax liability paid from Form 965-A, Part II, column (k)	<b>5</b>		0
<b>6a</b>	Payments: A 2021 overpayment credited to 2022	<b>6a</b>		0
<b>b</b>	2022 estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	<b>6b</b>		0
<b>c</b>	Tax deposited with Form 8868	<b>6c</b>		0
<b>d</b>	Foreign organizations: Tax paid or withheld at source (see instructions)	<b>6d</b>		0
<b>e</b>	Backup withholding (see instructions)	<b>6e</b>		0
<b>f</b>	Credit for small employer health insurance premiums (attach Form 8941)	<b>6f</b>		0
<b>g</b>	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other	<b>6g</b>		0
<b>7</b>	<b>Total payments.</b> Add lines 6a through 6g	<b>7</b>		0
<b>8</b>	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	<b>8</b>		0
<b>9</b>	<b>Tax due.</b> If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	<b>9</b>		0
<b>10</b>	<b>Overpayment.</b> If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	<b>10</b>		0
<b>11</b>	Enter the amount of line 10 you want: <b>Credited to 2023 estimated tax</b> <b>Refunded</b>	<b>11</b>		0

**Part IV Statements Regarding Certain Activities and Other Information** (see instructions)

	Yes	No
<b>1</b> At any time during the 2022 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here		✓
<b>2</b> During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		✓
<b>3</b> Enter the amount of tax-exempt interest received or accrued during the tax year . . . . \$		
<b>4</b> Enter available pre-2018 NOL carryovers here \$ . . . . Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
<b>5</b> Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		
Business Activity Code	Available post-2017 NOL carryover	
	\$	
	\$	
	\$	
	\$	
<b>6a</b> Did the organization change its method of accounting? (see instructions)		✓
<b>b</b> If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 11228? If "No," explain in Part V . . . .		

**Part V Supplemental Information**

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

(SEE STATEMENT)

<b>Sign Here</b>	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 taxpayer) is based on all information of which preparer has any knowledge.			
	Signature of officer	Date	Title	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>APRIL ARNOLD</b>	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed
	Firm's name <b>FORVIS MAZARS</b>	Firm's EIN <b>44-0160260</b>		PTIN <b>P01559426</b>
	Firm's address <b>1201 WALNUT SUITE 1700, KANSAS CITY, MO 64106-2246</b>		Phone no. <b>(816) 221-6300</b>	

000088

Form **990-T** (2022)

Return Reference - Identifier	Explanation
BOOK CARE - NAME AND ADDRESS	DOREEN DRIMMIE, 1221 W. LAKEVIEW AVENUE, PENSACOLA, FL 32501-1836

Return Reference	Amount	Explanation
990-T CORE FORM		
FORM 990-T, PART V, N/A	0	THE TAXPAYER DOES NOT HAVE ANY ACTIVITIES GENERATING UNRELATED BUSINESS TAXABLE INCOME (AS DEFINED IN IRC §512(A)) IN THE CURRENT YEAR. FORM 990-T IS BEING FILED TO COMMENCE RUNNING ON THE PERIOD UNDER THE STATUTES OF LIMITATION FOR REPORTING UNRELATED BUSINESS INCOME.

LAKEVIEW CENTER, INC.

Instructions for Filing  
Form F-1120  
Florida Corporate Income/Franchise Tax Return  
For the year ended September 30, 2024

The original IRS E-file Signature Authorization form should be signed (use full name) and dated by an authorized officer of the organization.

Return your signed IRS e-file Signature Authorization Form 8879-TE to:

FORVIS, LLP  
Fax: Attn: eFile Administration  
816-221-6380

Or email your signed Form 8879-TE to:  
EFileNW@forvis.com

There is no tax due with the filing of this return.

Do NOT separately file Form F-1120. Doing so will delay the processing of your return. We must receive your signed form before we can electronically transmit your return. We would appreciate you returning this form as soon as possible as this will expedite the processing of your return. The State will notify us when your return is accepted. Your return is not considered filed until the State confirms their acceptance, which may occur after the due date of your return.



# Florida Corporate Income/Franchise Tax Return

F-1120  
R. 01/23  
Rule 12C-1.051, F.A.C.  
Effective 01/23  
Page 1 of 6

Name LAKEVIEW CENTER, INC.  
Address 1221 W. LAKEVIEW AVENUE  
City/State/ZIP PENSACOLA, FL 32501-1836



Use black ink. Example A - Handwritten Example B - Typed

0 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9

5 9 0 7 3 7 8 7 2

Federal Employer Identification Number (FEIN)

For calendar year or tax year  
beginning 10/01/2022  
ending 09/30/2023  
Year end date 09/30/2023

Check here if any changes have been made to name or address

DOR use only

## Computation of Florida Net Income Tax

		US Dollars	Cents
1. Federal taxable income (see instructions). <b>Attach pages 1-6 of federal return</b> .....	Check here if negative	1. 000,000	00
2. State income taxes deducted in computing federal taxable income (attach schedule) .....	Check here if negative	2. 000,000	00
3. Additions to federal taxable income (from Schedule I) .....	Check here if negative	3. 000,000	00
4. Total of Lines 1, 2, and 3. ....	Check here if negative	4. 000,000	00
5. Subtractions from federal taxable income (from Schedule II) .....	Check here if negative	5. 000,000	00
6. Adjusted federal income (Line 4 minus Line 5) .....	Check here if negative	6. 000,000	00
7. Florida portion of adjusted federal income (see instructions) .....	Check here if negative	7. 000,000	00
8. Nonbusiness income allocated to Florida (from Schedule R) .....	Check here if negative	8. 000,000	00
9. <b>Florida exemption</b> .....		9. 000,000	00
10. Florida net income (Line 7 plus Line 8 minus Line 9) .....		10. 000,000	00
11. Tax due: 5.5% of Line 10.....		11. 000,000	00
12. Credits against the tax (from Schedule V) .....		12. 000,000	00
13. Total corporate income/franchise tax due (Line 11 minus Line 12).....		13. 000,000	00

## Payment Coupon for Florida Corporate Income Tax Return

**Do not detach coupon.**

F-1120  
R. 01/23

To ensure proper credit to your account, enclose your check with tax return when mailing.

YEAR  
ENDING 0 9 3 0 2 3

If 6/30 year end, return is due 1st day of the 4th month after the close of the taxable year, otherwise return is due 1st day of the 5th month after the close of the taxable year.

Enter name and address, if not pre-addressed:

Name LAKEVIEW CENTER, INC.  
Address 1221 W. LAKEVIEW AVENUE  
City/St PENSACOLA, FL 32501-1836  
ZIP

	US DOLLARS	CENTS
Total amount due from Line 17	000,000	00
Total credit from Line 18	000,000	00
Total refund from Line 19	000,000	00
FEIN Enter FEIN if not pre-addressed	5 9 0 7 3 7 8 7 2	

F-1120

9100 0 20229999 0002005037 5 3999999999 0000 2



# Florida Tentative Income / Franchise Tax Return and Application for Extension of Time to File Return

THOM  
F-7004  
R. 01/17  
Rule 12C-1.051  
Florida Administrative Code  
Effective 01/17

## Information for Filing Florida Form F-7004

F-7004  
R. 01/17

**When to file** - File this application on or before the original due date of the taxpayer's corporate income tax or partnership return. Do not file before the end of the tax year.

To file online go to [www.floridarevenue.com](http://www.floridarevenue.com)

**Penalties** - If you are required to pay tax with this application, failure to pay will void any extension of time and subject the taxpayer to penalties and interest. There is also a penalty for late-file return when no tax is due.

**Signature** - A person authorized by the taxpayer must sign Florida Form F-7004. They must be an officer or partner of the taxpayer; a person currently enrolled to practice before the Internal Revenue Service (IRS); or attorney or Certified Public Accountant qualified to practice before the IRS under Public Law 89-332.

**The Florida Form F-7004 must be filed** - To receive an extension of time to file your Florida return, Florida Form F-7004 must be timely filed, even if you have already filed a federal extension request. A federal extension by itself does not extend the time to file a Florida return.

An extension for Florida tax purposes may be granted, even though no federal extension was granted. See Rule 12C-1.0222, F.A.C., for information on the requirements that must be met for your request for an extension of time to be valid.

A. If applicable, state the reason you need the extension:

ADDITIONAL TIME IS REQUIRED TO ACCUMULATE  
FILE AND COMPLETE AN ACCURATE RETURN.

B. Type of federal return filed: 990-T

Contact person for questions: M. ALLISON HILL

Telephone number: (850) 469-3700

Contact Person email address: ALLISON.HILL@LIFEVIEWGROUP.ORG

Extension of Time Request	Florida Income/Franchise Tax Due
1. Tentative amount of Florida tax for the taxable year	1. 0.00
2. LESS: Estimated tax payments for the taxable year	2. 0.00
3. Balance due - You must pay 100% of the tax tentatively determined due with this extension request.	3. 0.00

Transfer the amount on Line 3 to **Tentative tax due** on reverse side.

### Make checks payable and mail to:

FLORIDA DEPARTMENT OF REVENUE, 5050 W TENNESSEE STREET, TALLAHASSEE FL 32399-0135

2Y1104 1.000

### Florida Department of Revenue - Corporate Income Tax Florida Tentative Income / Franchise Tax Return and Application for Extension of Time to File Return

THOM  
F-7004  
R. 01/17

Name LAKEVIEW CENTER, INC.  
Address 1221 W. LAKEVIEW AVENUE  
City/State/ZIP PENSACOLA FL 32501-1836

FEIN 59-0737872  
Taxable Year End 9/23  
FILING STATUS Partnership ☐ S-corporation ☐  
All other federal returns to be filed ☒ X  
Tentative Tax Due \$ 0.00

Under penalties of perjury, I declare that I have been authorized by the above named taxpayer to make this application, that to the best of my knowledge and belief the statements herein are true and correct:

Sign Here: APRIL ARNOLD

Date: 02/15/2024

590737872	0	0	0
3	0	0	0
20230930	0	0	0
0	0	0	0
014	0	0	0
0	0	0	0
0	0	0	0
0	0	0	000



14. a) Penalty: F-2220	0	b) Other	0	
c) Interest: F-2220	0	d) Other		Line 14 Total
15. Total of Lines 13 and 14				
16. Payment credits: Estimated tax payments 16a	\$	0		
Tentative tax payment 16b	\$	0		
17. Total amount due: Subtract Line 16 from Line 15. If positive, enter amount due here. If the amount is negative (overpayment), enter on Line 18 and/or Line 19				
18. Credit: Enter amount of overpayment credited to next year's estimated tax here				
19. Refund: Enter amount of overpayment to be refunded here				

**This return is considered incomplete unless a copy of the federal return is attached.**

If your return is not signed, or improperly signed and verified, it will be subject to a penalty. The statute of limitations will not start until your return is properly signed and verified. Your return must be completed in its entirety.

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 taxpayer) is based on all information of which preparer has any knowledge.

Sign here	Signature of officer (must be an original signature)	Date	Title	VICE PRESIDENT/CFO
Paid preparers only	Preparer's signature	Date	Preparer check if self-employed	Preparer's PTIN
	Firm's name (or yours if self-employed) and address		FEIN	ZIP
	FORVIS MAZARS 1201 WALNUT SUITE 1700, KANS		64106-2246	

All Taxpayers Must Answer Questions A Through L Below — See Instructions

A. State of incorporation: FLORIDA	G-2. Part of a federal consolidated return? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> If yes, provide: FEIN from federal consolidated return: _____ Name of corporation: _____
B. Florida Secretary of State document number: _____	G-3. The federal common parent has sales, property, or payroll in Florida? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
C. Florida consolidated return? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	H. Location of corporate books: 1221 W. LAKEVIEW AVENUE City: PENSACOLA State: FLORIDA ZIP: 32501-1836
D. <input type="checkbox"/> Initial return <input type="checkbox"/> Final return (final federal return filed)	I. Taxpayer is a member of a Florida partnership or joint venture? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
E. Principal Business Activity Code (as pertains to Florida) 5 6 1 0 0 0	J. Enter date of latest IRS audit: _____ a) List years examined: _____
F. A Florida extension of time was timely filed? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	K. Contact person concerning this return: DOREEN DRIMMIE a) Contact person telephone number: (850) 495-2321 b) Contact person email address: DOREEN.DRIMMIE@LIFEVIEWGROUP.ORG
G-1. Corporation is a member of a controlled group? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> If yes, attach list.	L. Type of federal return filed <input type="checkbox"/> 1120 <input type="checkbox"/> 1120S or 990-T

## Where to Send Payments and Returns

Make check payable to and mail with return to:

Florida Department of Revenue  
5050 W Tennessee Street  
Tallahassee FL 32399-0135

If you are requesting a **refund** (Line 19), send your return to:

Florida Department of Revenue  
PO Box 6440  
Tallahassee FL 32314-6440

## Remember:

- ✓ Make your check payable to the Florida Department of Revenue.
- ✓ Write your FEIN on your check.
- ✓ Sign your check and return.
- ✓ Attach a copy of your federal return.
- ✓ Attach a copy of your Florida Form F-7004 (extension of time) if applicable.



NAME LAKEVIEW CENTER, INC.

FEIN 59-0737872

TAXABLE YEAR ENDING 09/30/2023

### Schedule I — Additions and/or Adjustments to Federal Taxable Income

1. Interest excluded from federal taxable income (see instructions)	1.	0
2. Undistributed net long-term capital gains (see instructions)	2.	0
3. Net operating loss deduction (attach schedule)	3.	0
4. Net capital loss carryover (attach schedule)	4.	
5. Excess charitable contribution carryover (attach schedule)	5.	
6. Employee benefit plan contribution carryover (attach schedule)	6.	
7. Enterprise zone jobs credit (Florida Form F-1156Z)	7.	
8. Ad valorem taxes allowable as an enterprise zone property tax credit (Florida Form F-1158Z)	8.	
9. Guaranty association assessment(s) credit	9.	
10. Rural and/or urban high-crime area job tax credits	10.	
11. State housing tax credit	11.	
12. Florida tax credit scholarship program credit (credit for contributions to nonprofit scholarship-funding organizations)	12.	
13. New worlds reading initiative credit	13.	
14. Strong families tax credit (credit for contributions to eligible charitable organizations)	14.	
15. New markets tax credit	15.	
16. Entertainment industry tax credit	16.	
17. Research and development tax credit	17.	
18. Energy economic zone tax credit	18.	
19. s.168(k), IRC, special bonus depreciation	19.	
20. Depreciation of qualified improvement property (see instructions)	20.	0
21. Expenses for business meals provided by a restaurant (see instructions)	21.	0
22. Film, television, and live theatrical production expenses (see instructions)	22.	0
23. Internship tax credit	23.	0
24. Other additions (attach schedule)	24.	
25. Total Lines 1 through 24. Enter total on this line and on Page 1, Line 3.	25.	0

### Schedule II — Subtractions from Federal Taxable Income

1. Gross foreign source income less attributable expenses (a) Enter s. 78, IRC, income \$ _____ (b) plus s. 862, IRC, dividends \$ _____ (c) plus s. 951A, IRC, income \$ _____ (d) less direct and indirect expenses and related amounts deducted under s. 250, IRC \$ _____ <div>Total ▶</div>	1.	0
2. Gross subpart F income less attributable expenses (a) Enter s. 951, IRC, subpart F income \$ _____ (b) less direct and indirect expenses \$ _____ <div>Total ▶</div>	2.	0
<b>Note:</b> Taxpayers doing business outside Florida enter zero on Lines 3 through 6, and complete Schedule IV.	3.	0
3. Florida net operating loss carryover deduction (see instructions)	4.	
4. Florida net capital loss carryover deduction (see instructions)	5.	
5. Florida excess charitable contribution carryover (see instructions)	6.	
6. Florida employee benefit plan contribution carryover (see instructions)	7.	0
7. Nonbusiness income (from Schedule R, Line 3)	8.	
8. Eligible net income of an international banking facility (see instructions)	9.	0
9. s. 168(k), IRC, special bonus depreciation (see instructions)	10.	
10. Depreciation of qualified improvement property (see instructions)	11.	
11. Film, television, and live theatrical production expenses (see instructions)	12.	
12. Other subtractions (attach schedule)	13.	0
13. Total Lines 1 through 12. Enter total on this line and on Page 1, Line 5.		0

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NAME LAKEVIEW CENTER, INC.

FEIN 59-0737872

TAXABLE YEAR ENDING 09/30/2023

**Schedule III — Apportionment of Adjusted Federal Income****III-A For use by taxpayers doing business outside Florida, except those providing insurance or transportation services.**

	(a) WITHIN FLORIDA (Numerator)	(b) TOTAL EVERYWHERE (Denominator)	(c) Col. (a) ÷ Col. (b) Rounded to Six Decimal Places	(d) Weight If any factor in Column (b) is zero, see note on Page 9 of the instructions.	(e) Weighted Factors Rounded to Six Decimal Places
1. Property (Schedule III-B below)	0	0	0.000000	X 25% or 0.00	0.000000
2. Payroll	0	0	0.000000	X 25% or 0.00	0.000000
3. Sales (Schedule III-C below)	0	0	0.000000	X 50% or 0.00	0.000000
4. Apportionment fraction (Sum of Lines 1, 2, and 3, Column [e]). Enter here and on Schedule IV, Line 2.					0.000000

**III-B For use in computing average value of property (use original cost).**

	WITHIN FLORIDA		TOTAL EVERYWHERE	
	a. Beginning of year	b. End of year	c. Beginning of year	d. End of year
1. Inventories of raw material, work in process, finished goods	0	0	0	0
2. Buildings and other depreciable assets	0	0	0	0
3. Land owned	0	0	0	0
4. Other tangible and intangible (financial org. only) assets (attach schedule)	0	0	0	0
5. Total (Lines 1 through 4)	0	0	0	0
6. Average value of property				
a. Add Line 5, Columns (a) and (b) and divide by 2 (for within Florida) ..... 6a.	0			
b. Add Line 5, Columns (c) and (d) and divide by 2 (for total Everywhere)..... 6b.	0			
7. Rented property (8 times net annual rent)				
a. Rented property in Florida..... 7a.	0			
b. Rented property Everywhere ..... 7b.	0			
8. Total (Lines 6 and 7). Enter on Line 1, Schedule III-A, Columns (a) and (b).				
a. Enter Lines 6a. plus 7a. and also enter on Schedule III-A, Line 1, Column (a) for total average property in Florida..... 8a.	0			
b. Enter Lines 6b. plus 7b. and also enter on Schedule III-A, Line 1, Column (b) for total average property Everywhere..... 8b.	0			

**III-C Sales Factor**

	(a) TOTAL WITHIN FLORIDA (Numerator)	(b) TOTAL EVERYWHERE (Denominator)
1. Sales (gross receipts)	N/A	
2. Sales delivered or shipped to Florida purchasers		N/A
3. Other gross receipts (rents, royalties, interest, etc. when applicable)	0	0
4. TOTAL SALES (Enter on Schedule III-A, Line 3, Columns [a] and [b])	0	0

**III-D Special Apportionment Fractions (see instructions)**

	(a) WITHIN FLORIDA	(b) TOTAL EVERYWHERE	(c) FLORIDA Fraction ([a] ÷ [b]) Rounded to Six Decimal Places
1. Insurance companies (attach copy of Schedule T—Annual Report)			0.000000
2. Transportation services			0.000000

**Schedule IV — Computation of Florida Portion of Adjusted Federal Income**

1. Apportionable adjusted federal income from Page 1, Line 6	1.	0
2. Florida apportionment fraction (Schedule III-A, Line 4)	2.	0.000000
3. Tentative apportioned adjusted federal income (multiply Line 1 by Line 2)	3.	0
4. Net operating loss carryover apportioned to Florida (attach schedule; see instructions)	4.	0
5. Net capital loss carryover apportioned to Florida (attach schedule; see instructions)	5.	
6. Excess charitable contribution carryover apportioned to Florida (attach schedule; see instructions)	6.	
7. Employee benefit plan contribution carryover apportioned to Florida (attach schedule; see instructions)	7.	
8. Total carryovers apportioned to Florida (add Lines 4 through 7)	8.	0
9. Adjusted federal income apportioned to Florida (Line 3 less Line 8; see instructions)	9.	0



NAME LAKEVIEW CENTER, INC.

FEIN 59-0737872

TAXABLE YEAR ENDING 09/30/2023

### Schedule V — Credits Against the Corporate Income/Franchise Tax

1.	Florida health maintenance organization consumer assistance assessment credit (attach assessment notice)	1.
2.	Capital investment tax credit (attach certification letter)	2.
3.	Enterprise zone jobs credit (from Florida Form F-1156Z attached)	3.
4.	Community contribution tax credit (attach certification letter)	4.
5.	Enterprise zone property tax credit (from Florida Form F-1158Z attached)	5.
6.	Rural job tax credit (attach certification letter)	6.
7.	Urban high-crime area job tax credit (attach certification letter)	7.
8.	Hazardous waste facility tax credit	8.
9.	Florida alternative minimum tax (AMT) credit	9.
10.	Contaminated site rehabilitation tax credit (voluntary cleanup tax credit) (attach tax credit certificate)	10.
11.	State housing tax credit (attach certification letter)	11.
12.	Florida tax credit scholarship program credit (credit for contributions to nonprofit scholarship-funding organizations) (attach certificate)	12.
13.	New worlds reading initiative credit (attach certificate)	13.
14.	Strong families tax credit (credit for contributions to eligible charitable organizations) (attach certificate)	14.
15.	New markets tax credit	15.
16.	Entertainment industry tax credit	16.
17.	Research and development tax credit	17.
18.	Energy economic zone tax credit	18.
19.	Internship tax credit	19.
20.	Other credits (attach schedule)	20. 0
21.	Total credits against the tax (sum of Lines 1 through 20 not to exceed the amount on Page 1, Line 11). Enter total credits on Page 1, Line 12	21. 0

### Schedule R — Nonbusiness Income

#### Line 1. Nonbusiness income (loss) allocated to Florida

Type (SEE STATEMENT)	Amount
Total allocated to Florida ..... (Enter here and on Page 1, Line 8)	1. 0

#### Line 2. Nonbusiness income (loss) allocated elsewhere

Type (SEE STATEMENT)	State/country allocated to	Amount
Total allocated elsewhere .....		2. 0

#### Line 3. Total nonbusiness income

Grand total. Total of Lines 1 and 2 ..... (Enter here and on Schedule II, Line 7)	3. 0
--	------



NAME LAKEVIEW CENTER, INC.

FEIN 59-0737872

TAXABLE YEAR ENDING 09/30/2023

### Estimated Tax Worksheet For Taxable Years Beginning On or After January 1, 2023

- |  |             |
|--|-------------|
| 1. Florida income expected in taxable year .....   | 1. \$ ..... |
| 2. Florida exemption \$50,000 (Members of a controlled group, see instructions on Page 15 of Florida Form F-1120N) ..... | 2. \$ ..... |
| 3. Estimated Florida net income (Line 1 less Line 2) .....   | 3. \$ ..... |
| 4. Total Estimated Florida tax (5.5% of Line 3) .....  | \$ .....    |
| Less: Credits against the tax .....  | \$ .....    |

5. Computation of installments:

Payment due dates and payment amounts:	If 6/30 year end, last day of 4th month,	
	otherwise last day of 5th month - Enter 0.25 of Line 4.....	5a. ....
	Last day of 6 <sup>th</sup> month - Enter 0.25 of Line 4 .....	5b. ....
	Last day of 9 <sup>th</sup> month - Enter 0.25 of Line 4.....	5c. ....
	Last day of taxable year - Enter 0.25 of Line 4 .....	5d. ....

NOTE: If your estimated tax should change during the year, you may use the amended computation below to determine the amended amounts to be entered on the declaration (Florida Form F-1120ES).

- |  |                |
|--|----------------|
| 1. Amended estimated tax .....   | 1. \$ .....    |
| 2. Less:   |                |
| (a) Amount of overpayment from last year elected for credit to estimated tax and applied to date ..... | 2a. - \$ ..... |
| (b) Payments made on estimated tax declaration (Florida Form F-1120ES)....                             | 2b. - \$ ..... |
| (c) Total of Lines 2(a) and 2(b) .....   | 2c. \$ .....   |
| 3. Unpaid balance (Line 1 less Line 2(c)) .....  | 3. \$ .....    |
| 4. Amount to be paid (Line 3 divided by number of remaining installments) .....                        | 4. \$ .....    |

## References

The following documents were mentioned in this form and are incorporated by reference in the rules indicated below.  
The forms are available online at [floridarevenue.com/forms](http://floridarevenue.com/forms).

Form F-2220	Underpayment of Estimated Tax on Florida Corporate Income/Franchise Tax	Rule 12C-1.051, F.A.C.
Form F-7004	Florida Tentative Income/Franchise Tax Return and Application for Extension of Time to File Return	Rule 12C-1.051, F.A.C.
Form F-1156Z	Florida Enterprise Zone Jobs Credit Certificate of Eligibility for Corporate Income Tax	Rule 12C-1.051, F.A.C.
Form F-1158Z	Enterprise Zone Property Tax Credit	Rule 12C-1.051, F.A.C.
Form F-1120N	Instructions for Corporate Income/Franchise Tax Return	Rule 12C-1.051, F.A.C.
Form F-1120ES	Declaration/Installment of Florida Estimated Income/Franchise Tax	Rule 12C-1.051, F.A.C.

Description	Amount
	0

Description	Explanation	Amount
		0



Type	Amount
UNRELATED BUSINESS INCOME FROM PARTNERSHIP INVESTMENTS	0

Type	State/Country Allocated to	Amount
UNRELATED BUSINESS INCOME FROM PARTNERSHIP INVESTMENTS	VARIOUS	0

## Public Disclosure Copy

This public disclosure copy is being provided to the organization pursuant to Section 6104(e).

Tax-exempt organizations are required to make a copy of the annual information return, e.g., Forms 990, 990-EZ, 990-PF, as well as Forms 990-T and 4720, if applicable, available for public inspection and to provide copies of such forms to individuals or organizations that request copies. The public inspection requirement applies to all required schedules and attachments of the annual information return. Most commonly, the public inspection copy redacts contributor information such as name and address from public record. The public inspection rules apply to annual information returns filed for the last three years. Failure to comply with disclosure requirements can result in an enforcement action by the IRS.

### Where Must Information Be Provided?

Generally, an organization must make its documents available for public inspection at any location where it has three or more employees. If the only services provided at the site are in furtherance of exempt purposes and the site does not serve as an office for management staff, the documents are not required to be made available there. As an alternative to providing copies, an organization may provide access to these forms through the organization's website. The website must provide instructions for downloading the document(s). The information on the website must be in such a format that it may be accessed, downloaded, viewed, or printed in the same format as the actual documents. An organization would need to make the web address available to the general public.

### How Quickly Must Organizations Reply?

Requests for copies can be made in person or in writing. When requests are made in person, the copies must generally be provided on the same business day. There are provisions for delays due to unusual circumstances. However, in no event may the period of delay exceed five business days. Unusual circumstances include times when those staff that are capable of fulfilling a request are absent. Requested copies generally must be mailed within 30 days from the date of the receipt of the written request. However, if the organization requires advance payment of a reasonable fee for copying and postage, it may provide the copies within 30 days from the date it receives payment rather than the date of the original request.

For more information about the IRS' public disclosure requirements, please visit:

*<https://www.irs.gov/charities-non-profits/exempt-organization-public-disclosure-and-availability-requirements>*

Please contact your Forvis Mazars advisor if you have questions about these rules.



**IRS E-file Signature Authorization  
for a Tax Exempt Entity**

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue ServiceFor calendar year 2023, or fiscal year beginning 10/01, 2023, and ending 09/30, 20 24**Do not send to the IRS. Keep for your records.**  
**Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.****2023**

Name of filer

LAKEVIEW CENTER, INC.

EIN or SSN

59-0737872

Name and title of officer or person subject to tax

ERIC BARLEY, VICE PRESIDENT/CFO**Part I Type of Return and Return Information**

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

<b>1a</b> Form 990 check here . . . <input checked="" type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . .	<b>1b</b> <u>114,897,515</u>
<b>2a</b> Form 990-EZ check here . . . <input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990-EZ, line 9) . . .	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here . . . <input type="checkbox"/>	<b>b</b> Total tax (Form 1120-POL, line 22) . . .	<b>3b</b> _____
<b>4a</b> Form 990-PF check here . . . <input type="checkbox"/>	<b>b</b> Tax based on investment income (Form 990-PF, Part V, line 5) . . .	<b>4b</b> _____
<b>5a</b> Form 8868 check here . . . <input type="checkbox"/>	<b>b</b> Balance due (Form 8868, line 3c) . . .	<b>5b</b> _____
<b>6a</b> Form 990-T check here . . . <input type="checkbox"/>	<b>b</b> Total tax (Form 990-T, Part III, line 4) . . .	<b>6b</b> _____
<b>7a</b> Form 4720 check here . . . <input type="checkbox"/>	<b>b</b> Total tax (Form 4720, Part III, line 1) . . .	<b>7b</b> _____
<b>8a</b> Form 5227 check here . . . <input type="checkbox"/>	<b>b</b> FMV of assets at end of tax year (Form 5227, Item D) . . .	<b>8b</b> _____
<b>9a</b> Form 5330 check here . . . <input type="checkbox"/>	<b>b</b> Tax due (Form 5330, Part II, line 19) . . .	<b>9b</b> _____
<b>10a</b> Form 8038-CP check here . . . <input type="checkbox"/>	<b>b</b> Amount of credit payment requested (Form 8038-CP, Part III, line 22) . . .	<b>10b</b> _____

**Part II Declaration and Signature Authorization of Officer or Person Subject to Tax**

Under penalties of perjury, I declare that ☒ I am an officer of the above entity or ☐ I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

**PIN: check one box only**☒ I authorize FORVIS MAZARS

ERO firm name

to enter my PIN

3	7	8	7	2
---	---	---	---	---

as my signature

Enter five numbers, but  
do not enter all zeros

on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax



Date

4/23/25**Part III Certification and Authentication**

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

6	5	9	7	1	5	6	0	2	6	0
---	---	---	---	---	---	---	---	---	---	---

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature APRIL ARNOLD

Date

04/23/25

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

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

Cat. No. 31722T

Form **8879-TE** (2023)

## PUBLIC DISCLOSURE COPY

Form **990****Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

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](http://www.irs.gov/Form990) for instructions and the latest information.**2023****Open to Public Inspection**

<b>A</b> For the 2023 calendar year, or tax year beginning <u>10/01</u> , 2023, and ending <u>09/30</u> , 20 <u>24</u>			
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <u>LAKEVIEW CENTER, INC.</u>		<b>D</b> Employer identification number <u>59-0737872</u>
	Doing business as		<b>E</b> Telephone number <u>(850) 495-3099</u>
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <u>1221 W. LAKEVIEW AVENUE</u>		
	City or town, state or province, country, and ZIP or foreign postal code <u>PENSACOLA, FL 32501-1836</u>		
	<b>F</b> Name and address of principal officer: <u>M. ALLISON HILL</u> <u>SAME AS C ABOVE</u>		<b>G</b> Gross receipts \$ <u>114,997,599</u>
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions.	
<b>J</b> Website: <u>WWW.ELAKEVIEWCENTER.ORG</u>		<b>H(c)</b> Group exemption number	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L</b> Year of formation: <u>1961</u>	<b>M</b> State of legal domicile: <u>FL</u>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b>	Briefly describe the organization's mission or most significant activities: <u>HELPING PEOPLE THROUGHOUT LIFE'S CHALLENGES BY PROVIDING BEHAVIORAL HEALTH AND FOSTER CARE SERVICES.</u>		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<u>10</u>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<u>10</u>
	<b>5</b>	Total number of individuals employed in calendar year 2023 (Part V, line 2a)	<b>5</b>	<u>1,304</u>
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<u>29</u>
		<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>
<b>b</b>		Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<u>0</u>
<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b>	Program service revenue (Part VIII, line 2g)	<u>59,258,878</u>	<u>58,368,295</u>
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>60,257,928</u>	<u>56,060,030</u>
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>(96,086)</u>	<u>301,271</u>
	<b>12</b>	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>8,276,470</u>	<u>167,919</u>
	<b>12</b>		<u>127,697,190</u>	<u>114,897,515</u>
<b>Expenses</b>	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<u>3,532,932</u>	<u>519,567</u>
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)		
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<u>67,080,136</u>	<u>67,386,408</u>
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<u>0</u>	<u>0</u>
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25)	<u>0</u>	
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<u>53,694,001</u>	<u>44,559,710</u>
	<b>18</b>	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<u>124,307,069</u>	<u>112,465,685</u>
<b>Net Assets or Fund Balances</b>	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<u>3,390,121</u>	<u>2,431,830</u>
	<b>20</b>	Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b>	Total liabilities (Part X, line 26)	<u>57,501,141</u>	<u>53,968,544</u>
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<u>31,189,907</u>	<u>25,033,905</u>
			<u>26,311,234</u>	<u>28,934,639</u>

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer <u>ERIC BARLEY, VICE PRESIDENT/CFO</u>		Date		
	Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <u>APRIL ARNOLD</u>	Preparer's signature <u>APRIL ARNOLD</u>	Date <u>04/23/25</u>	Check <input type="checkbox"/> if self-employed	PTIN <u>P01559426</u>
	Firm's name <u>FORVIS MAZARS</u>			Firm's EIN <u>44-0160260</u>	
	Firm's address <u>120 E PALMETTO PARK ROAD SUITE 403, BOCA RATON, FL 33432</u>			Phone no. <u>(561) 299-1820</u>	

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form **990** (2023)

**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:  
HELPING PEOPLE THROUGHOUT LIFE'S JOURNEY: THE ORGANIZATION PROVIDES BEHAVIORAL HEALTH (MENTAL HEALTH AND SUBSTANCE ABUSE) SERVICES AND CHILD PROTECTIVE SERVICES. PEOPLE OF ALL AGES ARE INCLUDED IN THE SCOPE OF OUR SERVICES.
- 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 \$ 86,294,062 including grants of \$ 437,436 ) (Revenue \$ 34,261,201 )  
BEHAVIORAL HEALTH SERVICES: IN 2024, THIS DIVISION SERVED 27,907 PEOPLE, OF WHICH 6,419 WERE CHILDREN. THIS DIVISION OF LAKEVIEW CENTER SPECIALIZES IN HELPING PEOPLE WITH MENTAL ILLNESSES, SUBSTANCE ABUSE DISORDERS AND DEVELOPMENTAL DISABILITIES OVERCOME THEIR CHALLENGES. IN 2024, THIS DIVISION HAD 24,456 TELEHEALTH AND PHONE APPOINTMENTS. THE MOBILE RESPONSE TEAM SERVED 2,798 PEOPLE, INCLUDING 1,155 CHILDREN.

**4b** (Code: ) (Expenses \$ 18,125,566 including grants of \$ 82,131 ) (Revenue \$ 21,798,829 )  
CHILD PROTECTIVE SERVICES: IN 2024, THIS DIVISION SERVED 3,574 CHILDREN, REUNITED 195 CHILDREN WITH THEIR FAMILIES AND FINALIZED 350 ADOPTIONS, WITH 84 MORE ACHIEVING PERMANENT GUARDIANSHIP. THIS DIVISION, ALSO REFERRED TO AS FAMILIES FIRST NETWORK (FFN), IS RESPONSIBLE FOR THE SAFETY, STABILITY, AND WELL-BEING OF ABUSED, NEGLECTED, AND ABANDONED CHILDREN IN OUR DISTRICT. THROUGH A CONTRACT FUNDED WITH STATE FUNDS, FFN WORKS TO PROVIDE FOSTER CARE AND ADOPTION SERVICES FOR CHILDREN AT RISK.

**4c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

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

**4e** Total program service expenses 104,419,628



**Part IV Checklist of Required Schedules**

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

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

	Yes	No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . .	<b>22</b> ✓	
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J . . . . .	<b>23</b> ✓	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a . . . . .	<b>24a</b>	✓
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<b>24b</b>	
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	<b>24c</b>	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	<b>24d</b>	
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I . . . . .	<b>25a</b>	✓
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .	<b>25b</b>	✓
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II . . . . .	<b>26</b>	✓
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III . . . . .	<b>27</b>	✓
<b>28</b> Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV . . . . .	<b>28a</b>	✓
<b>b</b> A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV . . . . .	<b>28b</b>	✓
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV . . . . .	<b>28c</b>	✓
<b>29</b> Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M . . . . .	<b>29</b> ✓	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M . . . . .	<b>30</b>	✓
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . . . . .	<b>31</b>	✓
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II . . . . .	<b>32</b>	✓
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I . . . . .	<b>33</b>	✓
<b>34</b> Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .	<b>34</b> ✓	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	<b>35a</b> ✓	
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . . .	<b>35b</b> ✓	
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 . . . . .	<b>36</b>	✓
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI . . . . .	<b>37</b>	✓
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O . . . . .	<b>38</b> ✓	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V . . . . . ☐

	Yes	No
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable . . . . .	<b>1a</b> 239	
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable . . . . .	<b>1b</b> 0	
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	<b>1c</b>	



<b>Part V Statements Regarding Other IRS Filings and Tax Compliance</b> (continued)				Yes	No
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b>	1,304		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b>		✓	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>			✓
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	<b>3b</b>			
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>			✓
<b>b</b>	If "Yes," enter the name of the foreign country _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>			✓
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>			✓
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>			
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6a</b>			✓
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>			
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>				
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>			✓
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>			
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>			✓
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>			
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>			✓
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>			✓
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>			
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>			
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>			
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>				
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>			
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>			
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:				
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>			
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>			
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:				
<b>a</b>	Gross income from members or shareholders	<b>11a</b>			
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>			
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>			
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>			
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>				
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>			
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>			
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>			
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>			✓
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>			
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	<b>15</b>			✓
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>			✓
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	<b>17</b>			

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

### Section A. Governing Body and Management

		Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year . . .	<b>1a</b> 10		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
<b>b</b> Enter the number of voting members included on line 1a, above, who are independent . . .	<b>1b</b> 10		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . .	<b>2</b>		<input checked="" type="checkbox"/>
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? . . .	<b>3</b>		<input checked="" type="checkbox"/>
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . .	<b>4</b>		<input checked="" type="checkbox"/>
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? . . .	<b>5</b>		<input checked="" type="checkbox"/>
<b>6</b> Did the organization have members or stockholders? . . .	<b>6</b>	<input checked="" type="checkbox"/>	
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . .	<b>7a</b>	<input checked="" type="checkbox"/>	
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . .	<b>7b</b>	<input checked="" type="checkbox"/>	
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
<b>a</b> The governing body? . . .	<b>8a</b>	<input checked="" type="checkbox"/>	
<b>b</b> Each committee with authority to act on behalf of the governing body? . . .	<b>8b</b>	<input checked="" type="checkbox"/>	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O . . .	<b>9</b>		<input checked="" type="checkbox"/>

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

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

### Section C. Disclosure

**17** List the states with which a copy of this Form 990 is required to be filed NONE

**18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

**19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

**20** State the name, address, and telephone number of the person who possesses the organization's books and records.

DOREEN DRIMMIE, 1221 W. LAKEVIEW AVENUE, PENSACOLA, FL 32501-1836, (850) 495-2321

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(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/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) M ALLISON HILL PRESIDENT/CEO	15.0 27.0			✓				593,233	0	72,768
(2) SANDRA WHITAKER VICE PRESIDENT	15.0 27.0			✓				336,090	0	61,415
(3) GUIDO LUDERGNANI CHIEF OF MEDICAL SERVICES	40.0 0.0					✓		341,965	0	44,534
(4) MELANIE JONES VICE PRESIDENT/CFO	15.0 27.0						✓	312,703	0	51,511
(5) TERRY PTACEK MEDICAL DIRECTOR	40.0 0.0					✓		297,181	0	47,681
(6) DOMINIC SALAMIDA VICE PRESIDENT	40.0 0.0			✓				291,556	0	40,138
(7) TANYA THERIAULT PSYCHIATRIST	40.0 0.0					✓		294,968	0	35,325
(8) WARREN SCOTT PSYCHIATRIST	40.0 0.0					✓		284,363	0	42,386
(9) AARON GODWIN PSYCHIATRIST	40.0 0.0					✓		296,892	0	27,833
(10) COREY BORCHERDING FFN PRESIDENT	40.0 0.0			✓				146,168	0	8,693
(11) ERIC BARLEY VICE PRESIDENT/CFO	15.0 27.0			✓				78,364	0	2,773
(12) BARKSDALE "DALE" JORDAN, JR. TREASURER	1.0 0.0	✓		✓				0	0	0
(13) REV. DR. HUGH HAMILTON, III CHAIRMAN	1.0 1.0	✓		✓				0	0	0
(14) VINCENT CURRIE, JR. CHAIRMAN (OUTGOING)	1.0 1.0	✓		✓				0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			
(15) ADRIANA SPAIN MEMBER	1.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(16) CHARLES F BEALL, JR. MEMBER	1.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(17) ERIC RANDALL MEMBER	1.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(18) FRANKIE WHITE MEMBER	1.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(19) JOHN GROMLEY MEMBER	1.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(20) KRISTEN RODRIGUEZ MEMBER	1.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(21) PATRICIA FRANKLIN MEMBER	1.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(22) ROBIN RESHARD MEMBER	1.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(23) RUSSELL BEATY MEMBER	1.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(24) STEPHANIE POWELL MEMBER	1.0 1.0	<input checked="" type="checkbox"/>						0	0	0
(25)										
<b>1b Subtotal</b>								3,273,483	0	435,057
<b>c Total from continuation sheets to Part VII, Section A</b>								0	0	0
<b>d Total (add lines 1b and 1c)</b>								3,273,483	0	435,057

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **62**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
BRIDGEWAY CENTER, INC., 137 HOSPITAL DR, FORT WALTON BEACH, FL 32548	MENTAL HEALTH SVCS	4,106,970
APALACHEE CENTER, INC., 2634 CAPTIOL CIRCLE NE, TALLAHASSEE, FL 32308	MENTAL HEALTH SVCS	2,065,757
LIFE MANAGEMENT CENTER OF NWF INC, 525 E. 15TH ST, PANAMA CITY, FL 32405	MENTAL HEALTH SVCS	1,030,870
FPL NORTHWEST FL, PO BOX 29090, MIAMI, FL 33102	MENTAL HEALTH SVCS	698,457
AMERGIS HEALTHCARE STAFFING INC, 12558 COLLECTIONS CENTER DR, CHICAGO, IL 60693	STAFFING SERVICES	458,435

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **17**

**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
<b>Contributions, Gifts, Grants, and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b>				
	<b>b</b>	Membership dues . . . . .	<b>1b</b>				
	<b>c</b>	Fundraising events . . . . .	<b>1c</b>				
	<b>d</b>	Related organizations . . . . .	<b>1d</b>				
	<b>e</b>	Government grants (contributions)	<b>1e</b>	58,054,325			
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	313,970			
	<b>g</b>	Noncash contributions included in lines 1a-1f . . . . .	<b>1g</b>	\$ 127,185			
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . .		58,368,295			
	<b>Program Service Revenue</b>						
<b>2a</b>	PATIENT REVENUE	Business Code	624100	22,093,453	22,093,453		
<b>b</b>	CONTRACT REVENUE		900099	33,966,577	33,966,577		
<b>c</b>							
<b>d</b>							
<b>e</b>							
<b>f</b>	All other program service revenue . . . . .			0	0	0	0
<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . .			56,060,030			
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . .		301,271			301,271
	<b>4</b>	Income from investment of tax-exempt bond proceeds					
	<b>5</b>	Royalties . . . . .					
	<b>6a</b>	Gross rents . . . . .	(i) Real	193,863			
	<b>b</b>	Less: rental expenses	(ii) Personal	100,084			
	<b>c</b>	Rental income or (loss)		93,779	0		
	<b>d</b>	Net rental income or (loss) . . . . .		93,779			93,779
	<b>7a</b>	Gross amount from sales of assets other than inventory	(i) Securities				
	<b>b</b>	Less: cost or other basis and sales expenses . . . . .	(ii) Other				
	<b>c</b>	Gain or (loss) . . . . .		0	0		
	<b>d</b>	Net gain or (loss) . . . . .					
	<b>8a</b>	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 . . . . .					
	<b>b</b>	Less: direct expenses . . . . .					
	<b>c</b>	Net income or (loss) from fundraising events . . . . .					
	<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . .					
	<b>b</b>	Less: direct expenses . . . . .					
	<b>c</b>	Net income or (loss) from gaming activities . . . . .					
	<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .					
	<b>b</b>	Less: cost of goods sold . . . . .					
	<b>c</b>	Net income or (loss) from sales of inventory . . . . .					
<b>Miscellaneous Revenue</b>							
	<b>11a</b>	CLINICAL RECORD REVENUE	Business Code	541900	15,821		15,821
	<b>b</b>						
	<b>c</b>						
	<b>d</b>	All other revenue . . . . .		58,319	0	0	58,319
	<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .		74,140			
<b>12</b>	<b>Total revenue.</b> See instructions . . . . .	000113	114,897,515	56,060,030	0	469,190	

**Part IX Statement of Functional Expenses**

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

Check if Schedule O contains a response or note to any line in this Part IX ☒**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	42,335	42,335		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	477,232	477,232		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .				
<b>4</b> Benefits paid to or for members . . . . .				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	1,935,180	336,893	1,598,287	
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b> Other salaries and wages . . . . .	52,244,674	50,007,532	2,237,142	
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	652,761	585,996	66,765	
<b>9</b> Other employee benefits . . . . .	8,743,570	8,112,049	631,521	
<b>10</b> Payroll taxes . . . . .	3,810,223	3,558,464	251,759	
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management . . . . .				
<b>b</b> Legal . . . . .	144,563		144,563	
<b>c</b> Accounting . . . . .	102,266		102,266	
<b>d</b> Lobbying . . . . .	57,181		57,181	
<b>e</b> Professional fundraising services. See Part IV, line 17 . . . . .				
<b>f</b> Investment management fees . . . . .				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) . . . . .	16,252,024	15,975,846	276,178	0
<b>12</b> Advertising and promotion . . . . .	135,934	91,682	44,252	
<b>13</b> Office expenses . . . . .	1,068,805	901,044	167,761	
<b>14</b> Information technology . . . . .	2,468,128	1,388,819	1,079,309	
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	4,838,641	4,602,043	236,598	
<b>17</b> Travel . . . . .	1,344,854	1,319,641	25,213	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .	157,735	126,017	31,718	
<b>20</b> Interest . . . . .	2,320	2,276	44	
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .	1,566,234	1,189,052	377,182	
<b>23</b> Insurance . . . . .	790,046	790,046		
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) . . . . .				
<b>a</b> <u>MEDICAL SUPPLIES</u> . . . . .	12,475,989	12,475,989		
<b>b</b> <u>FOOD SERVICES</u> . . . . .	1,349,365	1,349,365		
<b>c</b> <u>SMALL EQUIPMENT</u> . . . . .	547,874	85,929	461,945	
<b>d</b> <u>TAXES, LICENSES &amp; PERMITS</u> . . . . .	92,740	76,199	16,541	
<b>e</b> All other expenses . . . . .	1,165,011	925,179	239,832	0
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e . . . . .	112,465,685	104,419,628	8,046,057	0
<b>26</b> <b>Joint costs.</b> 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 X ☐

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	11,741,948	<b>1</b>	5,484,372
	<b>2</b> Savings and temporary cash investments . . . . .	279,875	<b>2</b>	279,875
	<b>3</b> Pledges and grants receivable, net . . . . .	0	<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .	12,264,061	<b>4</b>	12,501,178
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	0	<b>5</b>	0
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .	0	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .	157,540	<b>7</b>	163,478
	<b>8</b> Inventories for sale or use . . . . .	983,877	<b>8</b>	699,087
	<b>9</b> Prepaid expenses and deferred charges . . . . .	1,564,557	<b>9</b>	1,640,065
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 37,227,737		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 5,224,239		
	<b>11</b> Investments—publicly traded securities . . . . .	0	<b>11</b>	
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	0	<b>12</b>	0
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	0	<b>13</b>	0
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	1,746,485	<b>15</b>	1,196,991
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .	57,501,141	<b>16</b>	53,968,544	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	11,202,069	<b>17</b>	9,211,293
	<b>18</b> Grants payable . . . . .	0	<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	9,163,247	<b>19</b>	7,300,308
	<b>20</b> Tax-exempt bond liabilities . . . . .	0	<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	0	<b>21</b>	
	<b>22</b> 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 . . . . .	0	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	0	<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0	<b>24</b>	
	<b>25</b> 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 . . . . .	10,824,591	<b>25</b>	8,522,304
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	31,189,907	<b>26</b>	25,033,905
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	24,881,584	<b>27</b>	27,490,630
	<b>28</b> Net assets with donor restrictions . . . . .	1,429,650	<b>28</b>	1,444,009
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .	0	<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .	0	<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds . . . . .	0	<b>31</b>	
	<b>32</b> <b>Total net assets or fund balances</b> . . . . .	26,311,234	<b>32</b>	28,934,639
<b>33</b> <b>Total liabilities and net assets/fund balances</b> . . . . .	57,501,141	<b>33</b>	53,968,544	

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	114,897,515
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	112,465,685
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	2,431,830
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	26,311,234
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	191,575
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	28,934,639

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? . . . If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		✓
<b>b</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. <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	✓	
<b>c</b> 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 on Schedule O.	✓	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? . . .	✓	
<b>b</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 on Schedule O and describe any steps taken to undergo such audits .	✓	



**SCHEDULE A  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Name of the organization

LAKEVIEW CENTER, INC.

Employer identification number

59-0737872

**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).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10 ☐ An organization that normally receives (1) more than 33<sup>1</sup>/<sub>3</sub>% 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<sup>1</sup>/<sub>3</sub>% 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 on 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		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	83,101,223	87,254,008	98,208,660	59,258,878	58,368,295	386,191,064
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0
<b>4 Total.</b> Add lines 1 through 3 . . . . .	83,101,223	87,254,008	98,208,660	59,258,878	58,368,295	386,191,064
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . .						0
<b>6 Public support.</b> Subtract line 5 from line 4						386,191,064

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>7</b> Amounts from line 4 . . . . .	83,101,223	87,254,008	98,208,660	59,258,878	58,368,295	386,191,064
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .	4,741,224	2,469,451	26,022	191,605	495,134	7,923,436
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						0
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .	7,687,996	8,107,482	7,407,219	8,090,939	74,140	31,367,776
<b>11 Total support.</b> Add lines 7 through 10						425,482,276
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					12	274,321,716
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . .						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) . . . . .	<b>14</b>	90.77 %
<b>15</b> Public support percentage from 2022 Schedule A, Part II, line 14 . . . . .	<b>15</b>	88.96 %
<b>16a 33<sup>1</sup>/<sub>3</sub>% support test—2023.</b> If the organization did not check the box on line 13, and line 14 is 33 <sup>1</sup> / <sub>3</sub> % or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .	<input checked="" type="checkbox"/>	
<b>b 33<sup>1</sup>/<sub>3</sub>% support test—2022.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 <sup>1</sup> / <sub>3</sub> % or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .	<input type="checkbox"/>	
<b>17a 10%-facts-and-circumstances test—2023.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . .	<input type="checkbox"/>	
<b>b 10%-facts-and-circumstances test—2022.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . .	<input type="checkbox"/>	
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .	<input type="checkbox"/>	

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>9</b> Amounts from line 6 . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . .						
<b>c</b> Add lines 10a and 10b . . . .						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . .						
<b>14 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . <input type="checkbox"/>						

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

<b>15</b> Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2022 Schedule A, Part III, line 15 . . . .	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2023</b> (line 10c, column (f), divided by line 13, column (f)) . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2022</b> Schedule A, Part III, line 17 . . . .	<b>18</b>	%
<b>19a 33 1/3% support tests—2023.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization . . . <input type="checkbox"/>		
<b>b 33 1/3% support tests—2022.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization . . . <input type="checkbox"/>		
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . <input type="checkbox"/>		

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> 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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</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 <b>Part VI</b> when and how the organization made the determination.</i>		
<b>c</b> 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 <b>Part VI</b> what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</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 <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> 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 <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b>, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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 <b>Part VI</b>.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> 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 <b>Part VI</b>.</i>		
<b>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
<b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
<b>b</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
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
<b>11a</b>		
<b>b</b> A family member of a person described on line 11a above?		
<b>11b</b>		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in <b>Part VI</b> .		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

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

**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.

<b>Section A—Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3.	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	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)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>	
<b>Section B—Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
<b>2</b>	Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d.	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by 0.035.	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C—Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, column A)	<b>1</b>	
<b>2</b>	Enter 0.85 of line 1.	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3.	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>	
<b>7</b>	<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	
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>	
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>	
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>	
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>	
<b>5</b>	Qualified set-aside amounts (prior IRS approval required—provide details in <b>Part VI</b> )	<b>5</b>	
<b>6</b>	Other distributions (describe in <b>Part VI</b> ). See instructions.	<b>6</b>	
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>	
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	<b>8</b>	
<b>9</b>	Distributable amount for 2023 from Section C, line 6	<b>9</b>	
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>	

Section E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
<b>1</b> Distributable amount for 2023 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2023 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2023			
<b>a</b> From 2018 . . . . .			
<b>b</b> From 2019 . . . . .			
<b>c</b> From 2020 . . . . .			
<b>d</b> From 2021 . . . . .			
<b>e</b> From 2022 . . . . .			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2023 distributable amount			
<b>i</b> Carryover from 2018 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2023 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2023 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2024.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2019 . . .			
<b>b</b> Excess from 2020 . . .			
<b>c</b> Excess from 2021 . . .			
<b>d</b> Excess from 2022 . . .			
<b>e</b> Excess from 2023 . . .			

## 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.)



# Part VI

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.)

Return Reference - Identifier	Explanation						
SCHEDULE A, PART II, LINE 10 - OTHER INCOME	Description	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	(1) MEAL SALES	811	0	0	0	0	811
	(2) CLINICAL RECORD REVENUE	35,361	45,437	22,261	11,761	15,821	130,641
	(3) REIMBURSED COSTS	7,602,357	8,026,155	7,281,982	7,998,246	0	30,908,740
	(4) STAFFING/SU P P O R T S E R V I C E S	874	0	0	0	0	874
	(5) ALL OTHER REVENUE	48,593	35,890	102,976	80,932	58,319	326,710
	Total	7,687,996	8,107,482	7,407,219	8,090,939	74,140	31,367,776

**Schedule B  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Attach to Form 990, 990-EZ, or 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Name of the organization  
**LAKEVIEW CENTER, INC.**

Employer identification number  
**59-0737872**

**Organization type** (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

☒ 501(c)( **3** ) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

- ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

- ☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 $\frac{1}{3}$ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization

LAKEVIEW CENTER, INC.

Employer identification number

59-0737872

**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 50,922,666	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 1,843,055	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

LAKEVIEW CENTER, INC.

Employer identification number

59-0737872

**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	----- ----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	----- ----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	----- ----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	----- ----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	----- ----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	----- ----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	----- ----- ----- -----	\$ -----	-----

Name of organization

LAKEVIEW CENTER, INC.

Employer identification number

59-0737872

**Part III**

**Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) \$ \_\_\_\_\_

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----
	<b>(e) Transfer of gift</b>		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	----- ----- -----	----- ----- -----	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----
	<b>(e) Transfer of gift</b>		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	----- ----- -----	----- ----- -----	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----
	<b>(e) Transfer of gift</b>		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	----- ----- -----	----- ----- -----	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----
	<b>(e) Transfer of gift</b>		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	----- ----- -----	----- ----- -----	

**SCHEDULE C**  
**(Form 990)**

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](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2023**

**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 organization <b>LAKEVIEW CENTER, INC.</b>	Employer identification number <b>59-0737872</b>
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

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

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

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

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

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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying) . . . . .														
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .														
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) . . . . .														
<b>d</b>	Other exempt purpose expenditures . . . . .														
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) . . . . .														
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 60%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>not over \$500,000,</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>over \$500,000 but not over \$1,000,000,</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>over \$1,000,000 but not over \$1,500,000,</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>over \$1,500,000 but not over \$17,000,000,</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>over \$17,000,000,</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	not over \$500,000,	20% of the amount on line 1e.	over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.	over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.	over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.	over \$17,000,000,	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
not over \$500,000,	20% of the amount on line 1e.														
over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.														
over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.														
over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.														
over \$17,000,000,	\$1,000,000.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) . . . . .														
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .														
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .														
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? . . . . .	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>													

**4-Year Averaging Period Under Section 501(h)**

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

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

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

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

	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers?		✓	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		✓	
<b>c</b> Media advertisements?		✓	
<b>d</b> Mailings to members, legislators, or the public?		✓	
<b>e</b> Publications, or published or broadcast statements?		✓	
<b>f</b> Grants to other organizations for lobbying purposes?		✓	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?	✓		8,979
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		✓	
<b>i</b> Other activities?	✓		57,181
<b>j</b> Total. Add lines 1c through 1i			66,160
<b>2a</b> Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?		✓	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

**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.

SEE NEXT PAGE



## 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 - Identifier	Explanation
SCHEDULE C, PART II-B, LINE 1 - DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY	<p>FORM 990, SCHEDULE C, PART II-B, LINE 1G</p> <p>MEETINGS WITH LOBBYIST AND OUR ELECTED OFFICIALS, ADVOCATING FOR FUNDING FOR ADEQUATE SERVICES FOR INDIVIDUALS WITH MENTAL ILLNESS AND SUBSTANCE ABUSE.</p> <p>FORM 990, SCHEDULE C, PART II-B, LINE 1I</p> <p>THE ORGANIZATION PAID A COMPANY TO LOBBY ON THEIR BEHALF.</p>

SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public  
Inspection

Name of the organization

LAKEVIEW CENTER, INC.

Employer identification number

59-0737872

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

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

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

Part II Conservation Easements

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

1 Purpose(s) of conservation easements held by the organization (check all that apply). <input type="checkbox"/> Preservation of land for public use (for example, recreation or education) <input type="checkbox"/> Preservation of a historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	
a Total number of conservation easements . . . . .	2a
b Total acreage restricted by conservation easements . . . . .	2b
c Number of conservation easements on a certified historic structure included on line 2a . . . . .	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register . . . . .	2d
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? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> 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 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> 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 FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.	
(i) Revenue 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 FASB 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 make significant use of its collection items (check all that apply).

**a** ☐ Public exhibition

**d** ☐ Loan or exchange program

**b** ☐ Scholarly research

**e** ☐ Other \_\_\_\_\_

**c** ☐ Preservation for future generations

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

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

**Part IV Escrow and Custodial Arrangements**

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

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

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

	Amount
<b>c</b> Beginning balance	<b>1c</b>
<b>d</b> Additions during the year	<b>1d</b>
<b>e</b> Distributions during the year	<b>1e</b>
<b>f</b> Ending balance	<b>1f</b>

**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
<b>1a</b> Beginning of year balance					
<b>b</b> Contributions					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs					
<b>f</b> Administrative expenses					
<b>g</b> 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** Term 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? ☐ Yes ☐ No

**(ii)** Related organizations? ☐ Yes ☐ No

**b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐ Yes ☐ No

**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
<b>1a</b> Land		2,252,659		2,252,659
<b>b</b> Buildings		25,635,267	1,716,170	23,919,097
<b>c</b> Leasehold improvements		69,748	13,966	55,782
<b>d</b> Equipment		9,270,063	3,494,103	5,775,960
<b>e</b> Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				32,003,498

**Part VII Investments—Other Securities**

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

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

**Part VIII Investments—Program Related**

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

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

**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) _____	
(2) _____	
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B)) . . . . .	

**Part X Other Liabilities**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO AFFILIATED ORGANIZATIONS	7,329,137
(3) LEASE LIABILITY	1,193,167
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B)) . . . . .	8,522,304

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

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

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

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

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

## 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.

SEE STATEMENT

**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 - Identifier	Explanation
SCHEDULE D, PART X, LINE 2 - FIN 48 (ASC 740)	MANAGEMENT HAS EVALUATED THE INCOME TAX POSITIONS UNDER THE GUIDANCE INCLUDED IN ASC 740. BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTIFIED ANY MATERIAL UNCERTAIN TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE FINANCIAL STATEMENTS.

SCHEDULE I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization

LAKEVIEW CENTER, INC.

Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

2023

Open to Public  
Inspection

Employer identification number

59-0737872

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) BENJAMIN ACADEMY VILLAGE INC 4226 FOWLER AVE, OMAHA, NE 68111	93-1829630	501(C)(3)	6,427				OPERATING SUPPORT
(2) CHILDREN'S HOME SOCIETY, INC 5766 S SEMORAN BLVD, ORLANDO, FL 32822	59-0192430	501(C)(3)	12,981				OPERATING SUPPORT
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 2
- 3 Enter total number of other organizations listed in the line 1 table 0

**Part III** **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 EXTENDED FOSTER CARE SUBSIDIES	19	477,232		FMV	
2					
3					
4					
5					
6					
7					

<b>Part IV</b>	<b>Supplemental Information.</b> Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.
----------------	--

(SEE STATEMENT)



**Part IV****Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference - Identifier	Explanation
SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS.	THE ORGANIZATION HAS GUIDELINES IN PLACE THAT ARE TO BE USED IN REVIEWING THE ELIGIBILITY OF GRANTEES. ALL GRANTS REQUIRE WRITTEN DOCUMENTATION AND APPROPRIATE LEVELS OF APPROVAL.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

LAKEVIEW CENTER, INC.

**Compensation Information**

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

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Employer identification number

59-0737872

**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> 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. <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> First-class or charter travel  <input type="checkbox"/> Travel for companions  <input type="checkbox"/> Tax indemnification and gross-up payments  <input type="checkbox"/> Discretionary spending account                 </div> <div> <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 (such as maid, chauffeur, chef)                 </div> </div>		
<b>b</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.	<b>1b</b>	
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	<b>2</b>	
<b>3</b> Indicate which, if any, of the following the 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. <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Compensation committee  <input checked="" type="checkbox"/> Independent compensation consultant  <input checked="" type="checkbox"/> Form 990 of other organizations                 </div> <div> <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                 </div> </div>		
<b>4</b> 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: <div style="margin-left: 20px;"> <b>a</b> Receive a severance payment or change-of-control payment?                 </div>	<b>4a</b>	✓
<div style="margin-left: 20px;"> <b>b</b> Participate in or receive payment from a supplemental nonqualified retirement plan?                 </div>	<b>4b</b>	✓
<div style="margin-left: 20px;"> <b>c</b> Participate in or receive payment from an equity-based compensation arrangement?                 </div> If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.	<b>4c</b>	✓
<b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.</b>		
<b>5</b> 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: <div style="margin-left: 20px;"> <b>a</b> The organization?                 </div>	<b>5a</b>	✓
<div style="margin-left: 20px;"> <b>b</b> Any related organization?                 </div> If "Yes" on line 5a or 5b, describe in Part III.	<b>5b</b>	✓
<b>6</b> 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: <div style="margin-left: 20px;"> <b>a</b> The organization?                 </div>	<b>6a</b>	✓
<div style="margin-left: 20px;"> <b>b</b> Any related organization?                 </div> If "Yes" on line 6a or 6b, describe in Part III.	<b>6b</b>	✓
<b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.	<b>7</b>	✓
<b>8</b> 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.	<b>8</b>	✓
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	<b>9</b>	

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC 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	M ALLISON HILL PRESIDENT/CEO	(i) 504,008	85,864	3,361	13,828	58,940	666,001	0
		(ii) 0	0	0	0	0	0	0
2	SANDRA WHITAKER VICE PRESIDENT	(i) 293,392	37,929	4,769	6,499	54,916	397,505	0
		(ii) 0	0	0	0	0	0	0
3	GUIDO LUDERGNANI CHIEF OF MEDICAL SERVICES	(i) 340,268	0	1,697	7,109	37,425	386,499	0
		(ii) 0	0	0	0	0	0	0
4	MELANIE JONES VICE PRESIDENT/CFO	(i) 125,772	0	186,931	4,318	47,193	364,214	0
		(ii) 0	0	0	0	0	0	0
5	TERRY PTACEK MEDICAL DIRECTOR	(i) 293,332	0	3,849	8,355	39,326	344,862	0
		(ii) 0	0	0	0	0	0	0
6	DOMINIC SALAMIDA VICE PRESIDENT	(i) 258,256	30,495	2,805	8,174	31,964	331,694	0
		(ii) 0	0	0	0	0	0	0
7	TANYA THERIAULT PSYCHIATRIST	(i) 294,111	0	857	8,955	26,370	330,293	0
		(ii) 0	0	0	0	0	0	0
8	WARREN SCOTT PSYCHIATRIST	(i) 281,688	0	2,675	8,360	34,026	326,749	0
		(ii) 0	0	0	0	0	0	0
9	AARON GODWIN PSYCHIATRIST	(i) 296,035	0	857	8,925	18,908	324,725	0
		(ii) 0	0	0	0	0	0	0
10	COREY BORCHERDING FFN PRESIDENT	(i) 144,611	0	1,557	2,209	6,484	154,861	0
		(ii) 0	0	0	0	0	0	0
11		(i)						
		(ii)						
12		(i)						
		(ii)						
13		(i)						
		(ii)						
14		(i)						
		(ii)						
15		(i)						
		(ii)						
16		(i)						
		(ii)						

**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 - Identifier	Explanation
SCHEDULE J, PART I, LINE 4A - SEVERANCE OR CHANGE-OF-CONTROL PAYMENT	MELANIE JONES RECEIVED \$184,919 IN SEVERANCE PAYMENTS DURING CALENDAR YEAR 2023.
SCHEDULE J, PART I, LINE 4B - SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN	THE FOLLOWING INDIVIDUALS PARTICIPATED IN A SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN THAT WAS FROZEN DURING THE TAX YEAR: M. ALLISON HILL, MELANIE JONES, DOMINC "SHAWN" SALAMIDA AND SANDRA WHITAKER.

**SCHEDULE M**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Name of the organization

LAKEVIEW CENTER, INC.

Employer identification number

59-0737872

**Part I** **Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art . . . . .				
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .				
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .	✓	2	118,720	MARKET VALUE
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ( CHRISTMAS TOYS ) . . . . .	✓	1	8,465	MARKET VALUE
26 Other ( ) . . . . .				
27 Other ( ) . . . . .				
28 Other ( ) . . . . .				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement . . . . . 29 0

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? . . . . .		✓
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? . . . . .	✓	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .		✓
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

**Part II**

**Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference - Identifier	Explanation
SCHEDULE M, PART I - COLUMN B	THE AMOUNT IN COLUMN B REPRESENTS THE NUMBER OF CONTRIBUTIONS.

**SCHEDULE O  
(Form 990)**Department of Treasury Internal  
Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

- ▶ Attach to Form 990 or 990-EZ.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Open to Public Inspection

Name of the Organization  
**LAKEVIEW CENTER, INC.**Employer Identification Number  
**59-0737872**

Return Reference - Identifier	Explanation
FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS	LIFEVIEW GROUP, INC., A FLORIDA CORPORATION NOT-FOR-PROFIT, IS THE SOLE MEMBER OF LAKEVIEW CENTER, INC. LIFEVIEW GROUP, INC. HAS THE RIGHT TO ELECT THE BOARD OF DIRECTORS OF LAKEVIEW CENTER, INC.
FORM 990, PART VI, LINE 7A - MEMBERS OR STOCKHOLDERS ELECTING MEMBERS OF GOVERNING BODY	LIFEVIEW GROUP, INC. BEING THE SOLE MEMBER OF LAKEVIEW CENTER, INC. HAS THE RIGHT TO ELECT THE GOVERNING BODY OF LAKEVIEW CENTER, INC.
FORM 990, PART VI, LINE 7B - DECISIONS REQUIRING APPROVAL BY MEMBERS OR STOCKHOLDERS	<p>THE FOLLOWING SHALL REQUIRE APPROVAL BY THE LIFEVIEW GROUP, INC., THE SOLE MEMBER, BOARD OF DIRECTORS:</p> <p>A. THE MEMBER SHALL ELECT THE DIRECTORS OF THE CORPORATION AT THE ANNUAL MEETING OF THE MEMBER FROM AMONG THOSE PERSONS NOMINATED BY THE MEMBER'S GOVERNANCE COMMITTEE.</p> <p>B. THE MEMBER MAY REMOVE A DIRECTOR OF THE CORPORATION WITH OR WITHOUT CAUSE WHENEVER SUCH ACTION WOULD BE IN THE BEST INTERESTS OF THE CORPORATION.</p> <p>C. THE MEMBER SHALL APPROVE ALL AMENDMENTS TO THE CORPORATION'S ARTICLES OF INCORPORATION AND BYLAWS BEFORE THEY MAY BECOME EFFECTIVE.</p> <p>D. THE MEMBER SHALL APPROVE THE APPOINTMENT BY THE BOARD OF THE CHIEF EXECUTIVE OFFICER OF THE CORPORATION.</p> <p>E. THE MEMBER, THROUGH ITS GOVERNANCE COMMITTEE, SHALL (I) RECOMMEND TO THE BOARD POLICIES AND PROCESSES DESIGNED TO PROVIDE FOR EFFECTIVE AND EFFICIENT GOVERNANCE OF THE CORPORATION; (II) REVIEW AND RECOMMEND A POSITION DESCRIPTION DETAILING RESPONSIBILITIES OF AND EXPECTATIONS FOR BOARD MEMBERS AND THE BOARD CHAIRPERSON; (III) RECOMMEND NOMINEES FOR ELECTION AND REELECTION ANNUALLY TO THE BOARD; (IV) CONDUCT A SUCCESSION PLANNING PROCESS FOR THE BOARD CHAIRPERSON AND OTHER BOARD LEADERS; (V) NOMINATE BOARD OFFICERS FOR ELECTION BY THE FULL BOARD; (VI) REVIEW THE CORPORATE BYLAWS ANNUALLY AND RECOMMEND ANY NEEDED CHANGES TO THE BOARD; (VII) ADVISE MANAGEMENT ON PLANS FOR BOARD EDUCATION, INCLUDING NEW MEMBER ORIENTATION, EDUCATION OF BOARD MEMBERS, AND AN ANNUAL BOARD RETREAT; AND (VIII) OVERSEE THE BOARD'S SELF-ASSESSMENT AND IMPROVEMENT PROCESS EVERY ONE OR TWO YEARS.</p> <p>F. THE MEMBER SHALL (I) CONSIDER AND APPROVE SALARIES AND OTHER FORMS OF COMPENSATION FOR THE OFFICERS OF THE CORPORATION IN CONJUNCTION WITH ITS ANNUAL REVIEW OF THE PRESIDENT OF THE MEMBER AND THE PRESIDENT'S EVALUATION OF THE OFFICERS OF THE MEMBER AND THE RELATED PARTIES; (II) REVIEW COMPENSATION, PRACTICES, FRINGE BENEFITS, EMPLOYEE HEALTH AND WELFARE SERVICES, EMPLOYEE INSURANCE PROGRAMS, AND EMPLOYEE RETIREMENT PROGRAMS.</p> <p>G. THE MEMBER SHALL (I) PROVIDE DIRECTION FOR THE IMPLEMENTATION OF THE CORPORATE STANDARDS OF CONDUCT, ASSURE CORPORATE ADHERENCE TO THE STANDARDS OF CONDUCT, AND ALL APPLICABLE LAWS, RULES AND REGULATIONS AND PRESENT AND RECOMMEND TO THE BOARD, AS APPROPRIATE, SUCH MEASURES AND ACTIONS AS MAY BE NECESSARY OR DESIRABLE TO ASSIST THE CORPORATION IN CONDUCTING ITS ACTIVITIES IN ACCORDANCE WITH THE HIGHEST ETHICAL AND LEGAL STANDARDS.</p>
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	THE FORM 990 IS PREPARED AND REVIEWED BY AN INDEPENDENT ACCOUNTING FIRM. THE 990 IS THEN REVIEWED BY THE ORGANIZATION'S MANAGEMENT PERSONNEL. ANY QUESTIONS AND CONCERNS THE ORGANIZATION'S MANAGEMENT PERSONNEL HAS ARE ADDRESSED AND ANY CORRECTIONS OR CLARIFICATIONS THAT NEED TO BE MADE ARE MADE. THE FINAL FORM 990 WITH ALL REQUIRED SCHEDULES IS THEN MADE AVAILABLE TO ALL VOTING MEMBERS OF THE BOARD PRIOR TO FILING THE 990 WITH THE IRS. ALL BOARD MEMBERS ARE INFORMED THAT A PAPER COPY OF THE FORM 990 IS AVAILABLE AT THE ORGANIZATION'S PRINCIPAL OFFICE.
FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY	BOARD MEMBERS AND OFFICERS RECEIVE CORRESPONDENCE EACH YEAR THAT MUST BE COMPLETED AND SIGNED. THE CORRESPONDENCE INCLUDES A CONFLICT OF INTEREST QUESTIONNAIRE. OFFICERS AND KEY STAFF ALSO RECEIVE AN ATTESTATION FORM THAT MUST BE SIGNED CONFIRMING THAT THEY WILL DISCLOSE ANY CONFLICTS THAT VIOLATE THE ORGANIZATION'S POLICY. THE BOARD REVIEWS ALL CONFLICTS AND DETERMINES IF FURTHER ACTIONS NEED TO BE TAKEN.

Return Reference - Identifier	Explanation																													
FORM 990, PART VI, LINE 15A - & 15B - PROCESS TO ESTABLISH COMPENSATION	<p>THE ORGANIZATION'S PROCESS FOR DETERMINING EXECUTIVE COMPENSATION BEGINS WITH THE EXECUTIVE COMPENSATION PHILOSOPHY THAT STRIVES TO ENSURE EXECUTIVES A COMPREHENSIVE, BALANCED, COMPETITIVE, FAIR AND EQUITABLE COMPENSATION PROGRAM THAT ALLOWS FOR RECOGNITION FOR PERFORMANCE, POSITION, TENURE, EDUCATION, AND EXPERIENCE; CONSIDERS THE IMPACT OF COMPETITIVE MARKETS AND INDUSTRY INCOME; PROVIDES SPECIFIC RECOGNITION AND INDIVIDUAL PERFORMANCE OF RESULTS; AND ENSURES RETENTION, STABILITY OF LEADERSHIP, AND COMPLIANCE WITH REGULATORY GUIDELINES.</p> <p>THE EXECUTIVE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS IS RESPONSIBLE FOR ENSURING COMPLIANCE WITH THIS PHILOSOPHY AND FOR REVIEWING AND APPROVING IT EVERY THREE YEARS.</p> <p>ANNUALLY, THE CEO, IN CONSULTATION WITH THE BOARD COMPENSATION CONSULTANT, WILL MAKE RECOMMENDATIONS FOR COMPENSATION ADJUSTMENTS FOR THE EXECUTIVES. THE EXECUTIVE COMPENSATION COMMITTEE WILL REVIEW THE CEO'S RECOMMENDATIONS AND APPROVE OR MODIFY THEM.</p> <p>ANNUALLY, THE EXECUTIVE COMPENSATION COMMITTEE AND THE BOARD COMPENSATION CONSULTANT, WILL REVIEW THE COMPENSATION OF THE CEO AND REPORT ADJUSTMENTS TO THE BOARD OF DIRECTORS.</p>																													
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	THE ORGANIZATION HAS ALL GOVERNING DOCUMENTS, THE CONFLICT OF INTEREST POLICY, AND THE ANNUAL FINANCIAL STATEMENTS ON FILE IN THE ACCOUNTING AND ADMINISTRATION DEPARTMENTS. ALL DOCUMENTS ARE AVAILABLE UPON REQUEST.																													
FORM 990, PART IX, LINE 11G - OTHER FEES FOR SERVICES	<table><tr><th>(a) Description</th><th>(b) Total Expenses</th><th>(c) Program Service Expenses</th><th>(d) Management and General Expenses</th><th>(e) Fundraising Expenses</th></tr><tr><td>MEDICAL SERVICES</td><td>15,179,537</td><td>15,179,537</td><td>0</td><td>0</td></tr><tr><td>MENTAL/CHILD HEALTH SERVICES</td><td>626,603</td><td>625,805</td><td>798</td><td>0</td></tr><tr><td>PROFESSIONAL ADMIN SERVICES</td><td>445,884</td><td>170,504</td><td>275,380</td><td>0</td></tr><tr><td>Total</td><td>16,252,024</td><td>15,975,846</td><td>276,178</td><td>0</td></tr></table>					(a) Description	(b) Total Expenses	(c) Program Service Expenses	(d) Management and General Expenses	(e) Fundraising Expenses	MEDICAL SERVICES	15,179,537	15,179,537	0	0	MENTAL/CHILD HEALTH SERVICES	626,603	625,805	798	0	PROFESSIONAL ADMIN SERVICES	445,884	170,504	275,380	0	Total	16,252,024	15,975,846	276,178	0
(a) Description	(b) Total Expenses	(c) Program Service Expenses	(d) Management and General Expenses	(e) Fundraising Expenses																										
MEDICAL SERVICES	15,179,537	15,179,537	0	0																										
MENTAL/CHILD HEALTH SERVICES	626,603	625,805	798	0																										
PROFESSIONAL ADMIN SERVICES	445,884	170,504	275,380	0																										
Total	16,252,024	15,975,846	276,178	0																										
FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES	<table><tr><th>(a) Description</th><th>(b) Amount</th></tr><tr><td>NET ASSETS RELEASED FROM RESTRICTION</td><td>177,216</td></tr><tr><td>OTHER NET ASSET ADJUSTMENT</td><td>14,359</td></tr></table>					(a) Description	(b) Amount	NET ASSETS RELEASED FROM RESTRICTION	177,216	OTHER NET ASSET ADJUSTMENT	14,359																			
(a) Description	(b) Amount																													
NET ASSETS RELEASED FROM RESTRICTION	177,216																													
OTHER NET ASSET ADJUSTMENT	14,359																													



**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

LAKEVIEW CENTER, INC.

**Related Organizations and Unrelated Partnerships**

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

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Employer identification number

59-0737872

**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) .....					
(2) .....					
(3) .....					
(4) .....					
(5) .....					
(6) .....					

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) CMHC HERNANDEZ HOUSE, INC. (59-2041794) 1221 WEST LAKEVIEW AVE, PENSACOLA, FL 32501	LOW COST HOUSING	FL	501(C)(3)	10	LCI	✓	
(2) LAKEVIEW PLACE, INC. (59-2804577) 1221 WEST LAKEVIEW AVE, PENSACOLA, FL 32501	LOW COST HOUSING	FL	501(C)(3)	10	LCI	✓	
(3) LAKEVIEW VILLA, INC. (59-2842486) 1221 WEST LAKEVIEW AVE, PENSACOLA, FL 32501	LOW COST HOUSING	FL	501(C)(3)	10	LCI	✓	
(4) GLOBAL CONNECTIONS TO EMPLOYMENT (47-2592811) 1221 WEST LAKEVIEW AVE, PENSACOLA, FL 32501	VOCATIONAL TRAINING	FL	501(C)(3)	7	LIFEVIEW	✓	
(5) LIFEVIEW GROUP, INC. (59-1469145) 1221 WEST LAKEVIEW AVE, PENSACOLA, FL 32501	SUPPORTING ORG	FL	501(C)(3)	12 TYPE III-FI	N/A		✓
(6) .....							
(7) .....							

**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	
(1) .....												
(2) .....												
(3) .....												
(4) .....												
(5) .....												
(6) .....												
(7) .....												

**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
(1) .....									
(2) .....									
(3) .....									
(4) .....									
(5) .....									
(6) .....									
(7) .....									

**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
<b>1</b> 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?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .	<b>1a</b>	✓
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	<b>1b</b>	✓
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	<b>1c</b>	✓
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	<b>1d</b>	✓
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	<b>1e</b>	✓
<b>f</b> Dividends from related organization(s) . . . . .	<b>1f</b>	✓
<b>g</b> Sale of assets to related organization(s) . . . . .	<b>1g</b>	✓
<b>h</b> Purchase of assets from related organization(s) . . . . .	<b>1h</b>	✓
<b>i</b> Exchange of assets with related organization(s) . . . . .	<b>1i</b>	✓
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	<b>1j</b>	✓
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<b>1k</b>	✓
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<b>1l</b>	✓
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<b>1m</b>	✓
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<b>1n</b>	✓
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	<b>1o</b>	✓
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	<b>1p</b>	✓
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	<b>1q</b>	✓
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	<b>1r</b>	✓
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	<b>1s</b>	✓

**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) GLOBAL CONNECTIONS TO EMPLOYMENT, INC.	E	12,437,504	FMV
(2) GLOBAL CONNECTIONS TO EMPLOYMENT, INC.	L	3,923,956	FMV
(3) LAKEVIEW VILLA, INC	D	57,548	FMV
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512—514)	(e) Are all partners section 501(c)(3) organizations?		(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		Yes	No	
(1) .....													
(2) .....													
(3) .....													
(4) .....													
(5) .....													
(6) .....													
(7) .....													
(8) .....													
(9) .....													
(10) .....													
(11) .....													
(12) .....													
(13) .....													
(14) .....													
(15) .....													
(16) .....													

Form **8879-TE****IRS E-file Signature Authorization  
for a Tax Exempt Entity**

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue ServiceFor calendar year 2023, or fiscal year beginning 10/01, 2023, and ending 09/30, 20 24**Do not send to the IRS. Keep for your records.**  
Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.**2023**

Name of filer

LAKEVIEW CENTER, INC.

EIN or SSN

59-0737872

Name and title of officer or person subject to tax

ERIC BARLEY, VICE PRESIDENT/CFO**Part I Type of Return and Return Information**

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here . . . <input type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . .	1b	
2a Form 990-EZ check here . . . <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9) . . . . .	2b	
3a Form 1120-POL check here . . . <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22) . . . . .	3b	
4a Form 990-PF check here . . . <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5) . . .	4b	
5a Form 8868 check here . . . <input type="checkbox"/>	b Balance due (Form 8868, line 3c) . . . . .	5b	
6a Form 990-T check here . . . <input checked="" type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4) . . . . .	6b	0
7a Form 4720 check here . . . <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1) . . . . .	7b	
8a Form 5227 check here . . . <input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D) . . . . .	8b	
9a Form 5330 check here . . . <input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19) . . . . .	9b	
10a Form 8038-CP check here . . . <input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	

**Part II Declaration and Signature Authorization of Officer or Person Subject to Tax**

Under penalties of perjury, I declare that ☒ I am an officer of the above entity or ☐ I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

**PIN: check one box only**☒ I authorize FORVIS MAZARS

ERO firm name

to enter my PIN

3	7	8	7	2
---	---	---	---	---

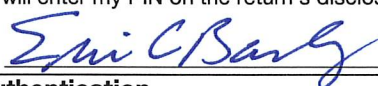
as my signature

Enter five numbers, but  
do not enter all zeros

on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax



Date

4/23/25**Part III Certification and Authentication**

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

6	5	9	7	1	5	6	0	2	6	0
---	---	---	---	---	---	---	---	---	---	---

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature APRIL ARNOLO

Date

04/23/25**ERO Must Retain This Form — See Instructions**  
**Do Not Submit This Form to the IRS Unless Requested To Do So**

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

Cat. No. 31722T

Form **8879-TE** (2023)

000153

Department of the Treasury  
Internal Revenue Service

For calendar year 2023 or other tax year beginning 10/01, 2023, and ending 09/30, 20 24

Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

**Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).**

**Open to Public Inspection  
for 501(c)(3)  
Organizations Only**

<b>A</b> <input type="checkbox"/> Check box if address changed.	<b>Print or Type</b>	<b>D Employer identification number</b> 59-0737872
<b>B</b> Exempt under section <input checked="" type="checkbox"/> 501( C )( 3 ) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A		<b>E Group exemption number</b> (see instructions)
		<b>F</b> <input type="checkbox"/> Check box if an amended return.
	<b>C</b> Book value of all assets at end of year . . . . . 53,968,544	
<b>G</b> Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust <input type="checkbox"/> State college/university <input type="checkbox"/> 6417(d)(1)(A) Applicable entity		
<b>H</b> Check if filing only to claim <input type="checkbox"/> Credit from Form 8941 <input type="checkbox"/> Refund shown on Form 2439 <input type="checkbox"/> Elective payment amount from Form 3800		
<b>I</b> Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation . . . . . <input type="checkbox"/>		
<b>J</b> Enter the number of attached Schedules A (Form 990-T) . . . . .		
<b>K</b> During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the name and identifying number of the parent corporation		
<b>L</b> The books are in care of (SEE STATEMENT) Telephone number (850) 495-2321		

<b>Part I</b>	<b>Total Unrelated Business Taxable Income</b>
---------------	--

<b>1</b>	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	<b>1</b>	0
<b>2</b>	Reserved	<b>2</b>	
<b>3</b>	Add lines 1 and 2	<b>3</b>	0
<b>4</b>	Charitable contributions (see instructions for limitation rules)	<b>4</b>	0
<b>5</b>	Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	<b>5</b>	0
<b>6</b>	Deduction for net operating loss. See instructions	<b>6</b>	0
<b>7</b>	Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	<b>7</b>	0
<b>8</b>	Specific deduction (generally \$1,000, but see instructions for exceptions)	<b>8</b>	0
<b>9</b>	<b>Trusts.</b> Section 199A deduction. See instructions	<b>9</b>	0
<b>10</b>	<b>Total deductions.</b> Add lines 8 and 9	<b>10</b>	0
<b>11</b>	<b>Unrelated business taxable income.</b> Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	<b>11</b>	0

## Part II Tax Computation

<b>1</b>	<b>Organizations taxable as corporations.</b> Multiply Part I, line 11, by 21% (0.21) . . . . .	<b>1</b>	<b>0</b>
<b>2</b>	<b>Trusts taxable at trust rates.</b> See instructions for tax computation. Income tax on the amount on Part I, line 11, from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) . . . . .	<b>2</b>	
<b>3</b>	<b>Proxy tax.</b> See instructions . . . . .	<b>3</b>	<b>0</b>
<b>4</b>	<b>Other tax amounts.</b> See instructions . . . . .	<b>4</b>	<b>0</b>
<b>5</b>	<b>Alternative minimum tax</b> . . . . .	<b>5</b>	<b>0</b>
<b>6</b>	<b>Tax on noncompliant facility income.</b> See instructions . . . . .	<b>6</b>	<b>0</b>
<b>7</b>	<b>Total.</b> Add lines 3 through 6 to line 1 or 2, whichever applies . . . . .	<b>7</b>	<b>0</b>

## Part III Tax and Payments

<b>1a</b>	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	<b>1a</b>		0		
<b>b</b>	Other credits (see instructions)	<b>1b</b>		0		
<b>c</b>	General business credit. Attach Form 3800 (see instructions)	<b>1c</b>		0		
<b>d</b>	Credit for prior-year minimum tax (attach Form 8801 or 8827)	<b>1d</b>				
<b>e</b>	<b>Total credits.</b> Add lines 1a through 1d				<b>1e</b>	0
<b>2</b>	Subtract line 1e from Part II, line 7				<b>2</b>	0
<b>3a</b>	Amount due from Form 4255	<b>3a</b>				
<b>b</b>	Amount due from Form 8611	<b>3b</b>				
<b>c</b>	Amount due from Form 8697	<b>3c</b>				
<b>d</b>	Amount due from Form 8866	<b>3d</b>				
<b>e</b>	Other amounts due (see instructions)	<b>3e</b>		0		
<b>f</b>	Total amounts due. Add lines 3a through 3e				<b>3f</b>	0
<b>4</b>	<b>Total tax.</b> Add lines 2 and 3f (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here			0	<b>4</b>	0
<b>5</b>	Current net 965 tax liability paid from Form 965-A, Part II, column (k)				<b>5</b>	0



**Part III Tax and Payments** (continued)

<b>6a</b>	Payments: Preceding year's overpayment credited to the current year . . . . .	<b>6a</b>	0	
<b>b</b>	Current year's estimated tax payments. Check if section 643(g) election applies . . . . . <input type="checkbox"/>	<b>6b</b>	0	
<b>c</b>	Tax deposited with Form 8868 . . . . .	<b>6c</b>	0	
<b>d</b>	Foreign organizations: Tax paid or withheld at source (see instructions) . . . . .	<b>6d</b>	0	
<b>e</b>	Backup withholding (see instructions). . . . .	<b>6e</b>	0	
<b>f</b>	Credit for small employer health insurance premiums (attach Form 8941) . . . . .	<b>6f</b>	0	
<b>g</b>	Elective payment election amount from Form 3800 . . . . .		0	
<b>h</b>	Payment from Form 2439 . . . . .	<b>6h</b>	0	
<b>i</b>	Credit from Form 4136 . . . . .	<b>6i</b>	0	
<b>j</b>	Other (see instructions) . . . . .	<b>6j</b>	0	
<b>7</b>	<b>Total payments.</b> Add lines 6a through 6j . . . . .	<b>7</b>		0
<b>8</b>	Estimated tax penalty (see instructions). Check if Form 2220 is attached . . . . . <input type="checkbox"/>	<b>8</b>		0
<b>9</b>	<b>Tax due.</b> If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed . . . . .	<b>9</b>		0
<b>10</b>	<b>Overpayment.</b> If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid . . . . .	<b>10</b>		0
<b>11</b>	Enter the amount of line 10 you want: <b>Credited to 2024 estimated tax</b> 0 <b>Refunded</b>	<b>11</b>		0

**Part IV Statements Regarding Certain Activities and Other Information** (see instructions)

	Yes	No
<b>1</b> At any time during the 2023 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here		✓
<b>2</b> During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		✓
<b>3</b> Enter the amount of tax-exempt interest received or accrued during the tax year . . . . . \$		
<b>4</b> Enter available pre-2018 NOL carryovers here \$ . . . . . Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
<b>5</b> Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17, for the tax year. See instructions.		
Business Activity Code	Available post-2017 NOL carryover	
	\$	
	\$	
	\$	
	\$	
<b>6a</b> Reserved for future use . . . . .		
<b>b</b> Reserved for future use . . . . .		

**Part V Supplemental Information**

Provide any additional information. See instructions.

(SEE STATEMENT)

<b>Sign Here</b>	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 taxpayer) is based on all information of which preparer has any knowledge.				
	Signature of officer	Date	Title	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name APRIL ARNOLD	Preparer's signature APRIL ARNOLD	Date 04/23/25	Check <input type="checkbox"/> if self-employed	PTIN P01559426
	Firm's name FORVIS MAZARS			Firm's EIN 44-0160260	
	Firm's address 120 E PALMETTO PARK ROAD SUITE 403, BOCA RATON, FL 33432			Phone no. (561) 299-1820	

Form **990-T** (2023)

Return Reference - Identifier	Explanation
BOOK CARE - NAME AND ADDRESS	DOREEN DRIMMIE, 1221 W. LAKEVIEW AVENUE, PENSACOLA, FL 32501-1836



Return Reference	Amount	Explanation
<b>990-T CORE FORM</b>		
FORM 990-T, PART V, N/A	0	THE TAXPAYER DOES NOT HAVE ANY ACTIVITIES GENERATING UNRELATED BUSINESS TAXABLE INCOME (AS DEFINED IN IRC §512(A)) IN THE CURRENT YEAR. FORM 990-T IS BEING FILED TO COMMENCE RUNNING ON THE PERIOD UNDER THE STATUTES OF LIMITATION FOR REPORTING UNRELATED BUSINESS INCOME.

# Saltmarsh

Saltmarsh, Cleaveland & Gund

*CERTIFIED PUBLIC ACCOUNTANTS AND CONSULTANTS*

**LIFETIME GROUP, INC. AND SUBSIDIARIES**

**PENSACOLA, FLORIDA**

**CONSOLIDATED FINANCIAL STATEMENTS**

**SEPTEMBER 30, 2023**

**LIFETIME GROUP, INC. AND SUBSIDIARIES**  
**PENSACOLA, FLORIDA**  
**CONSOLIDATED FINANCIAL STATEMENTS**  
**SEPTEMBER 30, 2023**

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**LIFVIEW GROUP, INC. AND SUBSIDIARIES**  
**PENSACOLA, FLORIDA**  
**CONSOLIDATED FINANCIAL STATEMENTS**  
**SEPTEMBER 30, 2023**

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## INDEPENDENT AUDITORS' REPORT

Management and the Board of Directors  
LifeView Group, Inc. and Subsidiaries  
Pensacola, Florida

### Opinion

We have audited the consolidated financial statements of LifeView Group, Inc. and Subsidiaries (the Company), which comprise the consolidated balance sheet as of September 30, 2023, and the related consolidated statements of operations and changes in net assets, and cash flows for the year then ended, and the related notes to the consolidated financial statements.

In our opinion, the consolidated financial statements present fairly, in all material respects, the financial position of the Company as of September 30, 2023, and the changes in its net assets and cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

### Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Consolidated Financial Statements section of our report. We are required to be independent of the Company, and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### Management's Responsibility for the Consolidated Financial Statements

Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the consolidated financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Company's ability to continue as a going concern for one year after the date that the financial statements are available to be issued.

## **Auditor's Responsibilities for the Audit of the Consolidated Financial Statements**

Our objectives are to obtain reasonable assurance about whether the consolidated financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards and *Government Auditing Standards* will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements, including omissions, are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the consolidated financial statements.

In performing an audit in accordance with generally accepted auditing standards and *Government Auditing Standards*, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the consolidated financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the consolidated financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Company's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the consolidated financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Company's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control related matters that we identified during the audit.

## Supplementary Information

Our audit was conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The DUI School and Access Behavioral Health (Regulatory Basis) supplementary information financial statements are presented on pages 45 through 52 for purposes of additional analysis and are not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated, in all material respects, in relation to the consolidated financial statements as a whole.

The accompanying Schedule of Expenditures of Federal Awards and State Financial Assistance as required by Title 2 U.S. Code of Federal Regulations Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards*, and by Chapter 10.650, *Rules of the Auditor General*, presented on pages 53 through 64 is presented for purposes of additional analysis and is not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the Schedule of Expenditures of Federal Awards and State Financial Assistance is fairly stated, in all material respects, in relation to the consolidated financial statements as a whole.

The accompanying Schedule of Functional Revenues and Expenses (Regulatory Basis), Schedule of State Earnings (Regulatory Basis), Schedule of Related-Party Transaction Adjustments (Regulatory Basis) and Schedule of Bed-Day Availability Payments are presented for purposes of additional analysis and are not a required part of the consolidated financial statements. Such information is the responsibility of management. The information has not been subjected to the auditing procedures applied in the audit of the consolidated financial statements, and, accordingly, we express no opinion on them.

Management and the Board of Directors  
LifeView Group, Inc. and Subsidiaries  
Pensacola, Florida

**Other Reporting Required by *Government Auditing Standards***

In accordance with *Government Auditing Standards*, we have also issued our report dated February 26, 2024, on our consideration of the Company's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the Company's internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Company's internal control over financial reporting and compliance.



Pensacola, Florida  
February 26, 2024



**LifeView Group, Inc. and Subsidiaries**

**Consolidated Balance Sheet**

*(In Thousands)*

**September 30, 2023**

**Assets**

Current assets:

Cash and cash equivalents	\$	31,912
Short-term investments		277
Accounts receivable:		
Client accounts receivable, net		900
Governmental funding sources receivable		8,734
Vocational service contracts receivable		13,646
Other accounts receivable		2,733
Inventories		984
Prepaid expenses		1,751
Total current assets		<u>60,937</u>

Property and equipment, net	30,968
Leases right-of-use asset	5,759
Other assets	115

Total assets	<u><u>\$ 97,779</u></u>
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**LifeView Group, Inc. and Subsidiaries**

**Consolidated Balance Sheet**

*(In Thousands)*

**September 30, 2023**

*(Continued)*

**Liabilities and net assets**

Current liabilities:

Accounts payable	\$	3,235
Accrued liabilities		22,698
Current portion of long-term debt		41
Current portion of lease obligation		1,573
Compensated absences		3,502
Total current liabilities		<u>31,049</u>

Long-term debt, less current portion		36,322
Lease obligation, less current portion		4,693
Total liabilities		<u>72,064</u>

Net assets:

Without donor restrictions		24,285
With donor restrictions		1,430
Total net assets		<u>25,715</u>

Total liabilities and net assets	\$	<u>97,779</u>
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*See accompanying notes.*

## LifeView Group, Inc. and Subsidiaries

### Consolidated Statement of Operations and Changes in Net Assets

(In Thousands)

Year Ended September 30, 2023

Revenue and other support without donor restrictions:	
Federal, state, and local financial awards	\$ 58,657
Net client service fees	22,321
Vocational service contracts	103,349
Contract revenue	37,387
Other fees and support	410
In-kind services	405
Contributions	487
Other	401
Total revenues and other support without donor restrictions	<u>223,417</u>
Expenses:	
Salaries and wages	105,789
Fringe benefits	31,218
Building occupancy	6,193
Professional fees	4,978
Contract medical services	18,105
Travel	2,004
Equipment costs	4,781
Food services	1,958
Medical/pharmacy services	15,552
Subcontracted services	12,534
Subsidy payments	3,262
Personal welfare	1,123
Insurance	2,211
Donated items	290
Depreciation and loss on sale/retirement	2,531
Other operating expenses	3,927
Total expenses	<u>216,456</u>
Income from operations	<u>6,961</u>
Nonoperating gains/(losses):	
Investment income	7
Bond interest expense	(2,072)
Total nonoperating losses, net	<u>(2,065)</u>
Excess of revenues, other support, and gains over expenses and losses	<u>4,896</u>

*Continued on next page*

**LifeView Group, Inc. and Subsidiaries**

**Consolidated Statement of Operations  
and Changes in Net Assets**

*(In Thousands)*

**Year Ended September 30, 2023**

*(Continued)*

Net assets without donor restrictions:

Excess of revenues, support, and gains over expenses and losses	\$ 4,896
Other changes in net assets without donor restrictions	(612)
Change in net assets without donor restrictions	<u>4,284</u>

Net assets with donor restrictions:

Change in restricted foundation fund	<u>621</u>
Change in net assets with donor restrictions	621

Change in net assets	4,905
Net assets at beginning of year	<u>20,810</u>
Net assets at end of year	<u><u>\$ 25,715</u></u>

*See accompanying notes.*

**LifeView Group, Inc. and Subsidiaries**

**Consolidated Statement of Cash Flows**

*(In Thousands)*

**Year Ended September 30, 2023**

**Operating activities**

Change in net assets	\$	4,905
Adjustments to reconcile change in net assets to net cash used in operating activities:		
Depreciation		2,433
Loss on sale and retirement of property and equipment		98
Amortization of debt issuance costs		99
Changes in operating assets and liabilities:		
Client accounts receivable		(172)
Governmental funding sources receivable		(4,807)
Vocational service contracts receivable		(1,430)
Other accounts receivable		(429)
Inventories		(58)
Prepaid expenses		(603)
Other assets and liabilities		70
Accounts payable		(1,959)
Accrued liabilities		1,571
Compensated absences		72
Net cash used in operating activities		<u>(210)</u>

**Investing activities**

Purchases of property and equipment		<u>(2,614)</u>
Net cash used in investing activities		(2,614)

*Continued on next page*

**LifeView Group, Inc. and Subsidiaries**

**Consolidated Statement of Cash Flows**

*(In Thousands)*

**Year Ended September 30, 2023**

*(Continued)*

**Financing activities**

Repayments of long-term debt	\$ (38)
Principal payments on finance lease liabilities	(48)
Net cash used in financing activities	<u>(86)</u>

Net change in cash and cash equivalents	(2,910)
Cash and cash equivalents at beginning of year	34,822
Cash and cash equivalents at end of year	<u>\$ 31,912</u>

**Supplemental disclosure of cash flow information**

Costs for purchases of property and equipment included in other liabilities	<u>\$ 142</u>
Interest paid	<u>\$ 2,072</u>

**Supplemental disclosure of noncash financing activities**

Long-term debt incurred for purchases of property and equipment	<u>\$ 845</u>
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## **NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS**

## **LifeView Group, Inc. and Subsidiaries**

### **Notes to Consolidated Financial Statements**

*(Dollars in Thousands)*

**September 30, 2023**

#### **1. Organization and Summary of Significant Accounting Policies**

##### **Organization**

Liferview Group, Inc. (LGI or the Company), a nonprofit organization, was incorporated in 2021 to purchase Lakeview Center, Inc. (the Center) and its affiliates, Global Connections to Employment, Inc. (GCE), CMHC Hernandez House, Inc., Lakeview Place, Inc., Lakeview Villa, Inc. (the 3 collectively -HUDs). The Center was acquired pursuant to the Member Substitution Agreement. LGI is the sole member of the Center, and the Center is the sole member of the HUDs. CMHC Hernandez House, Inc. is no longer active. The mission of the Company, including all of its subsidiaries, is to help people through life's journey by providing behavioral health services, vocational services, and child protective services.

Lakeview Center, Inc., a nonprofit organization, was incorporated in 1954, as Community Mental Health Center of Escambia County, Inc. Lakeview Place, Inc. and CMHC Hernandez House, Inc. are U.S. Department of Housing and Urban Development (HUD) multi-unit dwellings owned by the Center that provide housing facilities and services to people diagnosed with mental illness. The contract for CMHC Hernandez House, Inc. ended September 30, 2021. Subsequent to September 30, 2021, the operations of CMHC Hernandez House, Inc. have been included in the Center operations. Lakeview Villa, Inc. is a HUD apartment complex owned by the Company that provides low-cost housing facilities and services to persons with chronic mental illness. Global Connections to Employment, Inc. was separately incorporated in 2014, with the Center as the sole member. Effective July 2023, LGI became the sole member of GCE.

##### **Principles of Consolidation**

The accompanying consolidated financial statements include the accounts of LifeView Group, Inc. and its related entities: Lakeview Center, Inc.; Global Connections to Employment, Inc.; Lakeview Villa, Inc.; and Lakeview Place, Inc. All inter-entity transactions have been eliminated in consolidation.

##### **Operating and Nonoperating Activities**

The Company's primary mission is to provide a broad range of behavioral health services, vocational services, and child protective services to citizens of the region and nationally, across 14 states and the District of Columbia. Activities directly associated with the furtherance of this purpose are considered to be operating activities. Other activities that result in gains or losses unrelated to the Company's primary mission are considered nonoperating.



## **LifeView Group, Inc. and Subsidiaries**

### **Notes to Consolidated Financial Statements**

*(Dollars in Thousands)*

**September 30, 2023**

#### **1. Organization and Summary of Significant Accounting Policies (continued)**

##### **Use of Estimates**

The preparation of these consolidated financial statements in conformity with accounting principles generally accepted in the United States (GAAP) requires management to make estimates and assumptions. These estimates and assumptions affect certain reported amounts of assets and liabilities at the date of the consolidated financial statements and revenues and expenses recognized during the reporting period. Accordingly, actual results may differ from those estimates.

##### **Net Assets**

The Company reports information regarding financial position and activities according to two classes of net assets: with and without donor restriction. Net assets are classified based on the existence or absence of donor-imposed restrictions, if any, that may or may not be met by actions of management or by the passage of time.

The net asset categories reflected in the accompanying consolidated financial statements are as follows:

- *Without donor restriction* - Net assets that are free of donor-imposed restrictions, including all revenues, expenses, gains, and losses that are not changes in net assets with donor restrictions.

*With donor restriction* - Net assets whose use by the Company is limited by donor-imposed stipulations that may or may not expire by passage of time or that can or cannot be fulfilled or removed by action of the Company pursuant to those stipulations. As a general practice, the Company applies restricted resources when an expense relating to the purpose restriction imposed by the outside party is incurred before unrestricted resources are used.

##### **Contributions**

The Company records contributions as being with or without donor restriction depending on the existence and/or nature of any donor restrictions.

## **LifeView Group, Inc. and Subsidiaries**

### **Notes to Consolidated Financial Statements**

*(Dollars in Thousands)*

**September 30, 2023**

#### **1. Organization and Summary of Significant Accounting Policies (continued)**

##### **Cash Equivalents**

The Company considers all highly liquid investment instruments with maturities of three months or less when purchased to be cash equivalents. Cash deposits are federally insured in limited amounts.

##### **Short-Term Investments**

Short-term investments consist of a certificate of deposit held by LGI that automatically renews every 182 days. Due to the short-term nature, the carrying amount reported in the consolidated balance sheet approximates the fair value as of September 30, 2023.

##### **Net Client Service Revenue and Accounts Receivable**

The Company has agreements with third-party payors that provide payments to the Company at amounts different from its established rates. Payment arrangements include prospectively determined rates per service, reimbursed costs, discounted charges, and per diem payments. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined.

##### **Allowance for Uncollectible Accounts**

Accounts receivable are written off after collection effort has been followed in accordance with the Company's policies. Accounts written off as uncollectible are deducted from the allowance for uncollectible accounts and subsequent recoveries are added. Periodically, management assesses the adequacy of the allowance for uncollectible accounts based upon historical write-off experience by payor category. The results of this review are then used to make any modifications to the provision for bad debts to establish an appropriate allowance for uncollectible receivables.

##### **Contract and Other Receivables**

Receivables for contracted services are typically deemed wholly collectible as they are due from governmental units, grantors, and third-party paying agencies.

## **LifeView Group, Inc. and Subsidiaries**

### **Notes to Consolidated Financial Statements**

*(Dollars in Thousands)*

**September 30, 2023**

#### **1. Organization and Summary of Significant Accounting Policies (continued)**

##### **Inventories**

Inventories (primarily pharmaceutical and computers) are stated at the lower of cost (average cost method) or net realizable value using the first-in, first-out method.

##### **Property and Equipment**

Property and equipment acquisitions are recorded at historical cost. Property and equipment donated to the Company are recorded at fair value at the date of receipt. Depreciation is provided over the estimated useful life of each class of depreciable asset and is computed on the straight-line method. Estimated useful lives of depreciable assets are as follows:

Buildings	40 years
Furniture and equipment	3–7 years
Building and land improvements	10–20 years

##### **Compensated Absences**

Employees are entitled to accumulate a limited amount of earned but unused annual leave. Accordingly, the Company records an accrual for earned, unused, vested annual leave in accordance with the Company's policy. Upon separation from the Company, employees are entitled to this amount of unused vested leave.

##### **Net Client Service Fees**

The Company has agreements with third-party payors that provide payments to the Company at amounts different from its established rates. Payment arrangements include prospectively determined rates per completion of service, reimbursed costs, and discounted charges. Net client service fees are reported at the estimated net realizable amounts from clients, third-party payors, and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payors.

## **LifeView Group, Inc. and Subsidiaries**

### **Notes to Consolidated Financial Statements**

*(Dollars in Thousands)*

**September 30, 2023**

#### **1. Organization and Summary of Significant Accounting Policies (continued)**

##### **Net Client Service Fees (continued)**

The Company accepts clients in immediate need of care, regardless of their ability to pay, and serves certain clients whose care costs are not paid at established rates, including those sponsored under government programs such as Medicare and Medicaid, those sponsored under private contractual agreements, charity clients, and other uninsured clients who have limited ability to pay. The Company recognizes client service fee revenue associated with clients who have third-party payor coverage on the basis of contractual rates for the services rendered. For uninsured clients who do not qualify for charity care, revenue is recognized on the basis of discounted rates in accordance with the Company's policy.

A summary of the payment arrangements with major third-party payors follows:

*Medicare* – Client services rendered to Medicare program beneficiaries are reimbursed under a fee-for-service methodology.

*Medicaid* – Client mental health and substance abuse services rendered to Medicaid program beneficiaries are reimbursed under a capitated arrangement.

*Other* – The Company has also entered into payment agreements with certain insurance carriers, health maintenance organizations, and preferred provider organizations. The basis for payment to the Company under these agreements includes prospectively determined rates and discounts from established charges.

##### **Charity Care**

Quality care is provided to all persons requiring immediate treatment regardless of their ability to pay. An individual is classified as a charity client by reference to certain established policies of the Company. Essentially, these policies define charity services as those services for which no payment is anticipated. In assessing a client's ability to pay, the Company utilizes the most recently published federal poverty income guidelines, but also includes certain cases where incurred charges are significant when compared to income. These charges are subtracted in the net client service fees calculation.

## **LifeView Group, Inc. and Subsidiaries**

### **Notes to Consolidated Financial Statements**

*(Dollars in Thousands)*

**September 30, 2023**

#### **1. Organization and Summary of Significant Accounting Policies (continued)**

##### **Charity Care (continued)**

The Company estimates the direct and indirect costs of providing charity care by applying a cost to gross charges ratio to the gross uncompensated charges associated with providing charity care to clients. The cost of providing charity care was \$4,693 for the year ended September 30, 2023.

##### **Medicaid Managed Medical Assistance Contract Revenue**

The Company is licensed as a prepaid limited health services organization pursuant to Chapter 636, *Florida Statutes*. Effective August 1, 2014, the Company, doing business as Access Behavioral Health, was awarded contracts with the Medicaid Managed Medical Assistance Plan (the MMA Plan). The Company receives a per-member per-month rate to provide mental health and substance abuse services to an annual average of 139,000 Medicaid beneficiaries in Florida's Regions 1 and 2. Amounts received are recognized as contract revenue during the period in which the Company is obligated to provide services to beneficiaries. Approximately \$37,387 was recognized as revenue under the MMA Plan during the year ended September 30, 2023.

##### **Medicaid Managed Medical Assistance Plan Costs**

The Company is directly responsible for providing mental health and substance abuse services to beneficiaries residing in Escambia, Santa Rosa, and Walton counties, representing approximately 62% of the covered lives under the MMA Plan. The Company has entered into subcontracts with three comprehensive community mental health centers to provide mental health services to the MMA Plan beneficiaries residing in the other counties in these Regions. These subcontracts are typically on a full-risk capitated basis. The mental health services covered under the MMA Plan are generally the same as those covered under the Medicaid fee-for-service program. Covered services include inpatient psychiatric care, outpatient care, substance abuse, and physician services. The majority of services for which the Company is directly responsible is provided within its own service delivery system; however, some services are contracted for on a fee-for-service basis with local area hospitals and providers. A provision has been made for these services rendered but not reported as of September 30, 2023.

## LifeView Group, Inc. and Subsidiaries

### Notes to Consolidated Financial Statements

(Dollars in Thousands)

September 30, 2023

#### 1. Organization and Summary of Significant Accounting Policies (continued)

##### Income Taxes

The Company and its related entities are exempt from federal income taxes under Section 501(a) as organizations described in Section 501(c)(3) of the Internal Revenue Code of 1986, as amended, and are also exempt from state income taxes.

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) Topic 740, *Income Taxes*, prescribes the accounting for uncertainty in income tax positions recognized in financial statements. ASC Topic 740 provides guidance for recognition threshold and measurement attributes for the financial statement recognition and measurement of a tax position taken or expected to be taken in a tax return. There were no material uncertain tax positions as of September 30, 2023.

##### Cost Allocation

The Company uses several methods to allocate organization and overhead costs among program and support areas. Workers' compensation is allocated based on industry standard rates and salary expense. Unemployment and health plan expenses are allocated based on personnel cost and plan participation, respectively.

Administrative costs are allocated based on the federal indirect rate cal. Property and auto insurances are allocated proportionately among those who benefit from the assets covered. General liability uses a staff-based allocation.

#### 2. Cash and Short-Term Investments

The composition of cash and short-term investments is as follows:

	September 30, 2023
Cash and cash equivalents	\$ 31,912
Certificate of deposit	277
	<u>\$ 32,189</u>

## LifeView Group, Inc. and Subsidiaries

### Notes to Consolidated Financial Statements

(Dollars in Thousands)

September 30, 2023

#### 3. Concentrations of Credit Risk

The Company receives client service fees revenue from three primary sources: Medicaid and Medicare, other third-party payors, and client payments. The following indicates the applicable percentages of accounts receivable from those sources:

	September 30, 2023
Medicaid and Medicare	41%
Other third-party payors	45
Client payments	14
	<u>100%</u>

#### 4. Property and Equipment

Major classifications of property and equipment are summarized as follows:

	September 30, 2023
Buildings and improvements	\$ 21,561
Furniture and equipment	11,348
Land	2,445
Construction-in-progress	890
	<u>36,244</u>
Less accumulated depreciation	<u>(5,276)</u>
	<u>\$ 30,968</u>

Depreciation expense on the statement of operations and changes in net assets includes \$98 of loss on sale and retirement of property and equipment. Total depreciation expense amounted to \$2,433 for the year ended September 30, 2023.

## LifeView Group, Inc. and Subsidiaries

### Notes to Consolidated Financial Statements

*(Dollars in Thousands)*

**September 30, 2023**

#### 5. Long-Term Debt

Long-term debt consists of the following:

	<b>September 30, 2023</b>
Note payable to HUD, interest at 9.0%, monthly payments of \$5,000 including interest, secured by real property, maturing May 2032	\$ 370
Note payable to HUD, interest at 8.375%, monthly payments of \$2,000 including interest, secured by real property, maturing March 2032	140
Series 2021A Bonds payable, issued by Florida Development Finance Corp and purchased by Bank of America, interest at 6.0% on \$7,790 and 6.25% on \$14,120, maturity date August 2041 and 2051, respectively; interest payment of \$1,350 due in 2023 to be paid semi-annually.	21,910
Series 2021B Bonds payable, issued by Florida Development Finance Corp. under the Master Indenture and purchased by BHCC, interest at 4.45% through September 30, 2026, and increasing thereafter, maturity date August 2031; interest payment of \$668 due in 2023 to be paid semi-annually.	15,000
Unamortized issuance costs	(1,057)
	36,363
Less current portion	(41)
	<u><u>\$ 36,322</u></u>

Following are maturities of long-term debt for each of the next five years and thereafter:

	<b>Amount</b>
Year ending September 30:	
2024	\$ 41
2025	45
2026	49
2027	54
2028	59
Thereafter	36,115
	<u><u>\$ 36,363</u></u>



## **LifeView Group, Inc. and Subsidiaries**

### **Notes to Consolidated Financial Statements**

*(Dollars in Thousands)*

**September 30, 2023**

#### **5. Long-Term Debt (continued)**

##### **2021 Revenue Bonds**

The Series A Tax-Exempt Revenue Bonds, in the amount of \$21,910, were issued by the Florida Development Finance Corporation (the Issuer). The Series 2021A Bonds were issued under a Bond Trust Indenture dated as of September 1, 2021, by and between the Issuer and Regions Bank, as bond trustee. The Issuer loaned the proceeds of the Series 2021A Bonds to LifeView Group, Inc. pursuant to a Loan Agreement dated as of September 1, 2021. The Series B Taxable Revenue Bonds, in the amount of \$15,000, were issued by the Florida Development Finance Corporation. The Series 2021B Bonds were issued under a Bond Trust Indenture dated as of September 1, 2021, by and between the Issuer and Regions Bank, as bond trustee. The Issuer loaned the proceeds of the Series 2021B Bonds to LifeView Group, Inc. pursuant to a Loan Agreement dated as of September 1, 2021. The Bond Trust Indenture requires certain covenants and reporting requirements to be met.

#### **6. Leases**

On October 1, 2019, the Company adopted FASB's ASU 2016-02, *Leases*, electing to apply the optional transition method, which allows entities to forgo comparative reporting requirements. For leases that commenced before the effective date of ASU 2016-02, the Company elected the package of transition provisions available that allowed carryforward of the historical assessment of (1) whether contracts are or contain leases, (2) lease classification for any expired leases and (3) initial direct costs. In addition, the Company does not separate lease and non-lease components.

The Company's leases are primarily for real estate. The Company determines if an arrangement is a lease at contract inception. Lease assets and lease liabilities are recognized based on the present value of the lease payments over the lease term at the commencement date. Because most of the leases do not provide an implicit rate of return, the Company used a risk-free rate based on the daily treasury yield curve at lease commencement in determining the present value of lease payments.

Most leases include one or more options to renew, with renewal terms that can extend the lease term from months to years. The exercise of such lease renewal options is generally at the Company's sole discretion. For purposes of calculating lease liabilities, lease terms include options to extend or terminate the lease when it is reasonably certain that option will be utilized.

**LifeView Group, Inc. and Subsidiaries**

**Notes to Consolidated Financial Statements**

*(Dollars in Thousands)*

**September 30, 2023**

**6. Leases (continued)**

Leases with a lease term of 12 months or less at commencement are not recorded on the consolidated balance sheet. Lease expense for these arrangements is recognized on a straight-line basis over the lease term.

Leases consist of the following:

**Operating Leases**

	<b>September 30, 2023</b>
Operating lease assets	\$ 5,209
Current portion of operating lease obligation	\$ 1,557
Operating lease obligation, less current portion	4,119
Total operating lease liabilities	\$ 5,676

Lease expense for lease payments is recognized on a straight-line basis over the lease term. The components of lease expense are as follows:

	<b>Year Ended September 30, 2023</b>
Operating lease expense	\$ 1,203
Short-term lease expense	270
Total lease expense	\$ 1,473

Lease term and discount rate are as follows:

	<b>September 30, 2023</b>
Weighted-average remaining lease terms:	4.38 years
Weighted-average remaining discount rate:	1.77%

**LifeView Group, Inc. and Subsidiaries**

**Notes to Consolidated Financial Statements**

*(Dollars in Thousands)*

**September 30, 2023**

**6. Leases (continued)**

The following table summarizes the maturity of lease liabilities under operating leases for the next five years and the years thereafter, as of September 30, 2023:

	<b>Operating Leases</b>
2024	\$ 1,557
2025	1,424
2026	1,058
2027	784
2028	803
Thereafter	270
Total lease payments	5,896
Less: imputed interest	220
Total lease liabilities	<u>\$ 5,676</u>

Supplemental cash flow information related to leases are as follows:

	<b>Year Ended September 30, 2023</b>
Cash paid for amounts included in the measurement of lease liabilities:	
Operating cash flows from operating leases	\$ 1,534

Rent expense for the year ended September 30, 2023, amounted to \$1,716.

**Financing Leases**

	<b>September 30, 2023</b>
Financing lease assets	\$ 550
Financing lease liabilities	<u>\$ 590</u>

**LifeView Group, Inc. and Subsidiaries**

**Notes to Consolidated Financial Statements**

*(Dollars in Thousands)*

**September 30, 2023**

**6. Leases (continued)**

	<b>Year Ended September 30, 2023</b>
Weighted-average remaining lease terms:	3.26 years
Weighted-average remaining discount rate:	1.37%

The following table summarizes the maturity of lease liabilities under financing leases for the next five years and the years thereafter, as of September 30, 2023:

	<b>Financing Leases</b>
2024	\$ 221
2025	220
2026	220
2027	55
Total lease payments	716
Less: imputed interest	126
Total lease liabilities	<u>\$ 590</u>

Supplemental cash flow information related to leases are as follows:

	<b>September 30, 2023</b>
Cash paid for amounts included in the measurement of lease liabilities:	
Operating cash flows from financing leases	\$ 48
Lease assets obtained in exchange for new financing lease liabilities	845

Both operating and financing leases are included in the financial statement caption lease obligation.

## **LifeView Group, Inc. and Subsidiaries**

### **Notes to Consolidated Financial Statements**

*(Dollars in Thousands)*

**September 30, 2023**

#### **7. Sources of Revenue**

##### **Federal, State, and Local Financial Awards**

The Company receives funding from several Government and other agencies to provide behavioral health and child protective services to clients in a four-county region. This revenue is predominantly deemed to be unconditional contribution revenue and not governed under the ASC 606 guidance. The contractual obligations with these payors are met as services are provided. These contracts are billed monthly. The Company expects to be paid for all services provided. Adjustments are made as they arise for any services that will not be reimbursed.

##### **Net Client Service Revenue**

The Company's client service revenues generally relate to contracts with clients in which the performance obligation is to provide behavioral health care services. Revenues are recorded during the period when the obligations are satisfied. The obligations are generally satisfied over a day or more for residential or inpatient programs or less for outpatient services. The contractual relationships with clients often involve a third-party payor and the transaction prices for the services provided are dependent upon the terms provided by or negotiated with the third-party payors. The payment arrangements with third party payers for services provided to clients are typically for rates lower than the customary and standard fees. The differences in these rates are considered to be explicit price concessions.

Client service revenue is based upon the estimated amounts expected to be received from the clients and any third-party payors. Explicit price concessions are estimated at the time revenue is recorded and may be adjusted in future periods. The Company elected to use the portfolio approach to assess collectability due to the large volume of similar contracts with similar classes of customers. The effect of applying the portfolio approach to a group of contracts would not differ materially from considering each contract separately. Management's judgment to group the contracts by portfolio is based on the payment behavior expected in each portfolio category. As a result, aggregating all contracts (which are at the patient level) by the particular payor or group of payors will result in the recognition of the same amount of patient service revenue as applying the analysis at the individual patient level.

## LifeView Group, Inc. and Subsidiaries

### Notes to Consolidated Financial Statements

(Dollars in Thousands)

September 30, 2023

#### 7. Sources of Revenue (continued)

Net client service fee revenue is not recognized for those clients that qualify for charity under the Company's charity care policies. For all others, service fee revenue, net of explicit price concessions and other deductions recognized from major payor sources is as follows:

	Year Ended September 30, 2023
Third-party payors, net of deductions	\$ 17,750
Self-pay clients, net of deductions	4,571
	<u>\$ 22,321</u>

Revenues from the Medicare and Medicaid programs accounted for approximately 42% of the Company's net client service fees for the year ended September 30, 2023. Laws and regulations governing Medicare and Medicaid programs are extremely complex and subject to interpretation. As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount. Changes in the Medicare and Medicaid programs and the reduction of funding levels could have an adverse impact on the Center.

#### Vocational Service Contracts

The Company's vocational service revenues generally relate to contracts with federal, state or local customers in which the performance obligation is to provide various "bundled" type services to our customers. The Company has contractual obligations to provide services as outlined in the statement of work within each formal contract. Although the services within each business line are distinct, they are bundled services transferred consecutively on a monthly basis as a line of business. The lines of business consist of business services, custodial services, food services, facilities maintenance, health care environmental services, information technology, as well as employment support services. The performance obligations for vocational contracts are spelled out in the contract either in the performance work statement or other applicable section of the contract. These bundled services are invoiced each month at the contract price over the life of the contract period. Revenues for these services are recognized on a monthly basis as the services are performed.

## LifeView Group, Inc. and Subsidiaries

### Notes to Consolidated Financial Statements

*(Dollars in Thousands)*

**September 30, 2023**

#### **7. Sources of Revenue (continued)**

A summary for the year ended September 30, 2023:

	<b>2023</b>
Federal	\$ 100,854
State	1,814
Local	628
Other	53
	<u>\$ 103,349</u>

Each distinct service is satisfied over time and the measurement of progress toward satisfaction of the performance obligation is the same for each of the services in the series (monthly services) in accordance with the contracts in place. Each contract for the above series of services (business line) delivers the services over an annual or multi-year period and is measured monthly, consistent with the billing for these services. Each line of business is considered a series of distinct services performed and treated as a single performance obligation that is set each month as services are provided.

The monthly payment and methodology are fixed in each contract. All business lines and other services in each contract are valued at their standalone value of the service in the contract. There are no instances where a service or product is provided at no value or a value below its standalone value (discounted) as stated in a contract. Each business line has a fixed price that is recognized over the period the performance obligation is met. Contracts with time and materials (T&M) provisions have the hourly rate and materials recorded at their standalone value and are not discounted as a part of the overall contract. As nearly all contracts are with government/state organizations, collectability is assured as we have nearly no history of uncollectable amounts for services rendered. As such, no variable consideration is included in the determination of the transaction price for each contract.

## **LifeView Group, Inc. and Subsidiaries**

### **Notes to Consolidated Financial Statements**

*(Dollars in Thousands)*

**September 30, 2023**

#### **7. Sources of Revenue (continued)**

##### **Contract Revenue**

The Company as a managed care provider receives payments under an agreement with Medicaid Managed Healthcare prepaid health plans (MMA plans), which obligates the Company to stand ready to provide or obtain services for qualified beneficiaries (individuals who enroll with an MMA plan). The qualified beneficiaries sign up with the MMA plans to participate in such a health plan. These payments are referred to as capitation fees. The payment is calculated using a per member per month rate (PMPM rate) for each qualified beneficiary.

The Company has two performance obligations related to Managed Care contract revenue that are both paid through capitation revenues – administrative services and behavioral healthcare services.

The first is the administrative services component of the MMA Plan in the amount of 12.5% of the capitation revenue which is for the administrative, recordkeeping and other services of the plan activities. All these services are not considered distinct individually but are a series of services delivered simultaneously each month as a single performance obligation. Like the capitation revenue described above and below for providing healthcare services, the administrative services are also stand ready obligations recognized over time.

The second performance obligation is for healthcare services as detailed above. These are stand-ready performance obligations and although may incorporate several different lines of services are deemed a single performance obligation delivered over time as measured each month.

Transaction price considerations include monthly capitation payment, retroactive adjustments, incentive payments and other risk pool adjustments.

The capitation fees do not vary with the volume of behavioral health services provided and are exclusive of any client copayments or deductibles under their respective plans. Therefore, the Company bears the risk of providing goods and services or contracting for services that the beneficiary is entitled to receive.

In addition to the capitation fees, the amount of contract revenue may be affected by factors such as reinsurance recoveries, retroactive adjustments for member eligibility, risk pools adjustments such as financial incentives and quality targets, and other adjustments.



## **LifeView Group, Inc. and Subsidiaries**

### **Notes to Consolidated Financial Statements**

*(Dollars in Thousands)*

**September 30, 2023**

#### **7. Sources of Revenue (continued)**

##### **Contract Revenue (continued)**

The Company has concluded that based on the immaterial nature of the adjustments no variable consideration need be included in the transaction price related to the capitation fees.

Capitation arrangements represent a stand-ready obligation to provide services to qualified beneficiaries. The Company recognizes monthly capitation fees as Managed Care contract revenue over time when the periods for which the qualified beneficiary is entitled to services are completed.

#### **8. In-Kind Contributions**

In-kind contributions and expenses represent the value assigned to donated prescription drugs from the State of Florida. In-kind contributions are recognized if the services or goods received create or enhance non-financial assets. In-kind contributions for the year ended September 30, 2023, amounted to \$405.

#### **9. Retirement Plan**

The Company provides a tax deferred annuity 403(b) retirement plan (Plan) to all eligible employees. Employees who work a minimum of 20 hours per week are eligible to participate in the Plan after completing one year of employment. Voluntary employee contributions are allowed to the extent permitted by law. The Company matched each eligible participant's pay period contribution to the Plan up to 3% of each eligible participant's compensation. In compliance with Internal Revenue Service regulations, employer contributions for eligible participants vest under a six-year graduated vesting schedule. Plan expenses for the year ended September 30, 2023, amounted to \$1,811.

## **LifeView Group, Inc. and Subsidiaries**

### **Notes to Consolidated Financial Statements**

*(Dollars in Thousands)*

**September 30, 2023**

#### **10. Support from the State of Florida Requiring Match**

The Company received a substantial portion of its support passed through from the State of Florida under grant contract number AO110 with the Florida Department of Children and Families (DCF) Substance Abuse and Mental Health Program. This contract must be renegotiated annually. The contract requires a local match for certain community mental health services. This local match requirement has been met for 2023.

#### **11. Net Assets with Donor Restriction**

Net assets with donor restrictions as of September 30, 2023, were \$1,430, the majority of which relate to children's services.

#### **12. Commitments and Contingencies**

The Company carries general and professional liability insurance from an unrelated commercial insurance carrier with coverage up to \$2,000 per occurrence and \$4,000 in the aggregate, on a claims-made basis, and employee benefits liability insurance with coverage up to \$1,000 per occurrence and \$1,000 in the aggregate. In addition, the Company has an excess coverage policy. The Company is involved in various lawsuits and claims incidental to the normal course of its operations. The Company may be liable for losses in excess of the amounts recorded at September 30, 2023; however, in the opinion of management, such potential losses would not be material to the consolidated financial statements.

In 2021, Global Connections to Employment (GCE), was served a Civil Investigative Demand (CID) by a U.S. Attorney's Office and a criminal matter grand jury subpoena, both related to GCE's contracts with the Department of Defense Manpower Data Center. GCE has fully cooperated in these matters by providing responses and documentation as requested.

In addition to the expense of responding, government investigations can also result in monetary penalties and damages, as well as administrative sanctions such as suspension, exclusion or debarment. Although GCE was part of the sale of the membership interest in Lakeview Center, Inc., BHCC has retained certain liabilities related to the investigation to the extent they arose prior to the sale or arose from activity prior to the sale.

## **LifeView Group, Inc. and Subsidiaries**

### **Notes to Consolidated Financial Statements**

*(Dollars in Thousands)*

**September 30, 2023**

#### **12. Commitments and Contingencies (continued)**

Lakeview Center, Inc. is self-insured for employees' medical insurance claims. The Company carries stop-loss insurance coverage with annual limits of \$300 per participant and \$14,020 in the aggregate. Global Connections to Employment, Inc. is fully insured for full-time employees and self-insured for part-time employees. It is the opinion of management that recorded reserves are adequate for existing and unreported claims.

The Company has established multiple irrevocable standby letters of credit: one in the amount of \$250 with the Company's previous administrator for workers' compensation claims as the named beneficiaries; one each for \$367 and \$368 with the insurance providers for the Access Behavioral Health (ABH) managed medical advantage plan; and one for \$1,675 with the Company's current administrator for workers' compensation claims as the named beneficiary. The Company, under its workers' compensation policies, is responsible for paying all individual claims up to \$273 each, as well as certain administration costs to its claims administrators. Should the Company default on any of these payments, the letter of credit guarantees the claims administrators' payment of any outstanding amounts.

#### **Line of Credit Agreement**

At September 30, 2023, the Company has a line of credit arrangement of \$10,000, reduced from \$15,000 on February 1, 2022. The line of credit is secured by a parity Obligation issued under the Master Indenture related to the bonds issued. This line of credit has no outstanding balance as of September 30, 2023.

#### **Contingencies**

*Federal and State Financial Awards* – The Company has received numerous federal and state grants. The disbursement of funds received under these programs is subject to review and audit by grantor agencies. Any disbursements disallowed by these agencies could become a liability of the Company. In the opinion of management, such claims, if any, should not have a material adverse effect on the consolidated financial position, results of operations, or cash flows of the Company.

*Unemployment Compensation* – The Company reports its wages to various states for unemployment compensation purposes, as a reimbursable employer. Reimbursable employers compensate prior employees only when a claim has been made with these states. In the opinion of management, no material claims were outstanding that had not been reserved for at September 30, 2023.

## LifeView Group, Inc. and Subsidiaries

### Notes to Consolidated Financial Statements

(Dollars in Thousands)

September 30, 2023

#### 13. Summary Information Relating to Financially Interrelated Entities

Summary financial information of Lakeview Villa, Inc. and Lakeview Place, Inc., which are included in these consolidated financial statements, is shown below. Inter-entity transactions have not been eliminated from this summary data.

	<b>Lakeview Villa, Inc.</b>	<b>Lakeview Place, Inc.</b>
Total assets	\$ 249	\$ 192
Total liabilities	\$ 432	\$ 311
Net deficit without donor restrictions	(183)	(119)
Total net deficit	(183)	(119)
Total liabilities and net deficit without donor restrictions	\$ 249	\$ 192
Total revenue and support	\$ 156	\$ 101
Total expenses	176	109
Change in net deficit without donor restrictions	\$ (20)	\$ (8)

#### 14. Financial Assets and Liquidity Resources

As of September 30, 2023, financial assets and liquidity resources available within one year for general expenditure, such as operating expenses, scheduled principal payments on debt, and capital expenditures were as follows:

	<b>September 30, 2023</b>
Cash and cash equivalents	\$ 31,912
Short-term investments	277
Accounts receivable	26,013
Total Financial Assets	\$ 58,202

## LifeView Group, Inc. and Subsidiaries

### Notes to Consolidated Financial Statements

(Dollars in Thousands)

September 30, 2023

#### 15. Coronavirus Disease 2019

Due to the global viral outbreak caused by Coronavirus Disease 2019 (COVID-19), in 2020, the Center received CARES funding in both fiscal years 2020 and 2021. In fiscal year 2022, the Company received \$153 from Homelessness & Housing Alliance, the HUD designated lead agency for the Okaloosa Walton Homeless Continuum of Care. In 2023, the Company received \$50 from American Rescue Plan ACT Coronavirus State and Local Fiscal Recovery Fund (ARPA). The Company continues to respond to the impact COVID-19 cases, but operations have predominantly returned to normal.

#### 16. Functional Classification of Expenses

The Company provides human services, including inpatient, outpatient, long term and community-based behavioral health services, child protective services, and employment for people with disabilities within its region and nationally. Administrative services include administration, finance and accounting, information technology, human resources, and other functions. Organizational expenses are allocated to program and administrative services based on the benefit received in those areas while administrative services costs are allocated to program areas based on federally approved indirect cost rate.

Expenses by functional classification for the year ended September 30, 2023 consist of the following:

	Year Ended September 30, 2023		
	Program Services	Administrative Services	Total
Salaries and benefits	\$ 127,977	\$ 9,030	\$ 137,007
Subcontracted services	12,534	-	12,534
Subsidy payments	3,262	-	3,262
Contract medical services	18,105	-	18,105
Professional fees	3,873	1,105	4,978
Medical/pharmacy services	15,516	36	15,552
Building occupancy	5,658	535	6,193
Other general, administrative and other	14,530	4,295	18,825
	<u>\$ 201,455</u>	<u>\$ 15,001</u>	<u>\$ 216,456</u>

**LifeView Group, Inc. and Subsidiaries**

**Notes to Consolidated Financial Statements**

*(Dollars in Thousands)*

**September 30, 2023**

**17. Subsequent Events**

The Company evaluated events and transactions occurring subsequent to September 30, 2023, and through, February 26, 2024, the date the accompanying consolidated financial statements were available to be issued. During this period, there were no subsequent events that required recognition or disclosure in the accompanying consolidated financial statements.

## **OTHER INFORMATION**

LifeView Group, Inc and Subsidiaries  
Schedule of Functional Revenues and Expenses (Regulatory Base) (Unaudited)  
June 30, 2023

FUNDING SOURCES & REVENUES			Case Management	Crisis Support/ Emergency	Day Treatment	In-home & Onsite	Medical Services	Outpatient (Indiv.)	Outreach	Residential II	Residential III	Incidental Expenses	Information and Referral	Outpatient Group	BNET	First Episode Team	Cost Reimbursement	CAT Team	FACT Team	Other Bundled Projects	Mental Health Total	Assessment	Case Management	Day Treatment	Intervention (Indiv.)
A			02	04	06	08	12	14	15	19	20	28	30	35	A1	A5	B3	B4	B5	C0	B	01	02	06	11
IA. STATE SAMH FUNDING																									
Agrees to 02-8 w/o/e.																									
Current Year Funding																									
		Agency Source: P-Federal S-State P/S-Federal and State																							
Expenditure Report OCAF	Provider Subcontract#																								
MH001	A0110	F/S								\$ 1,700,884.44	\$ 1,664,067.66										\$ 3,364,952.10				
MH009	A0110	F/S	\$ 542,288.78		\$ 520,169.65	\$ 22,919.07	\$ 1,524,149.84	\$ 1,235,771.21						\$ 28,319.89							\$ 3,873,618.42				
MH009	A0260	F/S	\$ 74,010.06						\$ 22,896.94												\$ 96,907.00				
MH076	A0110	S										\$ 31,773.00									\$ 31,773.00				
MH08N	A0160	F/S												\$ 96,961.72							\$ 96,961.72				
MH0CN	A0110	F/S	\$ 877.84						\$ 3,371.73												\$ 4,349.37				
MH0FT	A0170	F/S										\$ 168,806.44							\$ 563,792.48		\$ 732,598.92				
MH0PG	A0260	F						\$ 33,845.00													\$ 33,845.00				
MH0TB	A0110	F								\$ 323,213.13											\$ 323,213.13				
MH211	A0110	S											\$ 62,500.00								\$ 62,500.00				
MH265	A0801	F														\$ 51,754.45	\$ 5,427.70				\$ 57,182.15				
MHCAT	A0110	S																\$ 66,343.73			\$ 66,343.73				
MHCAT	A0240	S																	\$ 2,296,250.00		\$ 2,296,250.00				
MHCC2	A0250	F		\$ 57,994.00																	\$ 57,994.00				
MHCC5	A0250	F		\$ 173,983.00																	\$ 173,983.00				
MHMCT	A0250	F/S		\$ 1,660,679.00																	\$ 1,660,679.00				
MHMCT	A0806	F/S		\$ 154,722.67																	\$ 154,722.67				
MHMDT	A0804	S																		\$ 269,032.50	\$ 269,032.50				
Total Current Year Funding			\$ 617,276.46	\$ 2,047,378.67	\$ 520,169.65	\$ 22,919.07	\$ 1,524,149.84	\$ 1,235,771.21	\$ 60,113.67	\$ 2,024,097.57	\$ 1,664,067.66	\$ 200,579.44	\$ 62,500.00	\$ 28,319.89	\$ 96,961.72	\$ 51,754.45	\$ 5,427.70	\$ 2,362,493.73	\$ 563,792.48	\$ 269,032.50	\$ 13,356,805.71	\$ -	\$ 49,483.52	\$ 74,368.44	\$ 25,659.26
Carry Forward Funding																									
		Agency Source: P-Federal S-State P/S-Federal and State																							
Expenditure Report OCAF	Provider Subcontract#																								
MHCAT	A0240	S																	\$ 250,000.00		\$ 250,000.00				
Total Carry Forward Funding			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 250,000.00	\$ -	\$ 250,000.00	\$ -	\$ -	\$ -	\$ -
TOTAL STATE SAMH FUNDING =																									
B. OTHER GOVERNMENT FUNDING																									
(1) Other State Agency Funding			\$ 209,211.66	\$ 114,536.14	\$ -	\$ -	\$ 26,429.80	\$ 248,903.26	\$ 55,267.04	\$ -	\$ -	\$ -	\$ -	\$ 1,202.70	\$ -	\$ 22,468.74	\$ 2,222.18	\$ (3,678.91)	\$ -	\$ 108,970.33	\$ 785,528.30	\$ -	\$ 50,103.37	\$ -	\$ 29.15
(2) Medicaid			\$ 808,312.03	\$ 3,996.00	\$ 608,871.80	\$ 61.56	\$ 763,193.13	\$ 3,307,918.51	\$ 7.74	\$ 432,004.22	\$ 144,339.43	\$ -	\$ 75.60	\$ 64,432.31	\$ 393.61	\$ -	\$ 6,871.65	\$ -	\$ 2,167.20	\$ 6,232,644.79	\$ -	\$ 90,977.17	\$ 14,319.47	\$ 34,622.73	
(3) Local Government			\$ 34,536.17	\$ -	\$ 277,445.42	\$ -	\$ 80,248.36	\$ 1,076,106.59	\$ (10,742.36)	\$ 37,136.99	\$ 28,337.90	\$ -	\$ 11,424.30	\$ 23,507.58	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,558,000.80	\$ -	\$ -	\$ 287,384.30	\$ -	
(4) Federal Grants and Contracts			\$ 19,325.19	\$ -	\$ 134,809.99	\$ -	\$ -	\$ -	\$ -	\$ 14,576.65	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 168,713.83	\$ -	\$ -	\$ -	\$ -
(5) In-kind from local govt. only			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
TOTAL OTHER GOVERNMENT FUNDING =			\$ 1,071,385.04	\$ 118,532.14	\$ 1,021,127.21	\$ 61.56	\$ 869,867.29	\$ 4,722,928.36	\$ 59,111.04	\$ 469,141.20	\$ 172,877.33	\$ -	\$ 11,499.90	\$ 89,142.59	\$ 393.61	\$ 22,468.74	\$ 2,222.18	\$ 3,192.74	\$ -	\$ 111,137.52	\$ 8,744,888.45	\$ -	\$ 101,080.54	\$ 271,713.77	\$ 34,651.88
C. ALL OTHER REVENUES																									
(1) 1st & 2nd Party Payments			\$ 113,746.94	\$ 846.13	\$ 296,270.14	\$ 17.10	\$ 939,780.71	\$ 559,630.76	\$ 6.46	\$ 130,582.16	\$ 290,577.71	\$ 150,570.86	\$ (97.00)	\$ 19,753.61	\$ 0.00	\$ -	\$ 0.00	\$ (1,957.68)	\$ 504,084.04	\$ 5.00	\$ 2,925,819.63	\$ -	\$ 93,421.39	\$ 10,304.98	\$ 16,543.12
(2) 3rd Party Payments (except Medicare)			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
(3) Medicare			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
(4) Contributions and Donations			\$ 9,913.89	\$ -	\$ -	\$ -	\$ -	\$ 28,164.33	\$ 7,478.74	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 45,556.76	\$ -	\$ -	\$ -	\$ -	
(5) Other			\$ 646.53	\$ 221.50	\$ 30,914.65	\$ -	\$ 206.93	\$ 19,077.89	\$ -	\$ 98.40	\$ 8,826.75	\$ 2.30	\$ -	\$ 3,196.00	\$ 859.28	\$ -	\$ -	\$ -	\$ 7.70	\$ -	\$ 64,057.93	\$ -	\$ -	\$ -	\$ -
(6) In-kind			\$ 14,355.75	\$ -	\$ -	\$ -	\$ 5,790.78	\$ 62,531.06	\$ 198.86	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 82,876.45	\$ -	\$ -	\$ -	\$ -
TOTAL ALL OTHER REVENUES =			\$ 138,662.90	\$ 1,070.63	\$ 289,184.79	\$ 17.10	\$ 945,778.42	\$ 669,404.04	\$ 7,684.06	\$ 130,680.56	\$ 259,404.46	\$ 150,572.86	\$ (97.00)	\$ 22,949.61	\$ 859.28	\$ -	\$ 0.00	\$ (1,957.68)	\$ 504,091.74	\$ 5.00	\$ 3,118,310.76	\$ -	\$ 93,421.39	\$ 10,304.98	\$ 16,543.12
TOTAL FUNDING =			\$ 1,827,324.41	\$ 2,186,981.44	\$ 1,830,481.65	\$ 22,997.73	\$ 3,339,795.55	\$ 6,628,103.61	\$ 126,908.76	\$ 2,623,919.33	\$ 2,096,149.45	\$ 351,152.30	\$ 73,902.90	\$ 140,412.09	\$ 98,214.61	\$ 74,223.19	\$ 7,649.88	\$ 2,613,728.79	\$ 1,067,884.22	\$ 380,175.02	\$ 25,470,004.93	\$ -	\$ 243,985.46	\$ 356,387.18	\$ 76,854.26



[illegible]

											\$ -	\$ 3,364,952.10	\$ 3,364,952.10	\$ 3,364,952.10
											\$ -	\$ 3,873,618.42	\$ 3,873,618.42	\$ 3,873,618.42
											\$ -	\$ 96,907.00	\$ 96,907.00	\$ 96,907.00
											\$ -	\$ 31,773.00	\$ 31,773.00	\$ 31,773.00
											\$ -	\$ 96,961.72	\$ 96,961.72	\$ 96,961.72
											\$ -	\$ 4,349.37	\$ 4,349.37	\$ 4,349.37
											\$ -	\$ 732,598.92	\$ 732,598.92	\$ 732,598.92
											\$ -	\$ 33,845.00	\$ 33,845.00	\$ 33,845.00
											\$ -	\$ 323,213.13	\$ 323,213.13	\$ 323,213.13
											\$ -	\$ 62,550.00	\$ 62,550.00	\$ 62,550.00
											\$ -	\$ 97,182.15	\$ 97,182.15	\$ 97,182.15
											\$ -	\$ 66,243.73	\$ 66,243.73	\$ 66,243.73
											\$ -	\$ 2,296,250.00	\$ 2,296,250.00	\$ 2,296,250.00
											\$ -	\$ 57,994.00	\$ 57,994.00	\$ 57,994.00
											\$ -	\$ 173,983.00	\$ 173,983.00	\$ 173,983.00
											\$ -	\$ 1,660,679.00	\$ 1,660,679.00	\$ 1,660,679.00
											\$ -	\$ 154,722.67	\$ 154,722.67	\$ 154,722.67
											\$ -	\$ 269,032.50	\$ 269,032.50	\$ 269,032.50
\$ 668,291.16	\$ 639.71	\$ 1,160,956.59	\$ 2,000,815.84	\$ 567,481.09	\$ 862,411.26	\$ 24,605.20	\$ 997,325.00	\$ 35,913.67	\$ 411,971.17	\$ 1,122,224.59	\$ 84,160.00	\$ 8,286,309.50	\$ 21,643,115.21	\$ 21,643,115.21
												\$ 21,643,115.21	\$ 21,643,115.21	\$ 21,643,115.21

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LifeView Group, Inc and Subsidiaries  
Schedule of Functional Revenues and Expenses (Regulatory Base) (Unaudited)  
June 30, 2023

EXPENSE CATEGORIES	Case Management	Crisis Support/ Emergency	Day Treatment	In-home & Onsite	Medical Services	Outpatient (Indiv.)	Outreach	Residential II	Residential III	Incidental Expenses	Information and Referral	Outpatient Group	BINET	First Episode Team	Cost Reimbursement	CAT Team	FACT Team	Other Bundled Projects	Mental Health Total	Assessment	Case Management	Day Treatment	Intervention (Indiv.)
A	02	04	06	08	12	14	15	19	20	28	30	35	A1	A5	B3	B4	B5	C0	B	01	02	06	11
<b>IA. PERSONNEL EXPENSES</b>																							
(1) Salaries	\$ 1,314,953.05	\$ 959,364.39	\$ 464,247.84	\$ 10,526.32	\$ 2,853,776.38	\$ 3,917,939.40	\$ 34,340.38	\$ 893,148.15	\$ 680,418.94	\$ 154,839.68	\$ 48,341.21	\$ 143,902.92	\$ 96,897.20	\$ 12,788.80	\$ 1,264.83	\$ 1,135,267.65	\$ 518,376.34	\$ 56,020.19	\$ 13,256,614.27	\$ -	\$ 78,847.17	\$ 127,226.30	\$ 54,869.25
(2) Fringe Benefits	\$ 371,839.19	\$ 281,116.12	\$ 90,299.85	\$ 5,915.86	\$ 415,528.77	\$ 1,086,935.99	\$ 11,139.33	\$ 250,680.51	\$ 193,372.29	\$ 38,743.77	\$ 18,446.04	\$ 45,784.09	\$ 5,112.16	\$ 1,811.70	\$ 179.18	\$ 318,250.36	\$ 129,707.41	\$ 22,840.59	\$ 3,287,503.20	\$ -	\$ 23,902.74	\$ 26,574.47	\$ 13,950.57
<b>TOTAL PERSONNEL EXPENSES =</b>	<b>\$ 1,686,792.84</b>	<b>\$ 1,240,480.51</b>	<b>\$ 554,547.69</b>	<b>\$ 16,842.19</b>	<b>\$ 3,269,305.15</b>	<b>\$ 5,004,875.39</b>	<b>\$ 45,479.71</b>	<b>\$ 1,143,828.66</b>	<b>\$ 873,791.23</b>	<b>\$ 193,583.46</b>	<b>\$ 66,787.25</b>	<b>\$ 169,587.01</b>	<b>\$ 61,809.36</b>	<b>\$ 14,600.50</b>	<b>\$ 1,444.01</b>	<b>\$ 1,453,518.01</b>	<b>\$ 648,083.74</b>	<b>\$ 78,660.78</b>	<b>\$ 16,544,117.48</b>	<b>\$ -</b>	<b>\$ 102,749.92</b>	<b>\$ 153,803.77</b>	<b>\$ 68,819.82</b>
<b>IB. OTHER EXPENSES</b>																							
(1) Building Occupancy	\$ 162,776.39	\$ 43,753.54	\$ 372,436.07	\$ 6,652.72	\$ 75,905.71	\$ 523,475.44	\$ 1,368.72	\$ 162,955.55	\$ 185,716.91	\$ 9,362.56	\$ 3,871.41	\$ 35,992.88	\$ 5,282.80	\$ -	\$ -	\$ 76,757.18	\$ 31,344.22	\$ -	\$ 1,697,652.10	\$ -	\$ 17,012.04	\$ 49,172.93	\$ 4,391.75
(2) Professional Services	\$ (203.32)	\$ 115,365.43	\$ 1,084.83	\$ -	\$ (55,155.40)	\$ (47,289.05)	\$ -	\$ 2,863.54	\$ 835.78	\$ -	\$ 1,873.12	\$ (6,637.71)	\$ -	\$ 717.00	\$ -	\$ 13,467.00	\$ -	\$ -	\$ 24,921.22	\$ -	\$ 314.94	\$ (267.26)	\$ (1,141.45)
(3) Travel	\$ 18,307.93	\$ 18,297.01	\$ 42,593.48	\$ 130.27	\$ 2,808.02	\$ 38,846.31	\$ 3,256.74	\$ 9,559.70	\$ 11,678.42	\$ 3,828.31	\$ 1,275.65	\$ 1,992.76	\$ 1.80	\$ 9.05	\$ 0.95	\$ 59,461.22	\$ 12,816.50	\$ 817.12	\$ 225,681.84	\$ -	\$ 516.32	\$ 137.45	\$ 2.57
(4) Equipment	\$ 602.80	\$ 686.00	\$ 1,759.35	\$ -	\$ 5,980.76	\$ 969.37	\$ -	\$ 254.93	\$ 40.60	\$ -	\$ -	\$ 61.37	\$ -	\$ 1,021.76	\$ 101.05	\$ 10,203.40	\$ -	\$ -	\$ 21,680.39	\$ -	\$ 339.30	\$ -	\$ -
(5) Food Services	\$ 37,523.00	\$ 982.36	\$ 60,016.65	\$ 50.17	\$ 932.55	\$ 137,066.60	\$ 3.47	\$ 119,080.69	\$ 141,413.49	\$ 134.51	\$ -	\$ 108.13	\$ 32.64	\$ -	\$ -	\$ 1,123.59	\$ 450.32	\$ 62.41	\$ 498,980.57	\$ -	\$ 362.35	\$ 403.67	\$ 107.30
(6) Medical and Pharmacy	\$ 13,559.89	\$ 11,703.52	\$ 2,663.63	\$ 43.80	\$ 12,212.30	\$ 73,098.26	\$ 50.11	\$ 8,896.66	\$ 7,045.18	\$ 62.46	\$ -	\$ 5,027.43	\$ 2,759.69	\$ -	\$ -	\$ 543.09	\$ 209.09	\$ -	\$ 139,676.10	\$ -	\$ 132,174.97	\$ 26,727.79	\$ -
(7) Subcontracted Services	\$ 779.00	\$ -	\$ -	\$ -	\$ 208.91	\$ 6,173.76	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 627.50	\$ 13,369.90	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 21,129.67	\$ -	\$ 1,444.00	\$ -	\$ -
(8) Insurance	\$ 36,216.16	\$ 12,744.33	\$ 66,239.98	\$ 1,549.91	\$ 16,420.50	\$ 111,069.09	\$ 819.90	\$ 46,102.61	\$ 37,079.43	\$ 2,381.80	\$ (902.55)	\$ 6,260.08	\$ 1,587.58	\$ 125.12	\$ 12.37	\$ 26,273.23	\$ 7,973.87	\$ 1,896.19	\$ 376,534.58	\$ -	\$ 1,191.41	\$ 9,746.04	\$ 1,210.41
(9) Interest Paid	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(10) Operating Supplies & Expenses	\$ 53,974.31	\$ 18,359.90	\$ 25,248.36	\$ 2,002.63	\$ 39,313.33	\$ 76,876.64	\$ 12,341.15	\$ 18,818.98	\$ 23,575.74	\$ 41,494.83	\$ 1,350.02	\$ 4,586.69	\$ 2,462.81	\$ 73.27	\$ 7.25	\$ 242,707.44	\$ 138,883.33	\$ (542.09)	\$ 701,534.71	\$ -	\$ 2,944.96	\$ 4,635.25	\$ 621.25
(11) Other-Bad Debt	\$ (3,696.01)	\$ (15.00)	\$ (806.48)	\$ -	\$ (144,101.37)	\$ (17,663.09)	\$ -	\$ 606.44	\$ 382.53	\$ -	\$ -	\$ (2,701.99)	\$ -	\$ -	\$ -	\$ (26.32)	\$ -	\$ -	\$ (168,021.30)	\$ -	\$ (439.70)	\$ (782.65)	\$ (808.84)
(12) Donated Items	\$ 11,440.14	\$ -	\$ -	\$ -	\$ -	\$ 39,625.87	\$ 198.86	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 51,264.87	\$ -	\$ -	\$ -	\$ -
<b>TOTAL OTHER EXPENSES =</b>	<b>\$ 331,271.28</b>	<b>\$ 221,876.09</b>	<b>\$ 571,235.87</b>	<b>\$ 10,129.51</b>	<b>\$ (45,474.69)</b>	<b>\$ 944,249.19</b>	<b>\$ 18,038.95</b>	<b>\$ 372,139.09</b>	<b>\$ 407,768.08</b>	<b>\$ 57,254.27</b>	<b>\$ 7,467.65</b>	<b>\$ 43,322.45</b>	<b>\$ 25,456.80</b>	<b>\$ 1,946.79</b>	<b>\$ 121.63</b>	<b>\$ 430,509.83</b>	<b>\$ 191,677.33</b>	<b>\$ 2,233.63</b>	<b>\$ 3,591,223.75</b>	<b>\$ -</b>	<b>\$ 154,960.62</b>	<b>\$ 89,673.81</b>	<b>\$ 4,382.99</b>
<b>TOT. PERSONNEL &amp; OTH. EXP. =</b>	<b>\$ 2,018,064.13</b>	<b>\$ 1,462,356.60</b>	<b>\$ 1,125,783.56</b>	<b>\$ 26,971.70</b>	<b>\$ 3,223,830.46</b>	<b>\$ 5,949,124.58</b>	<b>\$ 63,518.66</b>	<b>\$ 1,515,967.74</b>	<b>\$ 1,281,559.31</b>	<b>\$ 250,837.72</b>	<b>\$ 74,254.90</b>	<b>\$ 233,009.45</b>	<b>\$ 87,286.16</b>	<b>\$ 16,547.30</b>	<b>\$ 1,565.63</b>	<b>\$ 1,884,027.84</b>	<b>\$ 839,761.08</b>	<b>\$ 80,894.41</b>	<b>\$ 20,135,341.22</b>	<b>\$ -</b>	<b>\$ 257,710.53</b>	<b>\$ 243,474.58</b>	<b>\$ 73,202.80</b>
<b>IC. DISTRIBUTED INDIRECT COSTS</b>																							
(a) Other Support Costs (Optional)																			\$ -				
(b) Administration	\$ 648,299.01	\$ 483,125.31	\$ 240,260.05	\$ 6,581.64	\$ 1,213,335.08	\$ 1,883,479.92	\$ 21,599.07	\$ 508,677.36	\$ 363,045.87	\$ 72,899.32	\$ 44,418.38	\$ 72,744.14	\$ 22,807.56	\$ 6,638.44	\$ 656.05	\$ 611,451.69	\$ 244,054.24	\$ 28,075.91	\$ 6,452,149.54	\$ -	\$ 41,710.62	\$ 58,584.21	\$ 26,228.79
<b>TOT. DISTRO INDIRECT COSTS =</b>	<b>\$ 648,299.01</b>	<b>\$ 483,125.31</b>	<b>\$ 240,260.05</b>	<b>\$ 6,581.64</b>	<b>\$ 1,213,335.08</b>	<b>\$ 1,883,479.92</b>	<b>\$ 21,599.07</b>	<b>\$ 508,677.36</b>	<b>\$ 363,045.87</b>	<b>\$ 72,899.32</b>	<b>\$ 44,418.38</b>	<b>\$ 72,744.14</b>	<b>\$ 22,807.56</b>	<b>\$ 6,638.44</b>	<b>\$ 656.05</b>	<b>\$ 611,451.69</b>	<b>\$ 244,054.24</b>	<b>\$ 28,075.91</b>	<b>\$ 6,452,149.54</b>	<b>\$ -</b>	<b>\$ 41,710.62</b>	<b>\$ 58,584.21</b>	<b>\$ 26,228.79</b>
<b>TOTAL ACTUAL OPER. EXPENSES =</b>	<b>\$ 2,666,363.13</b>	<b>\$ 1,925,481.91</b>	<b>\$ 1,366,043.61</b>	<b>\$ 33,553.34</b>	<b>\$ 4,437,165.54</b>	<b>\$ 7,832,604.50</b>	<b>\$ 85,117.73</b>	<b>\$ 2,024,645.10</b>	<b>\$ 1,644,605.18</b>	<b>\$ 323,737.04</b>	<b>\$ 116,873.28</b>	<b>\$ 305,753.99</b>	<b>\$ 110,073.72</b>	<b>\$ 23,185.74</b>	<b>\$ 2,222.18</b>	<b>\$ 2,495,479.53</b>	<b>\$ 1,083,815.32</b>	<b>\$ 106,970.32</b>	<b>\$ 28,587,490.77</b>	<b>\$ -</b>	<b>\$ 299,421.15</b>	<b>\$ 302,008.79</b>	<b>\$ 99,431.59</b>
<b>ID. UNALLOWABLE COSTS</b>																							
	\$ 2,179.65	\$ 1,280.99	\$ 1,400.36	\$ 99.68	\$ 3,134.65	\$ 9,838.99	\$ 193.90	\$ 430.27	\$ 1,019.31	\$ 370.41	\$ 55.65	\$ 322.02	\$ 46.15	\$ 4.46	\$ 0.44	\$ 16,617.86	\$ 1,240.08	\$ 70.02	\$ 36,266.10	\$ -	\$ 383.82	\$ 183.66	\$ 121.15
<b>TOT. ALLOWABLE OPER. EXP. =</b>	<b>\$ 2,664,183.48</b>	<b>\$ 1,924,199.32</b>	<b>\$ 1,364,643.25</b>	<b>\$ 33,493.66</b>	<b>\$ 4,434,030.89</b>	<b>\$ 7,822,765.91</b>	<b>\$ 84,923.83</b>	<b>\$ 2,024,214.83</b>	<b>\$ 1,643,585.87</b>	<b>\$ 323,366.63</b>	<b>\$ 116,817.63</b>	<b>\$ 305,431.57</b>	<b>\$ 110,025.57</b>	<b>\$ 23,181.26</b>	<b>\$ 2,221.74</b>	<b>\$ 2,478,861.67</b>	<b>\$ 1,082,575.26</b>	<b>\$ 108,900.30</b>	<b>\$ 26,549,222.67</b>	<b>\$ -</b>	<b>\$ 299,037.33</b>	<b>\$ 301,875.14</b>	<b>\$ 99,310.44</b>
<b>IE. CAPITAL EXPENDITURES</b>																							
																			\$ -				
<b>IF. UNEARNED FUNDS, FUNDING ALLOCATIONS, AND EXCESS FUNDS</b>																							
<b>IFA. Unearned Funds</b>	<b>\$ (2,046,907.02)</b>	<b>\$ 123,179.35</b>	<b>\$ (844,473.60)</b>	<b>\$ (10,574.59)</b>	<b>\$ (2,909,881.05)</b>	<b>\$ (6,586,994.70)</b>	<b>\$ (24,810.16)</b>	<b>\$ (117.26)</b>	<b>\$ 20,481.79</b>	<b>\$ (122,787.19)</b>	<b>\$ (56,117.63)</b>	<b>\$ (277,111.68)</b>	<b>\$ -</b>	<b>\$ 28,573.19</b>	<b>\$ 3,205.96</b>	<b>\$ 133,632.06</b>	<b>\$ (518,782.78)</b>	<b>\$ 160,132.20</b>	<b>\$ (12,929,353.11)</b>	<b>\$ -</b>	<b>\$ (249,553.81)</b>	<b>\$ (227,506.70)</b>	<b>\$ (73,651.18)</b>

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**LifeView Group, Inc. and Subsidiaries**

**Note to Schedule of Functional Revenues and Expenses  
(Regulatory Basis) (Unaudited)**

**June 30, 2023**

**1. Summary of Significant Accounting Policies**

The accompanying schedule was prepared on the accrual basis of accounting for the contract period in accordance with guidelines established by the State of Florida Department of Children and Families.

**LifeView Group, Inc. and Subsidiaries**

**Schedule of State Earnings  
(Regulatory Basis) (Unaudited)**  
*(Dollars in Thousands)*

**Year Ended June 30, 2023**

1. Total expenditures	\$ 226,226
2. Less other state and federal funds	(142,093)
3. Less non-match SAMH funds	(15,292)
4. Less unallowable costs per 65E-14, F.A.C.	<u>(2,347)</u>
5. Total allowable expenditures (sum lines 1, 2, 3 and 4)	66,494
6. Maximum available earnings (line 5 times 75%)	49,871
7. Amount of state funds requiring match	<u>4,341</u>
8. Amount due to department (subtract line 7 from line 6)	<u><u>\$ —</u></u>

*See accompanying note.*

**LifeView Group, Inc. and Subsidiaries**

**Note to Schedule of State Earnings  
(Regulatory Basis) (Unaudited)**

**June 30, 2023**

**1. Summary of Significant Accounting Policies**

The accompanying schedule was prepared on the accrual basis of accounting for the contract period. Calculations in the schedule were prepared in accordance with guidelines established by the State of Florida Department of Children and Families. Per guidance Rule 65E-14.003(1)(b), F.A.C., if the amount calculated as due to department is positive, then no amounts are due to department.

**LifeView Group, Inc. and Subsidiaries**

**Schedule of Related-Party Transaction Adjustments  
(Regulatory Basis) (Unaudited)**

**Year Ended June 30, 2023**

	<b>Related Passed Through to Subrecipient</b>
Revenues from grantee:	
Services	\$ —
Rent	—
Interest	—
Other	—
Total revenue from grantee	<hr/> —
Expenses associated with grantee transactions:	
Personnel services	—
Depreciation	—
Interest	—
Other	—
Total associated expenses	<hr/> —
Related-party transaction adjustment	\$ —
Allocation of related-party transaction adjustment:	
SAMH covered services:	
3	\$ —
24	—
Total	<hr/> <hr/> \$ —

*See accompanying note.*

**LifeView Group, Inc. and Subsidiaries**

**Note to Schedule of Related-Party Transaction Adjustments  
(Regulatory Basis) (Unaudited)**

**June 30, 2023**

**1. Summary of Significant Accounting Policies**

The accompanying schedule was prepared on the accrual basis of accounting for the contract period. Calculations in the schedule were prepared in accordance with guidelines established by the State of Florida Department of Children and Families.



**LifeView Group, Inc. and Subsidiaries**

**Schedule of Bed-Day Availability Payments  
(Unaudited)**

**Year Ended June 30, 2023**

Program	Covered Service	Contracted Rate	Total Units of Service Provided	Total Units of Service Paid for by 3rd Party Contracts, Local Govt. or Other		Passed	Amount Paid for Services by the Department	Maximum \$ Value of Units in Column	Amount Owed to Department
				State Agencies					
A	B	C	D	E		F	G	H=Fx C	> of G-H or \$0
Children's MH	Crisis stabilization unit	n/a	n/a	n/a		n/a	n/a	n/a	\$ —
Adult MH	Crisis stabilization unit	n/a	n/a	n/a		n/a	n/a	n/a	—
Children's SA	Substance abuse detox	n/a	n/a	n/a		n/a	n/a	n/a	—
Adult SA	Substance abuse detox	\$ 399.13	598	—		598	\$ 862,411	238,680	—
Adult MH	Short-term residential treatment	n/a	n/a	n/a		n/a	n/a	n/a	—
Total amount owed to department									\$ —

*See accompanying note.*

**LifeView Group, Inc. and Subsidiaries**

**Note to Schedule of Bed-Day Availability Payments  
(Unaudited)**

**June 30, 2023**

**1. Summary of Significant Accounting Policies**

The accompanying schedule was prepared on the accrual basis of accounting for the contract period. Calculations in the schedule were prepared in accordance with guidelines established by the State of Florida Department of Children and Families.

## **SUPPLEMENTARY INFORMATION**

**LifeView Group, Inc. and Subsidiaries**

**DUI School**

**Balance Sheet**

**September 30, 2023**

**Assets**

Property and equipment, less accumulated depreciation of \$17,184	\$ 291,857
Total assets	<u>\$ 291,857</u>

**Liabilities and net deficit**

Current liabilities:

Accounts payable and accrued liabilities	\$ 4,922
Due to Lakeview Center, Inc.	718,845
Compensated absences	<u>14,098</u>
Total current liabilities	737,865

Net deficit without donor restrictions:

Without donor restrictions	(446,008)
Total liabilities and net deficit	<u>\$ 291,857</u>

*See accompanying notes.*

**LifeView Group, Inc. and Subsidiaries**

**DUI School**

**Statement of Operations and Changes in Net Deficit  
With Special Supervision Services (SSS)**

**Year Ended September 30, 2023**

**Changes in net deficit without donor restrictions**

Revenue:

Net client fees	\$ 392,768
Net client fees – SSS	100,981
	<hr/> 493,749

Fees remitted to State of Florida	(13,304)
Fees remitted to State of Florida – SSS	(3,421)
	<hr/> (16,725)

Total client fees	477,024
Total revenue	<hr/> 477,024

Expenses:

DUI – other:	
Salaries	179,245
Fringe benefits	41,680
Building maintenance and operations	52,464
Conference and conventions	15,461
Other program costs	63,564
Testing and assessment	12,937
Printing and production	—
Promotion and publicity	—
Professional fees	2,739
Data processing	9,752
Administrative	38,747
	<hr/> 416,589

**LifeView Group, Inc. and Subsidiaries**

**DUI School**

**Statements of Operations and Changes in Net Deficit  
With Special Supervision Services (SSS)**

**Year Ended September 30, 2023**

*(Continued)*

Expenses (continued):

DUI – SSS:

Salaries	\$ 46,084
Fringe benefits	10,716
Building maintenance and operations	6,733
Conference and conventions	1,984
Other program costs	8,045
Testing and assessment	1,660
Printing and production	—
Promotion and publicity	—
Professional fees	350
Data processing	1,252
Administrative	4,973

81,797

Total expenses

498,386

Change in net deficit without donor restrictions (21,362)

Net deficit without donor restrictions at beginning of year (424,646)

Net deficit without donor restrictions at end of year \$ (446,008)

*See accompanying notes.*

# LifeView Group, Inc. and Subsidiaries

## DUI School

### Notes to Financial Statements

September 30, 2023

#### 1. Summary of Significant Accounting Policies

The DUI School financial statements are prepared on the accrual basis of accounting. Significant accounting policies for the DUI School are the same as those described in Note 1 to the accompanying consolidated financial statements of LifeView Group, Inc. and Subsidiaries.

#### 2. State Assessment Fee

As required by Section 322.293, *Florida Statutes*, each DUI program collects a \$15 assessment fee on every client enrolling in its DUI program and remits the fee to the State of Florida. These and other fees collected and distributed to the State are summarized as follows:

	September 30, 2023
Fees due from prior year	\$ —
Fees collected during current year	16,725
Fees remitted during current year	16,725
Fees due to the State of Florida	<u>\$ -</u>

Procedures have been established and maintained that adequately account for all fees received for the DUI program and for all receipts created and/or issued by the DUI program.

**LifeView Group, Inc. and Subsidiaries**

**DUI School**

**Notes to Financial Statements**  
*(Continued)*

**September 30, 2023**

**3. Other Program Costs for DUI (Non-Special Supervision Services (SSS) Expenses)**

Other program costs for the DUI program, not including SSS, consist of the following:

	<b>September 30, 2023</b>
Copier costs	\$ 1,570
Office supplies	2,586
Telephone	2,246
Other	9,015
Program admin allocations	48,147
Total other program costs	<u>\$ 63,564</u>

**4. Indirect Cost Allocations**

LifeView Group, Inc. allocates administrative costs to its programs using a step-down allocation methodology. The allocation basis varies depending upon the nature of the indirect cost pool being allocated. The following are examples of the allocation processes employed (this list is not intended to be all-inclusive): the human resources allocation is based on adjusted active staff and maintenance service costs are allocated based on the square footage maintained. The methodologies used allow for the allocation of indirect costs across all appropriate components of operations and are in accordance with Florida Administrative Code 15A-10.014.



# LifeView Group, Inc. and Subsidiaries

## Access Behavioral Health

### Balance Sheet (Regulatory Basis)

(In Thousands)

September 30, 2023

#### Assets

Cash and invested assets:

Cash and cash equivalents	\$	31,901
Real estate		22,080
Other invested assets		280

Total cash and invested assets 54,261

Electronic data processing equipment and software 162

Health care and other amounts receivable 8,734

Accounts receivable on service industry contracts (non-health) 13,645

Accounts receivable – other (non-health) 2,735

Inventories 809

Total assets \$ 80,346

#### Liabilities and net assets

Liabilities:

Claims unpaid	\$	681
General expenses due or accrued		50,018
Amounts withheld or retained for the account of others		3,927
Deferred revenue		9,344
Accrued wages		4,082
Accrued compensated absences		3,502

Total liabilities 71,554

Net assets:

Net assets without donor restrictions	25,715
Less non-admitted assets	<u>(16,923)</u>

Total net assets 8,792

Total liabilities and net assets \$ 80,346

*See accompanying note.*

**LifeView Group, Inc. and Subsidiaries**

**Access Behavioral Health**

**Statement of Operations (Regulatory Basis)**

*(In Thousands)*

**Year Ended September 30, 2023**

Revenue:	
Capitation revenue	\$ 37,863
Total revenue	<u>37,863</u>
Expenses:	
Sub-capitation expense	33,130
Taxes and insurance	43
Personnel	1,756
Printing/production and shipping	1
Other	141
Total expenses	<u>35,071</u>
Excess of revenue over expenses	<u><u>\$ 2,792</u></u>

*See accompanying note.*

## **LifeView Group, Inc. and Subsidiaries**

### **Access Behavioral Health**

#### **Note to Financial Statements (Regulatory Basis)**

**September 30, 2023**

##### **1. Summary of Significant Accounting Policies**

The Access Behavioral Health (ABH) financial statements are prepared on a regulatory basis of accounting in accordance with guidelines established by the State of Florida Office of Insurance Regulation. Significant accounting policies for ABH are the same as those described in Note 1 to the accompanying consolidated financial statements of LifeView Group, Inc. and Subsidiaries. Capitation revenue is based on a per-member per-month rate to provide services as a managed behavioral health organization. ABH provides these services for the Company and three comprehensive community mental health centers to provide mental health services to the MMA Plan beneficiaries residing in Regions 1 and 2 in Florida. Subcontracts with the Company are on a full-risk capitated basis and is reported as sub-capitation expense within the statement of operations for ABH.

**LifeView Group, Inc. and Subsidiaries**

**Schedule of Expenditures of Federal Awards and State Financial Assistance**

**Year Ended September 30, 2023**

<b>Federal Grantor/Pass-Through Grantor/Project Title /Program Title</b>	<b>Grant Period</b>	<b>Federal Assistance Listing Number</b>	<b>Grantor's Number</b>	<b>Program/ Award Amount</b>	<b>Federal Expenditures</b>	<b>Passed Through to Subrecipients</b>
<b>Federal awards</b>						
<b>U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES</b>						
<b>Direct from -</b>						
<b>Substance Abuse and Mental Health Services Administration</b>						
P.H.A.S.E. II:						
Substance Abuse and Mental Health Services Projects of Regional and National Significance	9/30/22-9/29/23	93.243	1H79T1085487	\$ 499,045	\$ 499,045	\$ -
T.R.A.C.E.:						
Substance Abuse and Mental Health Services Projects of Regional and National Significance	9/30/22-9/29/23	93.243	5H79T1081267-05	537,557	497,818	-
O.P.U.S.						
Substance Abuse and Mental Health Services Projects of Regional and National Significance	5/30/22-5/29/23	93.243	6H79SP083053-01M002	350,259	297,161	-
<b>Total Federal Assistance Listing No. 93.243</b>					<u>1,294,024</u>	<u>-</u>
<b>Direct from -</b>						
<b>Substance Abuse and Mental Health Services Administration</b>						
Walton County Prevention Coalition - DFC Support Program Drug-Free Communities Support Program Grants	10/31/19-09/29/24	93.276	5H79SP081894-09	125,000	122,359	-
<b>Direct from -</b>						
<b>Substance Abuse and Mental Health Services Administration</b>						
CCBHC						
Certified Community Behavioral Health Clinic Expansion Grants	9/30/22-9/29/23	93.696	1H79SM086504-01	1,000,000	424,515	-

**LifeView Group, Inc. and Subsidiaries**

**Schedule of Expenditures of Federal Awards and State Financial Assistance**

**Year Ended September 30, 2023**

*(Continued)*

Federal Grantor/Pass-Through Grantor/Project Title /Program Title	Grant Period	Federal Assistance Listing Number	Grantor's Number	Program/ Award Amount	Federal Expenditures	Passed Through to Subrecipients
<b>Federal awards (continued)</b>						
<b>U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES (CONTINUED)</b>						
<b>Passed through from the State of Florida Department of Children and Families (DCF)</b>						
Community Based Care – Child Welfare:						
Mary Lee Allen Promoting Safe and Stable Families Program	7/1/22-10/31/22	93.556	DCF – AJ495		\$ 60,779	\$ –
Family Support Team (FST) Wrap						
Mary Lee Allen Promoting Safe and Stable Families Program	11/1/22-6/30/23	93.556	A0921	\$ 18,320	30,159	–
Big Bend CBC/Child Welfare						
Mary Lee Allen Promoting Safe and Stable Families Program	11/1/22-9/30/23	93.556	A0922		33,684	–
Arcadia						
Mary Lee Allen Promoting Safe and Stable Families Program	11/1/22-6/30/23	93.556	Arcadia - 2023		178,076	–
Cabot						
Mary Lee Allen Promoting Safe and Stable Families Program	11/1/22-6/30/23	93.556	Cabot - 2023		9,191	–
New Dawn						
Mary Lee Allen Promoting Safe and Stable Families Program	11/1/22-6/30/23	93.556	New Dawn - 2023		139,342	–
<b>Total Federal Assistance Listing No. 93.556</b>					<u>451,231</u>	<u>–</u>
Community Based Care – Child Welfare:						
Guardianship Assistance	7/1/22-10/31/22	93.090	DCF – AJ495		9,398	–
Adoption and Legal Guardianship Incentive Payments	7/1/22-10/31/22	93.603	DCF – AJ495		2,324	–
Community Based Care – Child Welfare:						
Stephanie Tubbs Jones Child Welfare Services Program	7/1/22-10/31/22	93.645	DCF – AJ495		40,334	–
Big Bend CBC/Child Welfare						
Stephanie Tubbs Jones Child Welfare Services Program	11/1/22-9/30/23	93.645	A0922		390,622	–
<b>Total Federal Assistance Listing No. 93.645</b>					<u>430,956</u>	<u>–</u>

**LifeView Group, Inc. and Subsidiaries**

**Schedule of Expenditures of Federal Awards and State Financial Assistance**

**Year Ended September 30, 2023**

*(Continued)*

<b>Federal Grantor/Pass-Through Grantor/Project Title /Program Title</b>	<b>Grant Period</b>	<b>Federal Assistance Listing Number</b>	<b>Grantor's Number</b>	<b>Program/ Award Amount</b>	<b>Federal Expenditures</b>	<b>Passed Through to Subrecipients</b>
<b>Federal awards (continued)</b>						
<b>U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES (CONTINUED)</b>						
<b>Passed through from the State of Florida Department of Children and Families (DCF)</b>						
Community Based Care – Child Welfare:						
Foster Care – Title IV-E	7/1/22-10/31/22	93.658	DCF – AJ495	\$ 26,568,167	\$ 592,862	\$ 91,756
Big Bend CBC/Child Welfare						
Foster Care – Title IV-E	11/1/22-9/30/23	93.658	A0922		3,445,162	–
Arcadia						
Foster Care – Title IV-E	11/1/22-6/30/23	93.658	Arcadia - 2023		61,731	–
Cabot						
Foster Care – Title IV-E	11/1/22-6/30/23	93.658	Cabot - 2023		3,986	–
Matrix						
Foster Care – Title IV-E	11/1/22-6/30/23	93.658	Matrix - 2023		44,088	–
New Dawn						
Foster Care – Title IV-E	11/1/22-6/30/23	93.658	New Dawn - 2023		73,358	–
<b>Total Federal Assistance Listing No. 93.658</b>					<b>4,221,187</b>	<b>91,756</b>
Community Based Care – Child Welfare:						
Adoption Assistance	7/1/22-10/31/22	93.659	DCF – AJ495		1,036,025	–
Big Bend CBC/Child Welfare						
Adoption Assistance	11/1/22-9/30/23	93.659	A0922		1,606,220	–
Matrix						
Adoption Assistance	11/1/22-6/30/23	93.659	Matrix - 2023		6,607	–
<b>Total Federal Assistance Listing No. 93.659</b>					<b>2,648,852</b>	<b>–</b>
Community Based Care – Child Welfare:						
John H. Chafee Foster Care Program for Successful Transition to Adulthood	7/1/22-10/31/22	93.674	DCF – AJ495		169,034	–
Big Bend CBC/Child Welfare						
John H. Chafee Foster Care Program for Successful Transition to Adulthood	11/1/22-9/30/23	93.674	A0922		229,361	–
<b>Total Federal Assistance Listing No. 93.674</b>					<b>398,395</b>	<b>–</b>

**LifeView Group, Inc. and Subsidiaries**

**Schedule of Expenditures of Federal Awards and State Financial Assistance**

**Year Ended September 30, 2023**

*(Continued)*

Federal Grantor/Pass-Through Grantor/Project Title /Program Title	Grant Period	Federal Assistance Listing Number	Grantor's Number	Program/ Award Amount	Federal Expenditures	Passed Through to Subrecipients
<b>Federal awards (continued)</b>						
<b>U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES (CONTINUED)</b>						
<b>Passed through from the State of Florida Department of Children and Families (DCF)</b>						
Community Based Care – Child Welfare:						
Social Services Block Grant	7/1/22-10/31/22	93.667	DCF – AJ495		\$ 288,823	\$ 108,978
Family Care Unit						
Social Services Block Grant	11/1/22-6/30/23	93.667	A0919	\$ 8,980	672	–
Family Support Team (FST) In Home Secure Services (IHSS)						
Social Services Block Grant	11/1/22-6/30/23	93.667	A0920	49,661	36,636	–
Family Support Team (FST) Wrap						
Social Services Block Grant	11/1/22-6/30/23	93.667	A0921	45,380	37,634	–
Big Bend CBC/Child Welfare						
Social Services Block Grant	11/1/22-9/30/23	93.667	A0922		5,104	–
Family Support Team Flex						
Social Services Block Grant	11/1/22-6/30/23	93.667	FST FLEX	3,592	4,684	–
<b>Total Federal Assistance Listing No. 93.667</b>					<u>373,553</u>	<u>108,978</u>
Community Based Care – Child Welfare:						
Child Abuse and Neglect State Grants	7/1/22-10/31/22	93.669	DCF – AJ495		9,054	12,293
Family Care Unit						
Child Abuse and Neglect State Grants	11/1/22-6/30/23	93.669	A0919	1,213	76	–
Family Support Team (FST) In Home Secure Services (IHSS)						
Child Abuse and Neglect State Grants	11/1/22-6/30/23	93.669	A0920	6,708	4,132	–
Family Support Team (FST) Wrap						
Child Abuse and Neglect State Grants	11/1/22-6/30/23	93.669	A0921	6,130	4,245	–
Big Bend CBC/Child Welfare						
Child Abuse and Neglect State Grants	11/1/22-9/30/23	93.669	A0922		576	–
CBC - CAPTA Plans of Safe Care						
Child Abuse and Neglect State Grants	11/1/22-6/30/23	93.669	A0924	353,823	260,351	–
Family Support Team Flex						
Child Abuse and Neglect State Grants	11/1/22-6/30/23	93.669	FST FLEX	485	529	–
Community Based Care – Child Welfare (CAPE):						
Child Abuse & Neglect State Grants	7/1/21-12/31/22	93.669	LJ004	370,129	142,882	–
<b>Total Federal Assistance Listing No. 93.669</b>					<u>421,845</u>	<u>12,293</u>

**LifeView Group, Inc. and Subsidiaries**

**Schedule of Expenditures of Federal Awards and State Financial Assistance**

**Year Ended September 30, 2023**

*(Continued)*

<b>Federal Grantor/Pass-Through Grantor/Project Title /Program Title</b>	<b>Grant Period</b>	<b>Federal Assistance Listing Number</b>	<b>Grantor's Number</b>	<b>Program/ Award Amount</b>	<b>Federal Expenditures</b>	<b>Passed Through to Subrecipients</b>
<b>Federal awards (continued)</b>						
<b>U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES (CONTINUED)</b>						
<b>Passed through from Big Bend Community Based Care (BB)</b>						
Substance Abuse and Mental Health Managing Entity:						
Temporary Assistance for Needy Families	7/1/22-6/30/23	93.558	A0110	\$ 13,879,649	\$ 346,626	\$ –
<b>Passed through from The State of Florida Department of Children and Families (DCF)</b>						
Community Based Care – Child Welfare:						
Temporary Assistance for Needy Families	7/1/22-10/31/22	93.558	DCF – AJ495		346,620	69,840
Big Bend CBC/Child Welfare						
Temporary Assistance for Needy Families	11/1/22-9/30/23	93.558	A0922		2,792,079	–
<b>Total Federal Assistance Listing No. 93.558</b>					<u>3,485,325</u>	<u>69,840</u>
<b>Passed through from Big Bend Community Based Care (BB)</b>						
Substance Abuse and Mental Health Managing Entity:						
Block Grants for Community Health Mental Services	7/1/22-6/30/23	93.958	A0110		1,231,706	–
C.A.T.						
Block Grants for Community Health Mental Services	7/1/22-6/30/23	93.958	A0240	2,546,250	119,803	–
M.R.T.						
Block Grants for Community Health Mental Services	7/1/22-6/30/23	93.958	A0250	1,892,655	378,661	–
PATH						
Block Grants for Community Health Mental Services	7/1/21-6/30/24	93.958	A0260		16,223	–
Managing Entity Big Bend CBC - SRT						
Block Grants for Community Health Mental Services	7/1/23-6/30/24	93.958	A0805	2,429,018	100,635	–
Managing Entity Big Bend CBC - Co-Responder						
Block Grants for Community Health Mental Services	2/1/23-6/30/23	93.958	A0806	464,167	26,814	–
S.P.I.R.E.						
Block Grants for Community Health Mental Services	7/1/22-6/30/23	93.958	A0801	60,349	12,084	–
Florida Assertive Community Treatment (FACT):						
Block Grants for Community Health Mental Services	7/1/22-6/30/23	93.958	A0170	905,801	109,134	–
<b>Total Federal Assistance Listing No. 93.958</b>					<u>1,995,060</u>	<u>–</u>



**LifeView Group, Inc. and Subsidiaries**

**Schedule of Expenditures of Federal Awards and State Financial Assistance**

**Year Ended September 30, 2023**

*(Continued)*

Federal Grantor/Pass-Through Grantor/Project Title /Program Title	Grant Period	Federal Assistance Listing Number	Grantor's Number	Program/ Award Amount	Federal Expenditures	Passed Through to Subrecipients
<b>Federal awards (continued)</b>						
<b>U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES (CONTINUED)</b>						
<b>Passed through from Big Bend Community Based Care (BB)</b>						
Substance Abuse and Mental Health Managing Entity:						
Projects for Assistance in Transition from Homelessness (PATH)	7/1/21-6/30/24	93.150	A0260	\$ 130,752	\$ 34,515	\$ —
<b>Passed through from Big Bend Community Based Care (BB)</b>						
Substance Abuse and Mental Health Managing Entity:						
Block Grants for Prevention and Treatment of Substance Abuse	7/1/22-6/30/23	93.959	A0110		3,880,886	—
Community Drug and Alcohol Council, Inc. (CDAC):						
Block Grants for Prevention and Treatment of Substance Abuse	7/1/22-6/30/23	93.959	LCI VET 22-23	35,000	<u>171</u>	—
<b>Total Federal Assistance Listing No. 93.959</b>					3,881,057	—
<b>Passed through from Big Bend Community Based Care (BB)</b>						
Substance Abuse and Mental Health Managing Entity:						
Opioid STR	7/1/22-6/30/23	93.788	A0110		2,073,806	—

**LifeView Group, Inc. and Subsidiaries**

**Schedule of Expenditures of Federal Awards and State Financial Assistance**

**Year Ended September 30, 2023**

*(Continued)*

Federal Grantor/Pass-Through Grantor/Project Title /Program Title	Grant Period	Federal Assistance Listing Number	Grantor's Number	Program/ Award Amount	Federal Expenditures	Passed Through to Subrecipients
<b>Federal awards (continued)</b>						
<b>U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES (CONTINUED)</b>						
<b>Medicaid Cluster</b>						
<b>Passed through from The State of Florida Department of Children and Families (DCF)</b>						
Community Based Care – Child Welfare:						
Medical Assistance Program	7/1/22-10/31/22	93.778	DCF – AJ495		\$ 24,099	\$ –
<b>Passed through from Healthy Start Community Coalition of Okaloosa and Walton Counties</b>						
Maternal and Child Health Services Block Grant to the States:						
Medical Assistance Program	7/1/22-6/30/23	93.778	OKA-#01-2022	\$ 564,391	567,513	–
<b>Total Federal Assistance Listing No. 93.778</b>					<u>591,612</u>	<u>–</u>
<b>Passed through from Big Bend Community Based Care (BB)</b>						
Children's Mental Health Behavioral Services (BNET):						
Children's Health Insurance Program						
Children's Health Insurance Program	7/1/22-6/30/23	93.767	A0160	270,095	69,765	–
<b>Total U.S. Department of Health and Human Services</b>					<u>22,929,779</u>	<u>282,867</u>

**LifeView Group, Inc. and Subsidiaries**

**Schedule of Expenditures of Federal Awards and State Financial Assistance**

**Year Ended September 30, 2023**

*(Continued)*

Federal Grantor/Pass-Through Grantor/Project Title /Program Title	Grant Period	Federal Assistance Listing Number	Grantor's Number	Program/ Award Amount	Federal Expenditures	Passed Through to Subrecipients
<b>Federal awards (continued)</b>						
<b>U.S. DEPARTMENT OF EDUCATION</b>						
<b>Passed through the State of Florida Department of Labor and Employment Security</b>						
Vocational Rehab and Supported Employment: Rehabilitation Services Vocational Rehabilitation Grants to States	10/1/22-9/30/23	84.126	VR5231	R/A	\$ 373,207	\$ —
<b>U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT</b>						
Housing First: Continuum of Care Program	7/1/21–6/30/22	14.267	FL0634L4H112105	\$ 134,810	134,810	—
<b>U.S. DEPARTMENT OF TREASURY</b>						
<b>Passed through the City of Pensacola</b>						
Homeless Evaluation Assessment Response Team (HEART) Coronavirus Relief Fund	2/4/22-12/31/24	21.019	128.510.1280.128007.9882.128206	300,000	211,095	—
<b>Passed through Okaloosa County</b>						
American Rescue Plan Act - ARPA Coronavirus State and Local Fiscal Recovery Funds	5/1/22-12/31/24	21.027	NP11111	50,000	49,959	—
<b>Passed through Medicaid - Humana</b>						
The Florida Agency for Health Care Admin - FL One Time Retention Pmnt for Non-HCBS Waiver Pmnts Coronavirus State and Local Fiscal Recovery Funds	7/1/22-6/30/23	21.027	Medicaid Retention-Humana		257,008	—
<b>Passed through Medicaid - Centene</b>						
The Florida Agency for Health Care Admin - FL One Time Retention Pmnt for Non-HCBS Waiver Pmnts Coronavirus State and Local Fiscal Recovery Funds	7/1/22-6/30/23	21.027	Medicaid Retention-Centene		246,556	—
<b>Passed through Medicaid - Simply Health</b>						
The Florida Agency for Health Care Admin - FL One Time Retention Pmnt for Non-HCBS Waiver Pmnts Coronavirus State and Local Fiscal Recovery Funds	7/1/22-6/30/23	21.027	Medicaid Retention-Simply Health		53,613	—
<b>Total U.S. Department of Treasury</b>					<u>818,231</u>	<u>—</u>
<b>Total Expenditures of Federal Awards</b>					<u>\$ 24,256,027</u>	<u>\$ 282,867</u>

**LifeView Group, Inc. and Subsidiaries**

**Schedule of Expenditures of Federal Awards and State Financial Assistance**

**Year Ended September 30, 2023**

*(Continued)*

State Grantor/Pass-Through Grantor/Project Title /Program Title	Grant Period	State Assistance Listing Number	Grantor's Number	Project/ Award Amount	State Expenditures	Passed Through to Subrecipients
<b>State financial assistance</b>						
<b>State of Florida Department of Children and Families (DCF)</b>						
Community Based Care – Child Welfare:						
The Independent Living and Road-To-Independence Program	7/1/22-10/31/22	60.112	DCF – AJ495		\$ 7,672	\$ –
<b>Passed through from Big Bend Community Based Care (BB)</b>						
Big Bend CBC/Child Welfare						
The Independent Living and Road-To-Independence Program	11/1/22-9/30/23	60.112	A0922		16,845	–
<b>Total State Assistance Listing No. 60.112</b>					<u>24,517</u>	<u>–</u>
Community Based Care – Child Welfare:						
Extended Foster Care Program	7/1/22-10/31/22	60.141	DCF – AJ495		3,116	–
<b>Passed through from Big Bend Community Based Care (BB)</b>						
Big Bend CBC/Child Welfare						
Extended Foster Care Program	11/1/22-9/30/23	60.141	A0922		60,723	–
<b>Total State Assistance Listing No. 60.141</b>					<u>63,839</u>	<u>–</u>
Community Based Care – Child Welfare:						
CBC - Adoption Services	7/1/22-10/31/22	60.076	DCF – AJ495		22,832	–
<b>Passed through from Big Bend Community Based Care (BB)</b>						
Big Bend CBC/Child Welfare						
CBC - Adoption Services	11/1/22-9/30/23	60.076	A0922		1,233	–
<b>Total State Assistance Listing No. 60.076</b>					<u>24,065</u>	<u>–</u>

**LifeView Group, Inc. and Subsidiaries**

**Schedule of Expenditures of Federal Awards and State Financial Assistance**

**Year Ended September 30, 2023**

*(Continued)*

State Grantor/Pass-Through Grantor/Project Title /Program Title	Grant Period	State Assistance Listing Number	Grantor's Number	Project/ Award Amount	State Expenditures	Passed Through to Subrecipients
<b>State financial assistance (continued)</b>						
<b>State of Florida Department of Children and Families (DCF)</b>						
Community Based Care – Child Welfare:						
Out-of-Home Supports	7/1/22-10/31/22	60.074	DCF – AJ495		\$ 842,428	\$ –
<b>Passed through from Big Bend Community Based Care (BB)</b>						
Big Bend CBC/Child Welfare						
Out-of-Home Supports	11/1/22-9/30/23	60.074	A0922		114,369	–
Big Bend CBC - Arcadia						
Out-of-Home Supports	11/1/22-6/30/23	60.074	Arcadia - 2023		270,704	–
Big Bend CBC - Cabot						
Out-of-Home Supports	11/1/22-6/30/23	60.074	Cabot - 2023		364,116	–
Big Bend CBC - New Dawn						
Out-of-Home Supports	11/1/22-6/30/23	60.074	New Dawn - 2023		518,399	–
					<u>2,110,016</u>	<u>–</u>
Early Childhood Court Case Management & Prevention Services	11/1/22-9/30/23	60.225	A0922		211,703	–
Community Based Care – Child Welfare:						
CBC - Purchase of Therapeutic Services for Children	7/1/22-10/31/22	60.183	DCF – AJ495		11,715	–
State Funded Child Care Subsidy	7/1/22-10/31/22	60.244	DCF – AJ495		209,800	–
Kinship Navigator Program	7/1/22-10/31/22	60.207	DCF – AJ495		26,484	–
Family Finders Program	7/1/22-10/31/22	60.206	DCF – AJ495		10,676	–
<b>Total State of Florida Department of Children and Families</b>					<u>2,692,815</u>	<u>–</u>

**LifeView Group, Inc. and Subsidiaries**

**Schedule of Expenditures of Federal Awards and State Financial Assistance**

**Year Ended September 30, 2023**

*(Continued)*

State Grantor/Pass-Through Grantor/Project Title /Program Title	Grant Period	State Assistance Listing Number	Grantor's Number	Project/ Award Amount	State Expenditures	Passed Through to Subrecipients
<b>State financial assistance (continued)</b>						
<b>State of Florida Department of Health</b>						
State and Community Interventions	7/1/21-6/30/26	64.093	COTJZ	\$ 139,524	\$ 121,027	\$ –
<b>Office of the State Court Administration</b>						
Post-Adjudicatory Drug Court Program	7/1/22–6/30/23	22.021	01008K4	666,419	609,037	–
Naltrexone	7/1/22–6/30/23	22.022	SC00679	743,893	445,697	–
<b>Total Office of the State Court Administration</b>					<u>1,054,734</u>	<u>–</u>
<b>Total Expenditures of State Financial Assistance</b>					<u>\$ 3,868,576</u>	<u>\$ –</u>

*See accompanying notes.*

## **LifeView Group, Inc. and Subsidiaries**

### **Notes to Schedule of Expenditures of Federal Awards and State Financial Assistance**

**September 30, 2023**

#### **1. Presentation and Basis of Accounting**

The schedule of expenditures of federal awards and state financial assistance is prepared on the accrual basis in accordance with accounting principles generally accepted in the United States. It includes all the state and federal expenditures of LifeView Group, Inc. (the Company).

The Company allocates administrative costs to its federal and state programs using a step-down allocation methodology. The methodologies used allow for the allocation of administrative costs across all appropriate components of operations and are in accordance with Florida Administrative Code 15A-10.014. The Company has elected not to use the 10-percent de minimis indirect cost rate allowed under the Uniform Guidance and instead adheres to an approved federal indirect rate or approved contract indirect rate.

#### **2. Contingencies**

The Company has received numerous federal and state grants. The disbursement of funds received under these programs is subject to review and audit by grantor agencies. Any disbursements disallowed by these agencies could become a liability of the Company. In the opinion of management, any such claim will not have a material adverse effect on the financial position of the Company.

#### **3. Subrecipients**

In order to fulfill contractual requirements for child protective services, behavioral health services, and vocational services, the Company subcontracts with various community agencies. The Company is responsible for compliance with the funds expended, but all regulatory and contractual obligations are passed to the subrecipients in their contracts.

## **OTHER REPORTS AND SCHEDULES**



**INDEPENDENT AUDITOR'S REPORT ON INTERNAL CONTROL OVER  
FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS  
BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED  
IN ACCORDANCE WITH GOVERNMENT AUDITING STANDARDS**

President/Chief Executive Officer  
Chief Financial Officer  
Board of Directors  
LifeView Group, Inc. and Subsidiaries

We have audited, in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the consolidated financial statements of Lifeview Group, Inc. and Subsidiaries (the Company), which comprise the consolidated balance sheet as of September 30, 2023, and the related consolidated statements of operations and changes in net assets and cash flows for the year then ended, and the related notes to the consolidated financial statements, and have issued our report thereon dated February 26, 2024.

**Report on Internal Control over Financial Reporting**

In planning and performing our audit of the consolidated financial statements, we considered the Company's internal control over financial reporting (internal control) to determine the audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the consolidated financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Company's internal control. Accordingly, we do not express an opinion on the effectiveness of the Company's internal control.

A *deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent or detect and correct, misstatements on a timely basis. A *material weakness* is a deficiency, or combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's consolidated financial statements will not be prevented, or detected and corrected, on a timely basis. A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during the audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses or significant deficiencies may exist that have not been identified.

Board of Directors  
Lifeview Group, Inc. and Subsidiaries

## **Compliance and Other Matters**

As part of obtaining reasonable assurance about whether the Company's consolidated financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts and grant agreements, noncompliance with which could have a direct and material effect on the determination of consolidated financial statements. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

## **Purpose of this Report**

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the entity's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Company's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.



Pensacola, Florida  
February 26, 2024

**INDEPENDENT AUDITOR'S REPORT ON COMPLIANCE FOR EACH  
MAJOR FEDERAL PROGRAM AND STATE FINANCIAL  
ASSISTANCE PROJECT AND ON INTERNAL CONTROL  
OVER COMPLIANCE REQUIRED BY THE UNIFORM GUIDANCE,  
SECTION 215.97, FLORIDA STATUTES, AND CHAPTER 10.650,  
RULES OF THE AUDITOR GENERAL**

President/Chief Executive Officer  
Chief Financial Officer  
Board of Directors  
LifeView Group, Inc. and Subsidiaries

**Report on Compliance for Each Major Federal Program and State Financial Assistance Project**

**Opinion on Each Major Federal Program and State Project**

We have audited Lifeview Group, Inc. and Subsidiaries (the Company) compliance with the types of compliance requirements described in the *OMB Compliance Supplement* and the requirements described in the *Florida Department of Financial Services State Projects Compliance Supplement* that could have a direct and material effect on the Company's major federal programs and state projects for the year ended September 30, 2023. The Company's major federal programs and state projects are identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs.

In our opinion, the Company complied, in all material respects, with the compliance requirements referred to above that could have a direct and material effect on each of its major federal programs and state projects for the year ended September 30, 2023.

**Basis for Opinion on Each Major Federal Program and State Project**

We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America (GAAS); the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States (*Government Auditing Standards*); and the audit requirements of Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance); Section 215.97, *Florida Statutes*; and Chapter 10.650, *Rules of the Auditor General*. Our responsibilities under those standards, the Uniform Guidance, Section 215.97, *Florida Statutes*; and Chapter 10.650, *Rules of the Auditor General* are further described in the Auditor's Responsibilities for the Audit of Compliance section of our report.

We are required to be independent of the Company and to meet our other ethical responsibilities, in accordance with relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion on compliance for each major federal program and state project. Our audit does not provide a legal determination of the Company's compliance with the compliance requirements referred to above.

### **Responsibilities of Management for Compliance**

Management is responsible for compliance with the requirements referred to above and for the design, implementation, and maintenance of effective internal control over compliance with the requirements of federal and state statutes, regulations, rules, and provisions of contracts or grant agreements applicable to its federal programs and state projects.

### **Auditor's Responsibilities for the Audit of Compliance**

Our objectives are to obtain reasonable assurance about whether material noncompliance with the compliance requirements referred to above occurred, whether due to fraud or error, and express an opinion on the Company's compliance based on our audit. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS, *Government Auditing Standards*, the Uniform Guidance, Section 215.97, *Florida Statutes*; and Chapter 10.650, *Rules of the Auditor General* will always detect material noncompliance when it exists. The risk of not detecting material noncompliance resulting from fraud is higher than that resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Noncompliance with the compliance requirements referred to above is considered material, if there is a substantial likelihood that, individually or in the aggregate, it would influence the judgment made by a reasonable user of the report on compliance about the Company's compliance with the requirements of each major federal program or state project as a whole.

In performing an audit in accordance with GAAS, *Government Auditing Standards*, the Uniform Guidance, Section 215.97, *Florida Statutes*; and Chapter 10.650, *Rules of the Auditor General*, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material noncompliance, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the Company's compliance with the compliance requirements referred to above and performing such other procedures as we considered necessary in the circumstances.
- Obtain an understanding of the Company's internal control over compliance relevant to the audit in order to design audit procedures that are appropriate in the circumstances and to test and report on internal control over compliance in accordance with the Uniform Guidance, Section 215.97, *Florida Statutes* and Chapter 10.650, *Rules of the Auditor General*, but not for the purpose of expressing an opinion on the effectiveness of the Company's internal control over compliance. Accordingly, no such opinion is expressed.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and any significant deficiencies and material weaknesses in internal control over compliance that we identified during the audit.

## Report on Internal Control Over Compliance

*A deficiency in internal control over compliance* exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program or state financial assistance project on a timely basis. *A material weakness in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program or state financial assistance project will not be prevented, or detected and corrected, on a timely basis. *A significant deficiency in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a federal program or state financial assistance project that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

Our consideration of internal control over compliance was for the limited purpose described in the Auditor's Responsibilities for the Audit of Compliance section above and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies in internal control over compliance. Given these limitations during our audit, we did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses, as defined above. However, material weaknesses or significant deficiencies in internal control over compliance may exist that were not identified. Our audit was not designed for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, no such opinion is expressed.

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of the Uniform Guidance, Section 215.97, *Florida Statutes*; and Chapter 10.650, *Rules of the Auditor General*. Accordingly, this report is not suitable for any other purpose.

Pensacola, Florida  
February 26, 2024

**LIFVIEW GROUP, INC. AND SUBSIDIARIES**

**SCHEDULE OF FINDINGS AND QUESTIONED COSTS**

**YEAR ENDED SEPTEMBER 30, 2023**

**A. SUMMARY OF AUDITOR'S RESULTS**

1. The auditor's report expresses an unmodified opinion on the consolidated financial statements of Lifeview Group, Inc. and Subsidiaries.
2. No significant deficiencies in internal control relating to the audit of the consolidated financial statements are reported in the Independent Auditor's Report on Internal Control over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance with *Government Auditing Standards*.
3. No instances of noncompliance material to the consolidated financial statements of Lifeview Group, Inc. and Subsidiaries, which would be required to be reported in accordance with *Government Auditing Standards*, were disclosed during the audit.
4. No significant deficiencies or material weaknesses relating to the audit of the major federal program or state project are reported in the Independent Auditor's Report on Compliance for Each Major Federal Program and State Financial Assistance Project and on Internal Control over Compliance Required by the Uniform Guidance, Section 215.97, *Florida Statutes*, and Chapter 10.650, *Rules of the Auditor General*.
5. The auditor's report on compliance for the major federal award programs and state projects for Lifeview Group, Inc. and Subsidiaries expresses an unmodified opinion.
6. There are no audit findings relative to the major federal award programs and state projects for Lifeview Group, Inc. and Subsidiaries that are required to be reported in accordance with 2 CFR Section 200.516(a) of the Uniform Guidance, Section 215.97, *Florida Statutes* or Chapter 10.650, *Rules of the Auditor General*.
7. The federal programs and state projects tested as major were:

<b>Federal Programs</b>	<b>Assistance Listing No.</b>
SAMHS Projects of Reg. and Natl. Significance	93.243
Big Bend CBC: Opioid STR (SAMHS)	93.788
Community Based Care – Child Welfare:	
Stephanie Tubbs Jones Child Welfare Services Program	93.645
Child Welfare Services:	
John H. Chafee Foster Care Program for Successful	
Transition to Adulthood	93.674
Block Grants for Community Mental Health Services	93.958

**LIFEVIEW GROUP, INC. AND SUBSIDIARIES**  
**SCHEDULE OF FINDINGS AND QUESTIONED COSTS**  
**YEAR ENDED SEPTEMBER 30, 2023**  
**(Continued)**

**A. SUMMARY OF AUDITOR'S RESULTS (Continued)**

<b>State Projects</b>	<b>Assistance Listing No.</b>
Big Bend CBC: Out-of-Home Supports	60.074
Naltrexone	22.022

8. The threshold for distinguishing between Type A and B programs and projects for major federal programs and state projects was \$750,000.
9. Lifeview Group, Inc. and Subsidiaries was determined to be a low-risk auditee pursuant to the Uniform Guidance.

**B. FINDINGS - FINANCIAL STATEMENT AUDIT**

There were no findings related to the consolidated financial statements which are required to be reported in accordance with *Government Auditing Standards*.

**C. FINDINGS AND QUESTIONED COSTS - MAJOR FEDERAL AWARD PROGRAMS**

There were no findings and questioned costs relating to the major federal award programs which are required to be reported in accordance with the Uniform Guidance.

**D. FINDINGS AND QUESTIONED COSTS - MAJOR STATE PROJECTS**

There were no findings and questioned costs relating to the major state projects which are required to be reported in accordance with Chapter 10.650, *Rules of the Auditor General*.

In accordance with Rules of the Auditor General, Section 10.656(3)(e), no management letter is required because there were no findings required to be reported in the management letter.

# Saltmarsh

Saltmarsh, Cleaveland & Gund

*CERTIFIED PUBLIC ACCOUNTANTS AND CONSULTANTS*

**LIFETIME GROUP, INC. AND SUBSIDIARIES**

**PENSACOLA, FLORIDA**

**CONSOLIDATED FINANCIAL STATEMENTS**

**SEPTEMBER 30, 2024 AND 2023**



**LIFETIME GROUP, INC. AND SUBSIDIARIES**  
**PENSACOLA, FLORIDA**  
**CONSOLIDATED FINANCIAL STATEMENTS**  
**SEPTEMBER 30, 2024 AND 2023**

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**LIFEVUE GROUP, INC. AND SUBSIDIARIES**  
**PENSACOLA, FLORIDA**  
**CONSOLIDATED FINANCIAL STATEMENTS**  
**SEPTEMBER 30, 2024 AND 2023**

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## INDEPENDENT AUDITORS' REPORT

Management and the Board of Directors  
LifeView Group, Inc. and Subsidiaries  
Pensacola, Florida

### Opinion

We have audited the consolidated financial statements of LifeView Group, Inc. and Subsidiaries (the Company), which comprise the consolidated balance sheets as of September 30, 2024 and 2023, and the related consolidated statements of operations and changes in net assets, and cash flows for the years then ended and the related notes (collectively referred to as the consolidated financial statements).

In our opinion, the accompanying consolidated financial statements present fairly, in all material respects, the financial position of the Company at September 30, 2024 and 2023, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

### Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS) and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States (*Government Auditing Standards*). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Consolidated Financial Statements section of our report. We are required to be independent of the Company, and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### Responsibilities of Management for the Consolidated Financial Statements

Management is responsible for the preparation and fair presentation of the consolidated financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free of material misstatement, whether due to fraud or error.

In preparing the consolidated financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Company's ability to continue as a going concern for one year after the date that the financial statements are issued.

## **Auditor's Responsibilities for the Audit of the Consolidated Financial Statements**

Our objectives are to obtain reasonable assurance about whether the consolidated financial statements as a whole are free of material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS and *Government Auditing Standards* will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in aggregate, they would influence the judgment made by a reasonable user based on the consolidated financial statements.

In performing an audit in accordance with GAAS and *Government Auditing Standards*, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the consolidated financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the consolidated financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Company's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the consolidated financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate that raise substantial doubt about the Company's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

## **Supplementary Information**

Our audits were conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The DUI School and Access Behavioral Health (Regulatory Basis) supplementary information are presented on pages 41 through 48 for purposes of additional analysis and are not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated, in all material respects, in relation to the consolidated financial statements as a whole.

The accompanying schedule of expenditures of federal awards and state financial assistance as required by Title 2 U.S. Code of Federal Regulations Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards*, and by Chapter 10.650, *Rules of the Auditor General*, presented on pages 49 through 61 is presented for purposes of additional analysis and is not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audits of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the schedule of expenditures of federal awards and state financial assistance is fairly stated, in all material respects, in relation to the consolidated financial statements as a whole.

The accompanying schedule of functional revenues and expenses (regulatory basis), schedule of state earnings (regulatory basis), schedule of related-party transaction adjustments (regulatory basis) and schedule of bed-day availability payments are presented for purposes of additional analysis and are not a required part of the consolidated financial statements. Such information is the responsibility of management. The information has not been subjected to the auditing procedures applied in the audits of the consolidated financial statements, and, accordingly, we express no opinion on them.

#### **Other Reporting Required by Government Auditing Standards**

In accordance with *Government Auditing Standards*, we also have issued our report dated February 7, 2025 on our consideration of the Company's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the Company's internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Company's internal control over financial reporting and compliance.

Pensacola, Florida  
February 7, 2025

# LifeView Group, Inc. and Subsidiaries

## Consolidated Balance Sheets

(Dollars in Thousands)

September 30, 2024 and 2023

	2024	2023
<b>Assets</b>		
Current assets:		
Cash and cash equivalents	\$ 23,965	\$ 31,912
Short-term investments	-	277
Accounts receivable:		
Client accounts receivable, net	1,361	900
Governmental funding sources receivable	9,830	8,734
Vocational service contracts receivable	22,769	13,646
Other accounts receivable	1,320	2,733
Total accounts receivable	35,280	26,013
Inventories	699	984
Prepaid expenses	1,763	1,751
Total current assets	61,707	60,937
Noncurrent assets:		
Property and equipment, net	33,820	30,968
Leases right-of-use assets	4,215	5,759
Other assets	114	115
Total noncurrent assets	38,149	36,842
Total assets	\$ 99,856	\$ 97,779

*Continued on next page*

# LifeView Group, Inc. and Subsidiaries

## Consolidated Balance Sheets

(Dollars in Thousands)

September 30, 2024 and 2023

(Continued)

	2024	2023
<b>Liabilities and net assets</b>		
Current liabilities:		
Accounts payable	\$ 5,430	\$ 3,235
Accrued liabilities	21,078	22,698
Current portion of long-term debt	45	41
Current portion of lease obligation	1,578	1,573
Compensated absences	3,738	3,502
Total current liabilities	31,869	31,049
Noncurrent liabilities:		
Long-term debt, less current portion	34,877	36,322
Lease obligation, less current portion	3,115	4,693
Total noncurrent liabilities	37,992	41,015
Total liabilities	69,861	72,064
Net assets:		
Without donor restrictions	28,551	24,285
With donor restrictions	1,444	1,430
Total net assets	29,995	25,715
Total liabilities and net assets	\$ 99,856	\$ 97,779

*The accompanying notes are an integral part of these consolidated financial statements.*

**LifeView Group, Inc. and Subsidiaries**

**Consolidated Statements of Operations  
and Changes in Net Assets**

*(Dollars in Thousands)*

**Years Ended September 30, 2024 and 2023**

	2024	2023
Revenue and other support without donor restrictions:		
Federal, state, and local financial awards	\$ 58,054	\$ 58,657
Net client service fees	22,094	22,321
Vocational service contracts	114,847	103,349
Contract revenue	33,967	37,387
Other revenue and support	976	1,703
Total revenues and other support without donor restrictions	<u>229,938</u>	<u>223,417</u>
Expenses:		
Salaries and wages	114,787	105,789
Fringe benefits	33,383	31,218
Building occupancy	6,988	6,193
Professional fees	4,592	4,978
Contract medical services	15,179	18,105
Travel	2,024	2,004
Equipment costs	5,305	4,781
Food services	2,252	1,958
Medical/pharmacy services	12,993	15,552
Subcontracted services	16,749	12,534
Subsidy payments	477	3,262
Personal welfare	748	1,123
Insurance	1,733	2,211
Donated items	39	290
Depreciation	2,572	2,531
Other operating expenses	4,102	3,927
Total expenses	<u>223,923</u>	<u>216,456</u>
Income from operations	6,015	6,961
Nonoperating income (expense):		
Investment income	299	7
Interest expense	(2,048)	(2,072)
Total nonoperating expense, net	<u>(1,749)</u>	<u>(2,065)</u>
Excess of revenues and other support over expenses	4,266	4,896

*Continued on next page*



**LifeView Group, Inc. and Subsidiaries**

**Consolidated Statements of Operations  
and Changes in Net Assets**

*(Dollars in Thousands)*

**Years Ended September 30, 2024 and 2023**

*(Continued)*

	<u>2024</u>	<u>2023</u>
Net assets without donor restrictions:		
Excess of revenues and other support over expenses	\$ 4,266	\$ 4,896
Other changes in net assets without donor restrictions	<u>-</u>	<u>(612)</u>
Change in net assets without donor restrictions	4,266	4,284
Net assets with donor restrictions:		
Change in restricted fund	<u>14</u>	<u>621</u>
Change in net assets with donor restrictions	14	621
Change in net assets	4,280	4,905
Net assets at beginning of year	<u>25,715</u>	<u>20,810</u>
Net assets at end of year	<u><u>\$ 29,995</u></u>	<u><u>\$ 25,715</u></u>

*The accompanying notes are an integral part of these consolidated financial statements.*

**LifeView Group, Inc. and Subsidiaries**

**Consolidated Statements of Cash Flows**

*(Dollars in Thousands)*

**Years Ended September 30, 2024 and 2023**

	<u>2024</u>	<u>2023</u>
<b>Operating activities</b>		
Change in net assets	\$ 4,280	\$ 4,905
Adjustments to reconcile change in net assets to net cash used in operating activities:		
Depreciation	2,572	2,531
Amortization of debt issuance costs	100	99
Changes in operating assets and liabilities:		
Client accounts receivable	(461)	(172)
Governmental funding sources receivable	(1,096)	(4,807)
Vocational service contracts receivable	(9,123)	(1,430)
Other accounts receivable	(87)	(429)
Inventories	285	(58)
Prepaid expenses	(12)	(603)
Other assets and liabilities	192	70
Accounts payable	2,195	(1,959)
Accrued liabilities	(1,620)	1,571
Compensated absences	236	72
Net cash used in operating activities	<u>(2,539)</u>	<u>(210)</u>
<b>Investing activities</b>		
Purchases of property and equipment, net of disposals	(5,424)	(2,614)
Maturities of short-term investments	277	-
Net cash used in investing activities	<u>(5,147)</u>	<u>(2,614)</u>

*Continued on next page*

**LifeView Group, Inc. and Subsidiaries**

**Consolidated Statements of Cash Flows**

*(Dollars in Thousands)*

**Years Ended September 30, 2024 and 2023**

*(Continued)*

	<u>2024</u>	<u>2023</u>
<b>Financing activities</b>		
Repayments of long-term debt	\$ (41)	\$ (38)
Principal payments on finance lease liabilities	<u>(220)</u>	<u>(48)</u>
Net cash used in financing activities	<u>(261)</u>	<u>(86)</u>
 Net change in cash and cash equivalents	(7,947)	(2,910)
Cash and cash equivalents at beginning of year	<u>31,912</u>	<u>34,822</u>
 Cash and cash equivalents at end of year	<u><u>\$ 23,965</u></u>	<u><u>\$ 31,912</u></u>
 <b>Supplemental disclosure of cash flow information</b>		
Interest paid	<u>\$ 2,072</u>	<u>\$ 2,072</u>
Costs for purchases of equipment included in other liabilities	<u>\$ -</u>	<u>\$ 142</u>
 <b>Supplemental disclosure of noncash investing and financing activities</b>		
Long-term debt incurred for purchases of property and equipment	<u>\$ -</u>	<u>\$ 845</u>
Noncash principal repayment on long-term debt	<u>\$ 1,500</u>	<u>\$ -</u>

*The accompanying notes are an integral part of these consolidated financial statements.*

# **LifeView Group, Inc. and Subsidiaries**

## **Notes to Consolidated Financial Statements**

*(Dollars in Thousands)*

**September 30, 2024 and 2023**

### **1. Organization and Summary of Significant Accounting Policies**

#### **Organization**

LifeView Group, Inc. (LGI or the Company), a nonprofit organization, was incorporated in 2021 to purchase Lakeview Center, Inc. (the Center) and its affiliates, Global Connections to Employment, Inc. (GCE), CMHC Hernandez House, Inc., Lakeview Place, Inc., Lakeview Villas, Inc. (the 3 collectively -HUDs). The Center was acquired pursuant to the Member Substitution Agreement. LGI is the sole member of GCE and the Center. The Center is the sole member of the HUDs. CMHC Hernandez House, Inc. is no longer active.

Lakeview Center, Inc., a nonprofit organization, was incorporated in 1954, as Community Mental Health Center of Escambia County, Inc. The mission of the Center, including all of its subsidiaries, is to help people through life's journey by providing behavioral health services, and child protective services. Lakeview Place, Inc. and CMHC Hernandez House, Inc. are U.S. Department of Housing and Urban Development (HUD) multi-unit dwellings owned by the Center that provide housing facilities and services to people diagnosed with mental illness. The contract for CMHC Hernandez House, Inc. ended September 30, 2021. Subsequent to September 30, 2021, the operations of CMHC Hernandez House, Inc. have been included in the Center operations. Lakeview Villa, Inc. is a HUD apartment complex owned by the Company that provides low-cost housing facilities and services to persons with chronic mental illness. Global Connections to Employment, Inc. is a nonprofit organization and its mission is to employ people with disabilities and provide vocational services.

#### **Principles of Consolidation**

The accompanying consolidated financial statements include the accounts of LifeView Group, Inc. and its related entities: Lakeview Center, Inc.; Global Connections to Employment, Inc.; Lakeview Villa, Inc.; and Lakeview Place, Inc.. All inter-entity transactions have been eliminated in consolidation.

#### **Operating and Nonoperating Activities**

The Company's primary mission is to provide a broad range of behavioral health services, vocational services, and child protective services to citizens of the region and nationally, across 14 states and the District of Columbia. Activities directly associated with the furtherance of this purpose are considered to be operating activities. Other activities that result in gains or losses unrelated to the Company's primary mission are considered nonoperating.

#### **Use of Estimates**

The preparation of these consolidated financial statements in conformity with generally accepted accounting principles in the United States of America (GAAP) requires management to make estimates and assumptions. These estimates and assumptions affect certain reported amounts of assets and liabilities at the date of the consolidated financial statements and revenues and expenses recognized during the reporting period. Accordingly, actual results may differ from those estimates.

# LifeView Group, Inc. and Subsidiaries

## Notes to Consolidated Financial Statements

(Dollars in Thousands)

September 30, 2024 and 2023

### 1. Organization and Summary of Significant Accounting Policies (continued)

#### Net Assets

The Company reports information regarding financial position and activities according to two classes of net assets: with and without donor restriction. Net assets are classified based on the existence or absence of donor-imposed restrictions, if any, that may or may not be met by actions of management or by the passage of time.

The net asset categories reflected in the accompanying consolidated financial statements are as follows:

- *Without donor restriction* – Net assets that are free of donor-imposed restrictions, including all revenues, expenses, gains, and losses that are not changes in net assets with donor restrictions.
- *With donor restriction* – Net assets whose use by the Company is limited by donor-imposed stipulations that may or may not expire by passage of time or that can or cannot be fulfilled or removed by action of the Company pursuant to those stipulations.

#### Contributions

The Company records contributions as being with or without donor restriction depending on the existence and/or nature of any donor or grantor restrictions.

#### Cash Equivalents

The Company considers all highly liquid investment instruments with maturities of three months or less when purchased to be cash equivalents. Cash deposits are federally insured in limited amounts. As of September 30, 2024, LGI holds one certificate of deposit with an original maturity of 90 days that is classified within cash equivalents.

#### Short-Term Investments

Short-term investments consist of a certificate of deposit held by LGI that automatically renews every 182 days. Due to the short-term nature, the carrying amount reported in the consolidated balance sheet approximates the fair value as of September 30, 2023. During the year ended September 30, 2024, the certificate of deposit matured and was reinvested into a new certificate of deposit with an original maturity of 90 days, which is classified within cash equivalents.

#### Net Client Service Revenue and Accounts Receivable

Accounts receivable relating to net client service revenue are based upon the estimated amounts expected to be paid from patients and third-party payors. Opening balances for client accounts receivable totaled \$900 and \$728 at October 1, 2023 and 2022, respectively.

# LifeView Group, Inc. and Subsidiaries

## Notes to Consolidated Financial Statements

(Dollars in Thousands)

September 30, 2024 and 2023

### 1. Organization and Summary of Significant Accounting Policies (continued)

#### Allowance for Credit Losses

Accounts receivable are written off after collection efforts have been followed in accordance with the Company's policies. Accounts written off as uncollectible are deducted from the allowance for uncollectible accounts and subsequent recoveries are added. Periodically, management assesses the adequacy of the allowance for uncollectible accounts based upon historical write-off experience by payor category, current conditions and reasonable and supportable forecasts. The results of this review are then used to make any modifications to the provision for credit losses to establish an appropriate allowance for uncollectible receivables.

#### Contract and Other Receivables

Receivables for contracted services are typically deemed wholly collectible as they are due from governmental units, grantors, and third-party paying agencies. Opening balances for contract and other accounts receivable totaled \$25,113 and \$18,447 at October 1, 2023 and 2022, respectively.

#### Inventories

Inventories (primarily pharmaceutical inventories) are stated at the lower of cost (average cost method) or net realizable value using the first-in, first-out method.

#### Property and Equipment

Property and equipment acquisitions are recorded at historical cost. Property and equipment donated to the Company are recorded at fair value at the date of receipt. Depreciation is provided over the estimated useful life of each class of depreciable asset and is computed on the straight-line- method. Estimated useful lives of depreciable assets are as follows:

Buildings	40 years
Building and land improvements	10–20 years
Furniture and equipment	3–7 years
Technology	5–10 years

#### Compensated Absences

Employees are entitled to accumulate a limited amount of earned but unused annual leave. Accordingly, the Company records an accrual for earned, unused, vested annual leave in accordance with the Company's policy. Upon separation from the Company, employees are entitled to this amount of unused vested leave.

# LifeView Group, Inc. and Subsidiaries

## Notes to Consolidated Financial Statements

(Dollars in Thousands)

September 30, 2024 and 2023

### 1. Organization and Summary of Significant Accounting Policies (continued)

#### Net Client Service Fees

The Company has agreements with third-party payors that provide payments to the Company at amounts different from its established rates. Payment arrangements include prospectively determined rates per completion of service, reimbursed costs, and discounted charges. Net client service fees are reported at the estimated net realizable amounts from clients, third-party payors, and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payors. The Company accepts clients in immediate need of care, regardless of their ability to pay, and serves certain clients whose care costs are not paid at established rates, including those sponsored under government programs such as Medicare and Medicaid, those sponsored under private contractual agreements, charity clients, and other uninsured clients who have limited ability to pay. The Company recognizes client service fee revenue associated with clients who have third-party payor coverage on the basis of contractual rates for the services rendered. For uninsured clients who do not qualify for charity care, revenue is recognized on the basis of discounted rates in accordance with the Company's policy.

A summary of the payment arrangements with major third-party payors follows:

*Medicare* – Client services rendered to Medicare program beneficiaries are reimbursed under a fee-for-service methodology.

*Medicaid* – Client mental health and substance abuse services rendered to Medicaid program beneficiaries are reimbursed under a capitated arrangement.

*Other* – The Company has also entered into payment agreements with certain insurance carriers, health maintenance organizations, and preferred provider organizations. The basis for payment to the Company under these agreements includes prospectively determined rates and discounts from established charges.

#### Charity Care

Quality care is provided to all persons requiring immediate treatment regardless of their ability to pay. An individual is classified as a charity client by reference to certain established policies of the Company. Essentially, these policies define charity services as those services for which no payment is anticipated. In assessing a client's ability to pay, the Company utilizes the most recently published federal poverty income guidelines, but also includes certain cases where incurred charges are significant when compared to income. These charges are subtracted in the net client service fees calculation.

The Company estimates the direct and indirect costs of providing charity care by applying a cost to gross charges ratio to the gross uncompensated charges associated with providing charity care to clients. The cost of providing charity care was \$5,037 and \$4,693 for the years ended September 30, 2024 and 2023, respectively.

# LifeView Group, Inc. and Subsidiaries

## Notes to Consolidated Financial Statements

(Dollars in Thousands)

September 30, 2024 and 2023

### 1. Organization and Summary of Significant Accounting Policies (continued)

#### Medicaid Managed Medical Assistance Contract Revenue

The Company is licensed as a prepaid limited health services organization pursuant to Chapter 636, *Florida Statutes*. Effective August 1, 2014, the Company, doing business as Access Behavioral Health, was awarded contracts with the Medicaid Managed Medical Assistance Plan (the MMA Plan). The Company receives a per-member per-month rate to provide mental health and substance abuse services to an annual average of 107,000 Medicaid beneficiaries in Florida's Regions 1 and 2. Amounts received are recognized as contract revenue during the period in which the Company is obligated to provide services to beneficiaries. Approximately \$31,054 and \$37,863 was recognized as revenue under the MMA Plan during the years ended September 30, 2024 and 2023, respectively.

#### Medicaid Managed Medical Assistance Plan Costs

The Company is directly responsible for providing mental health and substance abuse services to beneficiaries residing in Escambia, Santa Rosa, and Walton counties, representing approximately 62% of the covered lives under the MMA Plan. The Company has entered into subcontracts with three comprehensive community mental health centers to provide mental health services to the MMA Plan beneficiaries residing in the other counties in these Regions. These subcontracts are typically on a full-risk capitated basis. The mental health services covered under the MMA Plan are generally the same as those covered under the Medicaid fee-for-service program. Covered services include inpatient psychiatric care, outpatient care, substance abuse, and physician services. The majority of services for which the Company is directly responsible are provided within its own service delivery system; however, some services are sub-contracted on a fee-for-service basis with local area hospitals and providers. A provision has been made for these services rendered but not reported as of September 30, 2024 and 2023.

#### Income Taxes

The Company and its related entities are exempt from federal income taxes under Section 501(a) as organizations described in Section 501(c)(3) of the Internal Revenue Code of 1986, as amended, and are also exempt from state income taxes.

#### Cost Allocation

The Company uses several methods to allocate organization and overhead costs among program and support areas. Workers' compensation is allocated based on industry standard rates and salary expense. Unemployment and health plan expenses are allocated based on personnel cost and plan participation, respectively.

Administrative costs are allocated using the methodology for the federal indirect rate calculation. Property and auto insurances are allocated proportionately among those who benefit from the asset covered. General liability uses a staff-based allocation.



# LifeView Group, Inc. and Subsidiaries

## Notes to Consolidated Financial Statements

(Dollars in Thousands)

September 30, 2024 and 2023

### 1. Organization and Summary of Significant Accounting Policies (continued)

#### Leases

On October 1, 2019, the Company adopted FASB's ASU 2016-02, *Leases*, electing to apply the optional transition method, which allows entities to forgo comparative reporting requirements. For leases that commenced before the effective date of ASU 2016-02, the Company elected the package of transition provisions available that allowed carryforward of the historical assessment of (1) whether contracts are or contain leases, (2) lease classification for any expired leases and (3) initial direct costs. In addition, the Company does not separate lease and non-lease components.

The Company's leases are primarily for real estate. The Company determines if an arrangement is a lease at contract inception. Lease assets and lease liabilities are recognized based on the present value of the lease payments over the lease term at the commencement date. Because most of the leases do not provide an implicit rate of return, the Company used a risk-free rate based on the daily treasury yield curve at lease commencement in determining the present value of lease payments.

Most leases include one or more options to renew, with renewal terms that can extend the lease term from months to years. The exercise of such lease renewal options is generally at the Company's sole discretion. For purposes of calculating lease liabilities, lease terms include options to extend or terminate the lease when it is reasonably certain that option will be utilized.

Leases with a lease term of 12 months or less at commencement are not recorded on the consolidated balance sheets. Lease expense for these arrangements is recognized on a straight-line basis over the lease term.

#### Reclassifications

Certain prior year amounts have been reclassified to conform to the current year presentation.

### 2. Cash and Investments

The composition of cash and short-term investments is as follows:

	September 30,	
	2024	2023
Cash and cash equivalents	\$ 23,965	\$ 31,912
Short-term investments	-	277
	<u>\$ 23,965</u>	<u>\$ 32,189</u>

## LifeView Group, Inc. and Subsidiaries

### Notes to Consolidated Financial Statements

(Dollars in Thousands)

September 30, 2024 and 2023

### 3. Concentrations of Credit Risk

#### Revenue and Accounts Receivable

The Company receives client service fees revenue from three primary sources: Medicaid and Medicare, other third-party payors, and client payments. The following indicates the applicable percentages of accounts receivable from those sources:

	September 30,	
	2024	2023
Medicaid and Medicare	32%	41%
Other third-party payors	58%	45%
Client payments	10%	14%
	<u>100%</u>	<u>100%</u>

#### Depository Risk

The Company maintains cash balances with various financial institutions. Demand deposit accounts are insured by the Federal Deposit Insurance Corporation up to certain limits. At September 30, 2024, the Company had approximately \$23,700 held by financial institutions in excess of insured limits.

### 4. Property and Equipment

Major classifications of property and equipment are summarized as follows:

	September 30,	
	2024	2023
Buildings and improvements	\$ 26,618	\$ 21,561
Furniture and equipment	2,910	2,764
Technology	8,832	8,584
Land	2,445	2,445
Construction-in-progress	-	890
	<u>40,805</u>	<u>36,244</u>
Less accumulated depreciation	<u>(6,985)</u>	<u>(5,276)</u>
	<u>\$ 33,820</u>	<u>\$ 30,968</u>

Total depreciation expense amounted to \$2,572 and \$2,531 for the years ended September 30, 2024 and 2023.

**LifeView Group, Inc. and Subsidiaries**

**Notes to Consolidated Financial Statements**

*(Dollars in Thousands)*

**September 30, 2024 and 2023**

**5. Long-Term Debt**

Long-term debt consists of the following:

	<b>September 30,</b>	
	<b>2024</b>	<b>2023</b>
	<hr/>	<hr/>
Note payable to HUD, interest at 9.0%, monthly payments of \$5,000 including interest, secured by real property, maturing May 2032	\$ 340	\$ 370
Note payable to HUD, interest at 8.375%, monthly payments of \$2,000 including interest, secured by real property, maturing March 2032	129	140
Series 2021A Bonds payable, issued by Florida Development Finance Corp and purchased by Bank of America, interest at 6.0% on \$7,790 and 6.25% on \$14,120, maturity date August 2041 and 2051, respectively; interest payment of \$1,350 to be paid semi-annually	21,910	21,910
Series 2021B Bonds payable, issued by Florida Development Finance Corp. under the Master Indenture and purchased by Baptist Health Care Corporation (BHCC), interest at 4.45% through September 30, 2026 and increasing thereafter, maturity date August 2031; interest payment of \$634 to be paid semi-annually	13,500	15,000
Total debt	<hr/> 35,879	<hr/> 37,420
Less: unamortized issuance costs	<hr/> (957)	<hr/> (1,057)
Total debt, net of issuance costs	34,922	36,363
Less: current portion	<hr/> (45)	<hr/> (41)
Total long-term debt, net	<hr/> <hr/> \$ 34,877	<hr/> <hr/> \$ 36,322

# LifeView Group, Inc. and Subsidiaries

## Notes to Consolidated Financial Statements

(Dollars in Thousands)

September 30, 2024 and 2023

### 5. Long-Term Debt (continued)

Following are maturities of long-term debt for each of the next five years ended September 30<sup>th</sup> and thereafter:

	<b>Amount</b>
2025	\$ 45
2026	49
2027	54
2028	59
2029	64
Thereafter	<u>35,608</u>
Total	<u><u>\$ 35,879</u></u>

During the year ended September 30, 2024, the Company repaid \$1,500 of principal on the Series 2021B Bonds through a non-cash settlement of accounts receivable owed to the Company by the lender. The Series 2021A and 2021B bonds were issued under a Bond Trust Indenture dated as of September 1, 2021, by and between the Issuer and Regions Bank, as bond trustee. The Bond Trust Indenture requires certain covenants and reporting requirements to be met.

### 6. Leases

Operating leases consist of the following:

	<b>September 30,</b>	
	<b>2024</b>	<b>2023</b>
Operating lease right-of-use (ROU) assets	<u>\$ 3,785</u>	<u>\$ 5,209</u>
Current portion of operating lease obligation	\$ 1,362	\$ 1,557
Operating lease obligation, less current portion	<u>2,843</u>	<u>4,119</u>
Total operating lease liabilities	<u><u>\$ 4,205</u></u>	<u><u>\$ 5,676</u></u>

# LifeView Group, Inc. and Subsidiaries

## Notes to Consolidated Financial Statements

(Dollars in Thousands)

September 30, 2024 and 2023

### 6. Leases (continued)

Lease expense for lease payments is recognized on a straight-line basis over the lease term. The components of lease expense are as follows:

	Years Ended September 30,	
	2024	2023
Operating lease expense	\$ 1,054	\$ 1,203
Short-term lease expense	254	270
Total operating lease expense	<u>\$ 1,308</u>	<u>\$ 1,473</u>

Operating leases weighted-average remaining lease term and weighted-average discount rate are as follows:

	September 30,	
	2024	2023
Weighted-average remaining lease term	3.66 years	4.38 years
Weighted-average discount rate	1.78%	1.77%

The following table summarizes the maturity of lease liabilities under operating leases for the next five years and the years thereafter, as of September 30:

	Operating Leases
2025	\$ 1,424
2026	1,058
2027	784
2028	803
2029	270
Total lease payments	<u>4,339</u>
Less: imputed interest	<u>(134)</u>
Total operating lease liabilities	<u>\$ 4,205</u>

**LifeView Group, Inc. and Subsidiaries**

**Notes to Consolidated Financial Statements**

*(Dollars in Thousands)*

**September 30, 2024 and 2023**

**6. Leases (continued)**

Supplemental cash flow information related to operating leases are as follows:

	<b>Years Ended September 30,</b>	
	<b>2024</b>	<b>2023</b>
Cash paid for amounts included in the measurements of operating lease liabilities:		
Operating cash flows from operating leases	\$ 1,421	\$ 1,534

Rent expense for the years ended September 30, 2024 and 2023 amounted to \$1,776 and \$1,716, respectively.

Finance leases consist of the following:

	<b>September 30,</b>	
	<b>2024</b>	<b>2023</b>
Finance lease ROU assets	\$ 430	\$ 550
Current portion of finance lease obligation	\$ 216	\$ 16
Finance lease obligation, less current portion	272	574
Total finance lease liabilities	\$ 488	\$ 590

Finance leases weighted-average remaining lease term and weighted-average discount rate are as follows:

	<b>September 30,</b>	
	<b>2024</b>	<b>2023</b>
Weighted-average remaining lease term	2.25 years	3.26 years
Weighted-average discount rate	1.37%	1.37%

## LifeView Group, Inc. and Subsidiaries

### Notes to Consolidated Financial Statements

(Dollars in Thousands)

September 30, 2024 and 2023

#### 6. Leases (continued)

The following table summarizes the maturity of lease liabilities under finance leases for the next five years and the years thereafter, as of September 30, 2024:

	Finance Leases
2025	\$ 220
2026	220
2027	55
Total lease payments	495
Less: imputed interest	(7)
Total finance lease liabilities	\$ 488

Supplemental cash flow information related to finance leases are as follows:

	Years Ended September 30,	
	2024	2023
Cash paid for amounts included in the measurement of finance lease liabilities:		
Financing cash flows from finance leases	\$ 220	\$ 220

Both operating and finance leases are included in the financial statement caption lease obligation.

#### 7. Sources of Revenue

##### Federal, state, and local financial awards

The Company receives funding from several Government and other agencies to provide behavioral health and child protective services to clients in a four-county region. This revenue is predominantly deemed to be unconditional contribution revenue and not governed under the Accounting Standards Update No. 2014-09, *Revenue from Contracts with Customers* (Topic 606) (ASC 606) guidance. The contractual obligations with these payors are met as services are provided. These contracts are billed monthly. The Company expects to be paid for all services provided. Adjustments are made as they arise for any services that will not be reimbursed.

# LifeView Group, Inc. and Subsidiaries

## Notes to Consolidated Financial Statements

(Dollars in Thousands)

September 30, 2024 and 2023

### 7. Sources of Revenue (continued)

#### Conditional Grant Obligations

The Company has two conditional capital grants to support its facilities and services:

*Century Grant* – a \$2,000 grant from the Escambia County Health Facilities Authority received in August 2018 to expand the healthcare and mental health facility located in Century, Florida. The grant is conditional upon the organization providing enhanced healthcare and mental health services at the facility for a 10-year period. Revenue is recognized for the Century grant as services are performed.

*State of Florida Grant* – a \$2,150 grant from the Department of Children and Families received in June 2024 to expand and renovate the Short-Term Residential Treatment (SRT) facility. The grant is conditional upon the organization providing psychiatric services at the facility for a 20-year period. Revenue is recognized ratably over the term as services are performed.

Both grants are recorded as deferred revenue in accordance with Accounting Standards Update No. 2018-08, Not-for-Profit Entities (Topic 958): *Clarifying the Scope and the Accounting Guidance for Contributions Received and Contributions Made* (ASC 958-605) and are recorded within the financial statement caption accrued liabilities. For the years ended September 30, 2024 and 2023, the Company recognized \$236 and \$200 in revenue related to conditional grant obligations, respectively.

The Company remains obligated to meet the performance conditions for the duration of the respective grant terms. Failure to meet these conditions could result in repayment obligations as stipulated in the grant agreements.

#### Net Client Service Revenue

The Company's client service revenues are related to contracts with clients in which the performance obligation is to provide behavioral health care services. Revenues are recorded during the period when the obligations are satisfied. The obligations are generally satisfied over a day or more for residential or inpatient programs or less for outpatient services. The contractual relationships with clients often involve a third-party payor and the transaction prices for the services provided are dependent upon the terms provided by or negotiated with the third-party payors. The payment arrangements with third party payers for services provided to clients are typically for rates lower than the customary and standard fees. The differences in these rates are considered to be explicit price concessions.



# LifeView Group, Inc. and Subsidiaries

## Notes to Consolidated Financial Statements

(Dollars in Thousands)

September 30, 2024 and 2023

### 7. Sources of Revenue (continued)

#### Net Client Service Revenue (continued)

Client service revenue is based upon the estimated amounts expected to be received from the clients and any third-party payors. Explicit price concessions are estimated at the time revenue is recorded and may be adjusted in future periods. The Company elected to use the portfolio approach to assess collectability due to the large volume of similar contracts with similar classes of customers. The effect of applying the portfolio approach to a group of contracts would not differ materially from considering each contract separately. Management's judgment to group the contracts by portfolio is based on the payment behavior expected in each portfolio category. As a result, aggregating all contracts (which are at the patient level) by the particular payor or group of payors will result in the recognition of the same amount of patient service revenue as applying the analysis at the individual patient level.

Net client service fee revenue is not recognized for those clients that qualify for charity under the Company's charity care policies. For all others, service fee revenue, net of explicit price concessions and other deductions recognized from major payor sources is as follows:

	Years Ended September 30,	
	2024	2023
Third-party payors, net of deductions	\$ 18,436	\$ 17,750
Self-pay clients, net of deductions	3,658	4,571
	<u>\$ 22,094</u>	<u>\$ 22,321</u>

Revenues from the Medicare and Medicaid programs accounted for approximately 39% and 42% of the Company's net client service fees for the years ended September 30, 2024 and 2023, respectively. Laws and regulations governing the Medicare and Medicaid programs are extremely complex and subject to interpretation. As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount. Changes in the Medicare and Medicaid programs and the reduction of funding levels could have an adverse impact on the Center.

#### Vocational Service Contracts

The Company's vocational service revenues generally relate to contracts with federal, state or local customers in which the performance obligation is to provide various "bundled" type services to our customers. The Company has contractual obligations to provide services as outlined in the statement of work within each formal contract. Although the services within each business line are distinct, they are bundled services transferred consecutively on a monthly basis as a line of business. The lines of business consist of business services, custodial services, food services, facilities maintenance, health care environmental services, information technology, as well as employment support services. The performance obligations for vocational contracts are spelled out in the contract either in the performance work statement or other applicable section of the contract.

## LifeView Group, Inc. and Subsidiaries

### Notes to Consolidated Financial Statements

(Dollars in Thousands)

September 30, 2024 and 2023

#### 7. Sources of Revenue (continued)

##### Vocational Service Contracts (continued)

These bundled services are invoiced each month at the contract price over the life of the contract period. Revenues for these services are recognized on a monthly basis as the services are performed.

Vocational service revenue from major payor source is as follows:

	Years Ended September 30,	
	2024	2023
Federal	\$ 112,130	\$ 100,854
State	1,952	1,814
Local	716	628
Other	49	53
	<u>\$ 114,847</u>	<u>\$ 103,349</u>

For vocational service revenue, each distinct service is satisfied over time and the measurement of progress toward satisfaction of the performance obligation is the same for each of the services in the series (monthly services) in accordance with the contracts in place. Each contract for the above series of services (business line) delivers the services over an annual or multi-year period and is measured monthly, consistent with the billing for these services. Each line of business is considered a series of distinct services performed and treated as a single performance obligation that is set each month as services are provided.

The monthly payment and methodology are fixed in each contract. All business lines and other services in each contract are valued at their standalone value of the service in the contract. There are no instances where a service or product is provided at no value or a value below its standalone value (discounted) as stated in a contract. Each business line has a fixed price that is recognized over the period the performance obligation is met. Contracts with time and materials (T&M) provisions have the hourly rate and materials recorded at their standalone value and are not discounted as a part of the overall contract. As nearly all contracts are with government/state organizations, collectability is assured as we have nearly no history of uncollectable amounts for services rendered. As such, no variable consideration is included in the determination of the transaction price for each contract.

##### Contract Revenue

The Company, as a managed care provider, receives payments under an agreement with Medicaid Managed Healthcare prepaid health plans (MMA plans), which obligates the Company to stand ready to provide or obtain services for qualified beneficiaries (individuals who enroll with an MMA plan). The qualified beneficiaries sign up with the MMA plans to participate in such a health plan. These payments are referred to as capitation fees. The payment is calculated using a per member per month rate (PMPM rate) for each qualified beneficiary.

## **LifeView Group, Inc. and Subsidiaries**

### **Notes to Consolidated Financial Statements**

*(Dollars in Thousands)*

**September 30, 2024 and 2023**

#### **7. Sources of Revenue (continued)**

##### **Contract Revenue (continued)**

The Company has two performance obligations related to Managed Care contract revenue that are both paid through capitation revenues: administrative services and behavioral healthcare services.

The first is the administrative services component of the MMA Plan in the amount of 12.5% of the capitation revenue which is for the administrative, recordkeeping and other services of the plan activities. All these services are not considered distinct individually but are a series of services delivered simultaneously each month as a single performance obligation. Like the capitation revenue described above and below for providing healthcare services, the administrative services are also stand ready obligations recognized over time.

The second performance obligation is for healthcare services as detailed above. These are stand alone performance obligations and although may incorporate several different lines of services are deemed a single performance obligation delivered over time as measured each month.

Transaction price considerations include monthly capitation payment, retroactive adjustments, incentive payments and other risk pool adjustments.

The capitation fees do not vary with the volume of behavioral health services provided and are exclusive of any client copayments or deductibles under their respective plans. Therefore, the Company bears the risk of providing goods and services or contracting for services that the beneficiary is entitled to receive.

In addition to the capitation fees, the amount of contract revenue may be affected by factors such as reinsurance recoveries, retroactive adjustments for member eligibility, risk pools adjustments such as financial incentives and quality targets, and other adjustments. The Company has concluded that based on the immaterial nature of the adjustments no variable consideration need be included in the transaction price related to the capitation fees.

The contracts specify that 12.5% of the capitation fees are related to administrative services and 87.5% of the fees are related to the remaining healthcare services therefore the Company has allocated the transaction price to the two performance obligations based on the terms of the contract.

Capitation arrangements represent a stand-ready obligation to provide services to qualified beneficiaries. The Company recognizes monthly capitation fees as Managed Care contract revenue over time when the periods for which the qualified beneficiary is entitled to services are completed.

## **LifeView Group, Inc. and Subsidiaries**

### **Notes to Consolidated Financial Statements**

*(Dollars in Thousands)*

**September 30, 2024 and 2023**

#### **8. In-Kind Contributions**

In-kind contributions and expenses represent the value assigned to donated prescription drugs from the State of Florida. In-kind contributions are recognized if the services or goods received (a) create or enhance non-financial assets or (b) require specialized skills that are provided by individuals possessing those skills and would typically need to be purchased if not provided by donation. In-kind contributions for the years ended September 30, 2024 and 2023 amounted to \$167 and \$405, respectively, and are included in other revenue and support, with related expenses in medical/pharmacy and donated items in the accompanying consolidated statement of operations and changes in net assets.

#### **9. Retirement Plan**

The Company provides a tax deferred annuity 403(b) retirement plan (Plan) to all eligible employees. Employees who work a minimum of 20 hours per week are eligible to participate in the Plan after completing one year of employment. Voluntary employee contributions are allowed to the extent permitted by law. The Company matched 50% of each eligible participant's pay period contribution to the Plan up to 3% of each eligible participant's compensation. In compliance with Internal Revenue Service regulations, employer contributions for eligible participants vest under a six-year graduated vesting schedule. Plan expense for the years ended September 30, 2024 and 2023 amounted to \$1,341 and \$1,811, respectively.

#### **10. Support from the State of Florida Requiring Match**

The Company received a substantial portion of its support from the state of Florida under grant contract number AO110 with the Big Bend Community Based Care, Inc. d/b/a NWF Health Network. This contract must be renegotiated annually. The contract requires a 13.87% local match for certain community mental health services. This local match requirement has been met for 2024 and 2023.

#### **11. Net Assets with Donor Restriction**

Net assets with donor restrictions as of September 30, 2024 and 2023 were \$1,444 and \$1,430, respectively, the majority of which relate to crisis and children's services.

#### **12. Commitments and Contingencies**

The Company carries general and professional liability insurance from an unrelated commercial insurance carrier with coverage up to \$2,000 per occurrence and \$4,000 in the aggregate, on a claims-made basis, and employee benefits liability insurance with coverage up to \$1,000 per occurrence and \$1,000 in the aggregate. In addition, the Company has an excess coverage policy. The Company is involved in various lawsuits and claims incidental to the normal course of its operations. The Company may be liable for losses in excess of the amounts recorded at September 30, 2024; however, in the opinion of management, such potential losses would not be material to the consolidated financial statements.

## **LifeView Group, Inc. and Subsidiaries**

### **Notes to Consolidated Financial Statements**

*(Dollars in Thousands)*

**September 30, 2024 and 2023**

#### **12. Commitments and Contingencies (continued)**

In 2021, GCE was served a Civil Investigative Demand (CID) by a U.S. Attorney's Office and a criminal matter grand jury subpoena, both related to GCE's contracts with the Department of Defense Manpower Data Center. GCE has cooperated in these matters by providing responses and documentation as requested. The Company continues to work toward resolution of this matter.

BHCC has retained certain liabilities related to the investigation to the extent they arose prior to the sale, or arose from activity prior to the sale.

The Center is self-insured for employees' medical insurance claims. The Company carries stop-loss insurance coverage with annual limits of \$300 per participant and \$14,840 in the aggregate. GCE is fully insured for full time employees and part time employees. It is the opinion of management that recorded reserves are adequate for existing and unreported claims.

The Company has established multiple irrevocable standby letters of credit: one in the amount of \$250 with the Company's previous administrator for workers' compensation claims as the named beneficiaries; one each for \$367 and \$368 with the insurance providers for the Access Behavioral Health (ABH) managed medical advantage plan; and one for \$1,675 with the Company's current administrator for workers' compensation claims as the named beneficiary. The Company, under its workers' compensation policies, is responsible to pay all individual claims up to \$250 each, as well as certain administration costs to its claims administrators. Should the Company default on any of these payments, the letter of credit guarantees the claims administrators' payment of any outstanding amounts.

At September 30, 2024 and 2023 the Company has a line of credit arrangement of \$10,000. The line of credit is secured by a parity Obligation issued under the Master Indenture related to the bonds issued. This line of credit has no outstanding balance as of September 30, 2024 and 2023.

The Company has received numerous federal and state grants. The disbursement of funds received under these programs is subject to review and audit by grantor agencies. Any disbursements disallowed by these agencies could become a liability of the Company. In the opinion of management, such claims, if any, should not have a material adverse effect on the consolidated financial position, results of operations, or cash flows of the Company.

The Company reports its wages to various states for unemployment compensation purposes, as a reimbursable employer if available. Reimbursable employers compensate prior employees only when a claim has been made with these states. In the opinion of management, no material claims were outstanding that had not been reserved for at September 30, 2024 and 2023.

# LifeView Group, Inc. and Subsidiaries

## Notes to Consolidated Financial Statements

(Dollars in Thousands)

September 30, 2024 and 2023

### 13. Financial Assets and Liquidity Resources

The financial assets and liquidity resources available within one year for general expenditure, such as operating expenses, scheduled principal payments on debt, and capital expenditures were as follows:

	September 30,	
	2024	2023
Cash and cash equivalents	\$ 23,965	\$ 31,912
Short-term investments	-	277
Accounts receivable	35,280	26,013
Total financial assets	<u>\$ 59,245</u>	<u>\$ 58,202</u>

### 14. Functional Classification of Expenses

The Company provides human services, including inpatient, outpatient, long term and community-based behavioral health services, child protective services, and employment for people with disabilities within its region and nationally. Administrative services include administration, finance and accounting, information technology, human resources, and other functions. Organizational expenses are allocated to program and administrative services based on the benefit received in those areas while administrative services costs are allocated to program areas using the methodology for the federal indirect rate calculation.

Expenses by functional classification for the years ended September 30, 2024 and 2023 consist of the following:

	Year Ended September 30, 2024		
	Program Services	Administrative Services	Total
Salaries and benefits	\$ 138,637	\$ 9,533	\$ 148,170
Subcontracted services	16,749	-	16,749
Subsidy payments	477	-	477
Contract medical services	15,179	-	15,179
Professional fees	3,337	1,255	4,592
Medical/pharmacy services	12,932	61	12,993
Building occupancy	6,473	515	6,988
Other general, administrative and other	13,886	4,889	18,775
	<u>\$ 207,670</u>	<u>\$ 16,253</u>	<u>\$ 223,923</u>

## LifeView Group, Inc. and Subsidiaries

### Notes to Consolidated Financial Statements

(Dollars in Thousands)

September 30, 2024 and 2023

#### 14. Functional Classification of Expenses (continued)

	Year Ended September 30, 2023		
	Program Services	Administrative Services	Total
Salaries and benefits	\$ 127,977	\$ 9,030	\$ 137,007
Subcontracted services	12,534	-	12,534
Subsidy payments	3,262	-	3,262
Contract medical services	18,105	-	18,105
Professional fees	3,873	1,105	4,978
Medical/pharmacy services	15,516	36	15,552
Building occupancy	5,658	535	6,193
Other general, administrative and other	14,530	4,295	18,825
	<u>\$ 201,455</u>	<u>\$ 15,001</u>	<u>\$ 216,456</u>


#### 15. Subsequent Events

The Company evaluated events and transactions occurring subsequent to September 30, 2024, and through February 7, 2025, the date the accompanying consolidated financial statements were available to be issued. During this period, there were no subsequent events that required recognition or disclosure in the accompanying consolidated financial statements.

## **OTHER INFORMATION**



LifeView Group, Inc and Subsidiaries  
Schedule of Functional Revenues and Expenses (Regulatory Base) (Unaudited)  
June 30, 2024

Provider Name: Lakeview Center, Inc		Audit Period: 7/1/2023 - 6/30/2024																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																		
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 G SOURCES & REVENUES	Case Management	Crisis Stabilization	Crisis Support/ Emergency	Day Treatment	In-home & Onsite	Medical Services	Outpatient (Indiv.)	Outreach	Residential II	Residential III	Incidental Expenses	Outpatient Group	Short-term Residential	BNET	Cost Reimbursement	CAT Team	FACT Team	Other Bundled Projects	Mental Health Total	Case Management	Day Treatment	Intervention (Indiv.)																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																														
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LifeView Group, Inc and Subsidiaries  
Schedule of Functional Revenues and Expenses (Regulatory Base) (Unaudited)  
June 30, 2024

State Funded												Total for State SAMH Funded Covered Services or Projects (B+C) D	Total for Non-State- Funded Covered Services or Projects E	Total for All Covered Services or Projects (D+E) F	Non-SAMH Covered Services or Projects G	Total Funding (F+G) H	
Substance Abuse																	
Medical Services 12	Medication- Assisted Tx 13	Outpatient (Indiv.) 14	Residential II 19	Residential III 20	Inpatient Detoxification 24	Incidental Expenses 28	Outpatient Group 35	Prevention - Universal Direct 50	FIT Team A2	Other Bundled Projects C0	Substance Abuse Total C						
												-	2,839,244.06		2,839,244.06		2,839,244.06
												-	3,299,098.94		3,299,098.94		3,299,098.94
												-	113,190.11		113,190.11		113,190.11
												-	2,429,018.00		2,429,018.00		2,429,018.00
												-	31,773.00		31,773.00		31,773.00
												-	4,729.84		4,729.84		4,729.84
												-	739,481.23		739,481.23		739,481.23
												-	33,845.00		33,845.00		33,845.00
												-	466,618.32		466,618.32		466,618.32
												-	2,401,779.95		2,401,779.95		2,401,779.95
												-	171,347.00		171,347.00		171,347.00
												-	1,721,308.58		1,721,308.58		1,721,308.58
												-	464,168.00		464,168.00		464,168.00
												-	770,480.00		770,480.00		770,480.00
												-	358,710.00		358,710.00		358,710.00
												-	1,853,540.90		1,853,540.90		1,853,540.90
			1,376,327.42	432,307.78								1,808,635.20	1,808,635.20		1,808,635.20		1,808,635.20
116,207.32		593,420.78					50,289.91					834,539.08	834,539.08		834,539.08		834,539.08
					1,478,419.31					324,258.15		324,258.15	324,258.15		324,258.15		324,258.15
								482,626.96				1,478,419.31	1,478,419.31		1,478,419.31		1,478,419.31
									956,018.35			482,626.96	482,626.96		482,626.96		482,626.96
												956,018.35	956,018.35		956,018.35		956,018.35
			104,493.98									104,493.98	104,493.98		104,493.98		104,493.98
			127,369.08									127,369.08	127,369.08		127,369.08		127,369.08
			391,688.10									391,688.10	391,688.10		391,688.10		391,688.10
23,748.70	128.38	19,975.21				56,590.00	610.19					102,502.00	102,502.00		102,502.00		102,502.00
96,748.61	38.76	96,395.63				238,251.02	2,321.38					435,003.10	435,003.10		435,003.10		435,003.10
376,449.13	1,255.95	305,697.60				816,359.72	5,931.58					1,524,916.90	1,524,916.90		1,524,916.90		1,524,916.90
613,153.76	1,423.09	1,015,489.22	1,999,878.58	432,307.78	1,478,419.31	1,111,200.74	59,153.06	482,626.96	956,018.35	324,258.15	8,570,470.21	26,268,803.14		26,268,803.14		26,268,803.14	
												-	4,278.00		4,278.00		4,278.00
			92,394.58									92,394.58	92,394.58		92,394.58		92,394.58
		43,015.13										43,015.13	43,015.13		43,015.13		43,015.13
-	-					-	-	-	-	158,526.00		158,526.00	158,526.00		158,526.00		158,526.00
613,153.76	1,423.09	43,015.13	92,394.58	2,092,273.16	432,307.78	1,478,419.31	1,111,200.74	59,153.06	482,626.96	956,018.35	482,784.15	8,864,405.92	26,567,016.85		26,567,016.85		26,567,016.85
1,875.90	4,792.56	383,133.31	-	-	-	-	51,914.61	-	56,005.36	-	545,647.37	549,659.88	9,359,457.33	9,909,117.21	2,037,581.78	11,946,698.99	
539,972.87	4,621.45	1,068,866.28	435,289.45	13,238.12	-	-	113,507.45	-	9,975.28	13,013.53	2,367,573.28	5,302,234.04	7,979,342.64	13,281,576.68	14,315,384.90	27,596,961.58	
43,209.82	-	435,724.39	12,950.00	-	-	-	58,373.21	31,250.00	-	-	861,518.48	1,448,753.14	565,790.60	2,014,543.74	642,504.63	2,657,048.37	
-	-	-	-	-	-	-	-	-	-	(5,147.42)	(5,147.42)	10,907.91	2,265,577.43	2,276,485.34	110,523,303.02	112,799,788.36	
585,058.59	9,414.01	1,887,723.98	448,239.45	13,238.12	-	-	223,795.27	31,250.00	65,980.64	7,866.11	3,769,591.71	7,311,554.97	20,170,168.00	27,481,722.97	127,518,774.33	155,000,497.30	
985,909.01	13,223.64	2,730,130.67	7,360.33	32,394.07	-	-	233,377.83	-	(286.14)	6,042.96	4,184,016.64	7,386,486.06	14,525,825.89	21,912,311.95	-	21,912,311.95	
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
35,747.71	-	-	-	-	-	-	-	-	-	-	35,747.71	98,220.43	30,743.83	128,964.26	288,019.29	416,983.55	
139.04	0.12	20.22	0.06	1,602.20	10.57	-	1.47	-	-	10.00	1,785.95	98,074.49	(16,103.13)	81,971.36	615,874.57	697,845.93	
(95.60)	-	-	-	-	-	-	-	-	-	(95.60)	5,713.74	125,558.33	131,272.07	54,379.60	185,651.67		
1,021,700.16	13,223.76	2,730,150.89	7,360.39	33,996.27	10.57	-	233,379.30	-	(286.14)	6,052.96	4,221,454.70	7,588,494.72	14,666,024.92	22,254,519.64	958,273.46	23,212,793.10	
2,219,912.51	24,060.86	5,676,379.22	2,547,873.00	479,542.17	1,478,429.88	1,111,200.74	516,327.63	513,876.96	1,021,712.85	496,703.22	16,855,452.33	41,467,066.54	34,836,192.92	76,303,259.46	128,477,047.79	204,780,307.25	

LifeView Group, Inc and Subsidiaries  
Schedule of Functional Revenues and Expenses (Regulatory Base) (Unaudited)  
June 30, 2024

Services																				Services		
EXPENSE CATEGORIES	Case Management	Crisis Stabilization	Crisis Support/ Emergency	Day Treatment	In-home & Onsite	Medical Services	Outpatient (Indiv.)	Outreach	Residential II	Residential III	Incidental Expenses	Outpatient Group	Short-term Residential	BNET	Cost Reimbursement	CAT Team	FACT Team	Other Bundled Projects	Mental Health Total	Case Management	Day Treatment	Intervention (Indiv.)
	02	03	04	06	08	12	14	15	19	20	28	35	39	A1	B3	B4	B5	C0	B	02	06	11
IIA. PERSONNEL EXPENSES																						
(1) Salaries	\$ 900,741.01	\$ 419,598.72	\$ 1,792,728.93	\$ 490,247.44	\$ 3,269.65	\$ 2,838,054.81	\$ 1,735,257.09	\$ 36,799.98	\$ 1,213,153.45	\$ 603,982.11	\$ -	\$ 168,517.73	\$ 1,517,751.51	\$ 24,152.10	\$ 347,642.39	\$ 1,437,331.16	\$ 782,029.86	\$ 479,654.95	\$ 14,790,912.89	\$ 84,621.73	\$ 146,426.14	\$ 67,578.55
(2) Fringe Benefits	\$ 303,082.45	\$ 45,492.67	\$ 346,666.13	\$ 113,296.47	\$ 834.11	\$ 466,988.54	\$ 470,998.45	\$ 14,620.84	\$ 325,507.35	\$ 123,105.55	\$ -	\$ 41,459.80	\$ 327,447.03	\$ 2,547.47	\$ 45,896.08	\$ 348,313.12	\$ 196,832.56	\$ 145,078.59	\$ 3,318,167.21	\$ 25,902.24	\$ 50,680.81	\$ 14,936.54
TOTAL PERSONNEL EXPENSES =	\$ 1,203,823.46	\$ 465,091.39	\$ 2,139,395.06	\$ 603,543.91	\$ 4,103.76	\$ 3,305,043.35	\$ 2,206,255.54	\$ 51,420.82	\$ 1,538,660.80	\$ 727,087.66	\$ -	\$ 209,977.53	\$ 1,845,198.54	\$ 26,699.57	\$ 393,538.47	\$ 1,785,644.28	\$ 978,862.42	\$ 624,733.54	\$ 18,109,080.10	\$ 110,523.97	\$ 197,106.95	\$ 82,515.09
IIB. OTHER EXPENSES																						
(1) Building Occupancy	\$ 89,693.46	\$ 26,321.45	\$ 63,260.47	\$ 242,263.05	\$ 1,351.12	\$ 80,499.75	\$ 206,026.66	\$ 1,641.73	\$ 225,652.46	\$ 154,920.83	\$ -	\$ 33,244.19	\$ 195,326.05	\$ 787.16	\$ 9,477.21	\$ 82,810.73	\$ 36,676.18	\$ 65,655.85	\$ 1,515,608.35	\$ 17,960.51	\$ 48,942.10	\$ 4,348.73
(2) Professional Services	\$ 125.27	\$ 4,560.00	\$ 316.90	\$ 1,454.98	\$ 1.31	\$ 812.58	\$ 141.57	\$ 20.86	\$ 2,757.59	\$ -	\$ 33.91	\$ 2,757.04	\$ -	\$ 173.10	\$ 696.00	\$ -	\$ -	\$ -	\$ 13,851.11	\$ 187.25	\$ -	\$ -
(3) Travel	\$ 10,337.52	\$ 46.97	\$ 14,354.76	\$ 44,479.43	\$ 11.04	\$ 981.75	\$ 11,974.63	\$ 3,020.97	\$ 10,577.71	\$ 11,488.18	\$ -	\$ 773.12	\$ 8,445.35	\$ -	\$ 953.38	\$ 80,472.69	\$ 18,460.12	\$ 5,982.46	\$ 222,360.08	\$ 507.42	\$ 83.60	\$ 42.65
(4) Equipment	\$ 351.53	\$ -	\$ 362.55	\$ 1,017.04	\$ 15.31	\$ -	\$ 990.65	\$ -	\$ 908.22	\$ 105.19	\$ -	\$ 271.84	\$ 114.80	\$ -	\$ 198.03	\$ 261.13	\$ -	\$ -	\$ 4,596.29	\$ 522.20	\$ -	\$ -
(5) Food Services	\$ 598.97	\$ 23,822.72	\$ 11,091.61	\$ 33,240.38	\$ 3.11	\$ 1,138.17	\$ 987.12	\$ 12.71	\$ 174,184.05	\$ 143,337.62	\$ -	\$ 154.08	\$ 170,356.47	\$ 30.20	\$ 5,393.94	\$ 537.93	\$ 1,011.79	\$ 131.96	\$ 566,032.83	\$ 347.61	\$ 1,220.43	\$ 11.19
(6) Medical and Pharmacy	\$ 1,960.32	\$ 8,739.29	\$ 6,912.57	\$ 2,910.37	\$ 218.99	\$ 9,929.99	\$ 17,228.67	\$ -	\$ 14,208.69	\$ 5,112.35	\$ 63,277.69	\$ 4,108.40	\$ 37,586.62	\$ 302.81	\$ 3,626.36	\$ 234.66	\$ 616.99	\$ 337.36	\$ 177,312.13	\$ 3,914.82	\$ 13,793.56	\$ -
(7) Subcontracted Services	\$ -	\$ -	\$ -	\$ -	\$ 0.52	\$ 119.70	\$ 30.39	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 8.24	\$ -	\$ 1,750.00	\$ -	\$ -	\$ -	\$ 1,908.85	\$ 1,440.00	\$ -	\$ -
(8) Insurance	\$ 40,713.50	\$ 10,122.09	\$ 44,108.37	\$ 32,334.48	\$ 230.23	\$ 37,395.96	\$ 69,243.76	\$ 1,744.42	\$ 86,671.50	\$ 26,669.92	\$ -	\$ 7,843.16	\$ 54,167.05	\$ 1,274.42	\$ 7,357.02	\$ 48,908.03	\$ 19,676.82	\$ 15,200.51	\$ 503,861.24	\$ 2,579.83	\$ 13,162.75	\$ 2,093.63
(9) Interest Paid	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(10) Operating Supplies & Expenses	\$ 38,543.55	\$ 6,200.87	\$ 27,373.48	\$ 32,179.07	\$ 114.72	\$ 59,689.85	\$ 29,994.62	\$ 17,756.82	\$ 29,647.34	\$ 13,632.42	\$ 201,471.75	\$ 4,206.04	\$ 19,698.89	\$ 617.54	\$ 4,978.88	\$ 94,918.00	\$ 11,634.74	\$ 1,354.05	\$ 594,012.63	\$ 2,027.89	\$ 7,080.60	\$ 1,195.34
(11) Other-Bad Debt	\$ (2,206.55)	\$ -	\$ (45.00)	\$ (2,813.50)	\$ (8.00)	\$ (7,388.00)	\$ (7,886.97)	\$ -	\$ (415.16)	\$ (7,435.46)	\$ -	\$ (45.46)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ (1,219.37)	\$ (29,463.47)	\$ (320.19)	\$ (15.40)	\$ (553.49)
(12) Donated Items	\$ 3,256.83	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 2,456.91	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 5,713.74	\$ -	\$ -	\$ -
TOTAL OTHER EXPENSES =	\$ 183,374.40	\$ 79,813.39	\$ 167,735.71	\$ 387,065.30	\$ 1,938.35	\$ 183,379.75	\$ 328,731.10	\$ 26,654.42	\$ 544,192.40	\$ 347,831.05	\$ 264,749.44	\$ 50,597.52	\$ 490,202.27	\$ 3,012.13	\$ 32,157.92	\$ 308,839.17	\$ 88,076.64	\$ 87,442.82	\$ 3,575,793.78	\$ 29,167.34	\$ 84,267.64	\$ 7,138.05
TOT. PERSONNEL & OTH. EXP. =	\$ 1,387,197.86	\$ 544,904.78	\$ 2,307,130.77	\$ 990,609.21	\$ 6,042.11	\$ 3,488,423.10	\$ 2,534,986.64	\$ 78,075.24	\$ 2,082,853.20	\$ 1,074,918.71	\$ 264,749.44	\$ 260,575.05	\$ 2,335,400.81	\$ 29,711.70	\$ 425,696.39	\$ 2,094,483.45	\$ 1,066,939.06	\$ 712,176.36	\$ 21,684,873.88	\$ 139,691.31	\$ 281,374.59	\$ 89,653.14
IIC. DISTRIBUTED INDIRECT COSTS																						
(a) Other Support Costs (Optional)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(b) Administration	\$ 409,810.63	\$ 154,223.74	\$ 666,529.28	\$ 284,523.07	\$ 1,706.21	\$ 1,028,247.33	\$ 745,123.42	\$ 21,121.41	\$ 606,874.86	\$ 314,034.09	\$ -	\$ 75,087.69	\$ 674,701.32	\$ 7,670.92	\$ 122,190.75	\$ 613,483.22	\$ 367,886.43	\$ 208,925.88	\$ 6,302,140.25	\$ 42,781.24	\$ 82,746.76	\$ 26,261.78
TOT. DISTR'D INDIRECT COSTS =	\$ 409,810.63	\$ 154,223.74	\$ 666,529.28	\$ 284,523.07	\$ 1,706.21	\$ 1,028,247.33	\$ 745,123.42	\$ 21,121.41	\$ 606,874.86	\$ 314,034.09	\$ -	\$ 75,087.69	\$ 674,701.32	\$ 7,670.92	\$ 122,190.75	\$ 613,483.22	\$ 367,886.43	\$ 208,925.88	\$ 6,302,140.25	\$ 42,781.24	\$ 82,746.76	\$ 26,261.78
TOTAL ACTUAL OPER. EXPENSES =	\$ 1,797,008.49	\$ 699,128.52	\$ 2,973,660.05	\$ 1,275,132.28	\$ 7,748.32	\$ 4,516,670.43	\$ 3,280,110.06	\$ 99,196.65	\$ 2,689,728.06	\$ 1,388,952.80	\$ 264,749.44	\$ 335,662.74	\$ 3,010,102.13	\$ 37,382.62	\$ 547,887.14	\$ 2,707,966.67	\$ 1,434,825.49	\$ 921,102.24	\$ 27,987,014.13	\$ 182,472.55	\$ 364,121.35	\$ 115,914.92
IID. UNALLOWABLE COSTS																						
	\$ 770.07	\$ 28.43	\$ 1,464.38	\$ 1,433.36	\$ 5.48	\$ 2,049.95	\$ 1,609.35	\$ 17.68	\$ 559.69	\$ 605.39	\$ -	\$ 306.68	\$ 943.87	\$ 31.32	\$ 82.59	\$ 1,813.61	\$ 1,267.45	\$ 179.07	\$ 13,168.37	\$ 357.26	\$ 683.17	\$ 17.07
TOT. ALLOWABLE OPER. EXP. =	\$ 1,796,238.42	\$ 699,100.09	\$ 2,972,195.67	\$ 1,273,698.92	\$ 7,742.84	\$ 4,514,620.48	\$ 3,278,500.71	\$ 99,178.97	\$ 2,689,168.37	\$ 1,388,347.41	\$ 264,749.44	\$ 335,356.06	\$ 3,009,158.26	\$ 37,351.30	\$ 547,804.55	\$ 2,706,153.06	\$ 1,433,558.04	\$ 920,923.17	\$ 27,973,845.76	\$ 182,115.29	\$ 363,438.18	\$ 115,897.85
IIE. CAPITAL EXPENDITURES																						
																			\$ -			
III. UNEARNED FUNDS, FUNDING ALLOCATIONS, AND EXCESS FUNDS																						
IIIA. Unearned Funds	\$ (1,245,473.68)	\$ (428,335.54)	\$ 419,604.66	\$ (823,188.64)	\$ (7,452.86)	\$ (3,217,770.64)	\$ (2,211,832.74)	\$ (42,055.78)	\$ (98,385.58)	\$ (673,267.82)	\$ (39,050.96)	\$ (311,428.01)	\$ (580,140.26)	\$ -	\$ (4.95)	\$ (304,373.11)	\$ (888,002.29)	\$ 212,544.83	\$ (10,238,613.37)	\$ (144,095.34)	\$ (309,288.43)	\$ (111,526.34)
IIIB. Funding Allocations																						
Current Year Funding																						
Expenditure Report OCA#	Provider Subcontract#	Funding Source: F-Federal S-State F/S-Federal and State																				
MHSCR	A0809	S	\$ 419,604.66	\$ (419,604.66)															\$ -			
MS011	A0810	F/S																	\$ -			
MS011	A0110	F/S																	\$ -			
Carry Forward Funding																						
Expenditure Report OCA#	Provider Subcontract#	Funding Source: F-Federal S-State F/S-Federal and State																				
																			\$ -			
Total Funding Allocations																			\$ -			
			\$ 419,604.66	\$ (419,604.66)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
IIIC. Excess Funds																						
Excess Funds																			\$ 212,544.83	\$ 212,544.83		
Excess Current Year Funds to be returned to Managing Entity																						
MHMDT	A0110	S	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 212,544.83	\$ 212,544.83	\$ -	\$ -	\$ -
MS025	A0110	F																\$ 212,544.83	\$ 212,544.83			
																		\$ -				
Excess Carry Forward Funds to be returned to Managing Entity																						
			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
																		\$ -				
																		\$ -				

LifeView Group, Inc and Subsidiaries  
Schedule of Functional Revenues and Expenses (Regulatory Base) (Unaudited)  
June 30, 2024

												Total for State SAMH Funded Covered Services			Total for Non-State-Funded Covered Services		Total for All Covered Services		Non-SAMH Covered Services	Other Support Costs (optional)	Administration	Total Expenses (F+G+H+I+J)
Medical Services	Medication-Assisted Tx	Outpatient (Indiv.)	Residential II	Residential III	Inpatient Detoxification	Incidental Expenses	Outpatient Group	Prevention - Universal Direct	FIT Team	Other Bundled Projects	Substance Abuse Total	(B+C) D	E	(D+E) F	G	H	I	J				
12	13	14	19	20	24	28	35	50	A2	C0	C											
\$ 1,660,354.96	\$ 8,462.17	\$ 1,863,687.62	\$ 996,177.66	\$ 271,025.19	\$ 1,263,606.17	\$ -	\$ 224,744.53	\$ 265,592.60	\$ 547,738.48	\$ 234,763.67	\$ 7,634,779.47	\$ 22,425,692.36	\$ 8,381,480.27	\$ 30,807,172.63	\$ 68,955,101.09	\$ -	\$ 12,291,046.01	\$ 112,053,319.73				
\$ 272,690.84	\$ 2,590.22	\$ 550,914.48	\$ 266,390.14	\$ 56,496.66	\$ 144,924.14	\$ -	\$ 64,222.76	\$ 51,752.41	\$ 128,656.70	\$ 39,131.21	\$ 1,669,289.15	\$ 4,987,456.36	\$ 2,023,960.45	\$ 7,011,416.81	\$ 21,938,947.93	\$ -	\$ 2,876,035.57	\$ 31,826,400.31				
\$ 1,933,045.80	\$ 11,052.39	\$ 2,414,602.10	\$ 1,262,567.80	\$ 327,521.85	\$ 1,408,530.31	\$ -	\$ 288,967.29	\$ 317,345.01	\$ 676,395.18	\$ 273,894.88	\$ 9,304,068.62	\$ 27,413,148.72	\$ 10,405,440.72	\$ 37,818,589.44	\$ 90,894,049.02	\$ -	\$ 15,167,081.58	\$ 143,879,720.04				
\$ 48,072.09	\$ 1,796.05	\$ 386,354.83	\$ 190,744.13	\$ 58,042.75	\$ 113,066.72	\$ -	\$ 55,125.91	\$ 2,595.82	\$ 3,282.77	\$ 4,829.14	\$ 935,161.55	\$ 2,450,769.90	\$ 1,303,376.52	\$ 3,754,146.42	\$ 4,064,150.21	\$ -	\$ 1,960,904.68	\$ 9,779,201.31				
\$ 483.42	\$ 18.72	\$ 7,731.39	\$ 8,114.33	\$ -	\$ 3,957.91	\$ -	\$ 244.01	\$ -	\$ -	\$ 5,509.00	\$ 26,246.03	\$ 40,097.14	\$ 66,160.81	\$ 106,257.95	\$ 3,501,324.70	\$ -	\$ 1,014,309.30	\$ 4,621,891.95				
\$ 569.85	\$ 50.74	\$ 5,820.84	\$ 16,312.60	\$ 5,034.80	\$ 514.30	\$ -	\$ 1,260.71	\$ 232.10	\$ 47,720.99	\$ 16,260.42	\$ 94,411.02	\$ 316,771.10	\$ 238,293.40	\$ 555,064.50	\$ 1,262,487.79	\$ -	\$ 121,511.06	\$ 1,939,063.35				
\$ 95.59	\$ 52.22	\$ 9,848.16	\$ 353.89	\$ 51.81	\$ 50.52	\$ -	\$ 1,031.33	\$ -	\$ -	\$ 173.49	\$ 12,179.21	\$ 16,775.50	\$ 5,293.18	\$ 22,068.68	\$ 231,892.80	\$ -	\$ 757,297.25	\$ 1,011,258.73				
\$ 680.18	\$ 34.76	\$ 5,907.66	\$ 295,745.29	\$ 74,629.44	\$ 70,593.48	\$ -	\$ 634.74	\$ -	\$ 30.21	\$ 398.40	\$ 450,233.39	\$ 1,016,266.22	\$ 245,590.00	\$ 1,261,856.22	\$ 842,846.40	\$ -	\$ 11,976.03	\$ 2,116,678.65				
\$ 7,086.33	\$ 391.48	\$ 131,390.43	\$ 16,262.10	\$ 2,332.69	\$ 14,867.62	\$ 1,397,870.87	\$ 13,280.00	\$ -	\$ 180.00	\$ 516.65	\$ 1,601,886.55	\$ 1,779,198.68	\$ 12,441,830.72	\$ 14,221,029.40	\$ 67,495.42	\$ -	\$ 27,447.26	\$ 14,315,972.08				
\$ 358.30	\$ 144.00	\$ 37,972.12	\$ -	\$ -	\$ 350.00	\$ -	\$ 2,168.24	\$ -	\$ -	\$ 3,057.00	\$ 45,489.66	\$ 47,398.51	\$ 5,558,139.93	\$ 5,605,538.44	\$ 26,960,958.47	\$ -	\$ 432,000.00	\$ 32,998,496.91				
\$ 21,682.13	\$ 257.98	\$ 61,662.52	\$ 66,753.49	\$ 14,647.97	\$ 30,869.51	\$ -	\$ 10,233.27	\$ 7,591.01	\$ 13,775.02	\$ 3,663.57	\$ 248,972.68	\$ 752,833.92	\$ 405,240.57	\$ 1,158,074.49	\$ 797,782.01	\$ -	\$ 218,921.84	\$ 2,174,778.34				
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 2,060,092.21	\$ -	\$ 6.43	\$ 2,060,098.64				
\$ 35,295.28	\$ 202.79	\$ 60,151.66	\$ 27,008.20	\$ 5,177.10	\$ 12,570.38	\$ -	\$ 7,181.64	\$ 3,724.69	\$ 10,962.53	\$ 35,301.76	\$ 207,879.86	\$ 801,892.49	\$ 434,759.18	\$ 1,236,651.67	\$ 2,599,544.23	\$ -	\$ 3,822,315.56	\$ 7,658,511.46				
\$ (4,407.64)	\$ (32.02)	\$ (9,757.10)	\$ (12.84)	\$ (656.53)	\$ -	\$ -	\$ (173.99)	\$ -	\$ (280.98)	\$ (30.00)	\$ (16,240.18)	\$ (45,703.65)	\$ (399,221.23)	\$ (444,924.88)	\$ -	\$ -	\$ 469,195.35	\$ 24,270.47				
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 5,713.74	\$ 26,591.34	\$ 32,305.08	\$ 48,329.60	\$ -	\$ -	\$ 80,634.68				
\$ 109,915.53	\$ 2,916.72	\$ 697,082.51	\$ 621,281.19	\$ 159,260.03	\$ 246,840.44	\$ 1,397,870.87	\$ 90,985.86	\$ 14,143.62	\$ 75,670.54	\$ 69,679.43	\$ 3,606,219.77	\$ 7,182,013.55	\$ 20,326,054.42	\$ 27,508,067.97	\$ 42,436,903.84	\$ -	\$ 8,835,884.76	\$ 78,780,856.57				
\$ 2,042,961.33	\$ 13,969.11	\$ 3,111,684.61	\$ 1,883,848.99	\$ 486,781.88	\$ 1,655,370.75	\$ 1,397,870.87	\$ 379,953.15	\$ 331,488.63	\$ 752,065.72	\$ 343,574.31	\$ 12,910,288.39	\$ 34,595,162.27	\$ 30,731,495.14	\$ 65,326,657.41	\$ 133,330,952.86	\$ -	\$ 24,002,966.34	\$ 222,660,576.61				
												\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
\$ 601,655.39	\$ 4,278.12	\$ 912,202.68	\$ 543,389.74	\$ 142,382.34	\$ 469,107.13	\$ -	\$ 111,358.27	\$ 97,101.17	\$ 217,383.88	\$ 100,229.67	\$ 3,350,878.17	\$ 9,653,018.42	\$ 4,042,924.74	\$ 13,695,943.16	\$ 10,307,023.19	\$ -	\$ (24,002,966.34)	\$ 0.01				
\$ 601,655.39	\$ 4,278.12	\$ 912,202.68	\$ 543,389.74	\$ 142,382.34	\$ 469,107.13	\$ -	\$ 111,358.27	\$ 97,101.17	\$ 217,383.88	\$ 100,229.67	\$ 3,350,878.17	\$ 9,653,018.42	\$ 4,042,924.74	\$ 13,695,943.16	\$ 10,307,023.19	XXXXXXXXXXXX	XXXXXXXXXX					
\$ 2,644,616.72	\$ 18,247.23	\$ 4,023,887.29	\$ 2,427,238.73	\$ 629,164.22	\$ 2,124,477.88	\$ 1,397,870.87	\$ 491,311.42	\$ 428,589.80	\$ 969,449.60	\$ 443,803.98	\$ 16,261,166.56	\$ 44,248,180.69	\$ 34,774,419.88	\$ 79,022,600.57	\$ 143,637,976.05	\$ 0.00	\$ 0.00	\$ 222,660,576.62				
\$ 1,213.56	\$ 35.73	\$ 5,764.25	\$ 1,343.12	\$ 297.74	\$ 628.11	\$ -	\$ 714.68	\$ 22.02	\$ 81.19	\$ 48.31	\$ 11,206.21	\$ 24,374.58	\$ 27,074.41	\$ 51,448.99	\$ 2,366,190.99	XXXXXXXXXXXX	XXXXXXXXXX	\$ 2,417,639.98				
\$ 2,643,403.16	\$ 18,211.50	\$ 4,018,123.04	\$ 2,425,895.61	\$ 628,866.48	\$ 2,123,849.77	\$ 1,397,870.87	\$ 490,596.74	\$ 428,567.78	\$ 969,368.41	\$ 443,755.67	\$ 16,249,960.35	\$ 44,223,806.11	\$ 34,747,345.47	\$ 78,971,151.58	\$ 141,271,785.06	XXXXXXXXXX	XXXXXXXXXX	\$ 220,242,936.64				
												\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
\$ (2,030,249.40)	\$ (16,788.41)	\$ (2,959,618.69)	\$ (333,622.45)	\$ (196,558.70)	\$ (645,430.46)	\$ (286,670.13)	\$ (431,443.68)	\$ 54,059.18	\$ (13,350.06)	\$ 39,028.48	\$ (7,385,554.43)	\$ (17,656,789.26)										
											\$ -	\$ -						\$ -				
											\$ (39,028.48)	\$ (39,028.48)						\$ (39,028.48)				
							\$ 39,028.48				\$ 39,028.48	\$ 39,028.48						\$ 39,028.48				
											\$ -	\$ -						\$ -				
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 39,028.48	\$ -	\$ -	\$ (39,028.48)	\$ -	\$ -	\$ -			\$ -				
							\$ 54,059.18				\$ 54,059.18	\$ 266,604.01										
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 54,059.18	\$ -	\$ -	\$ -	\$ 54,059.18	\$ -	\$ -	\$ 212,544.83				
											\$ 54,059.18	\$ -	\$ -	\$ -	\$ 54,059.18	\$ -	\$ -	\$ 54,059.18				
											\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -				
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -				
											\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -				
											\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -				

**LifeView Group, Inc. and Subsidiaries**

**Note to Schedule of Functional Revenues and Expenses  
(Regulatory Basis) (Unaudited)**

**Year Ended June 30, 2024**

**1. Summary of Significant Accounting Policies**

The accompanying schedule was prepared on the accrual basis of accounting for the contract period in accordance with guidelines established by the State of Florida Department of Children and Families.

**LifeView Group, Inc. and Subsidiaries**

**Schedule of State Earnings  
(Regulatory Basis) (Unaudited)**  
*(Dollars in Thousands)*

**Year Ended June 30, 2024**

	<u>2024</u>
1. Total expenditures	\$ 220,243
2. Less other state and federal funds	(152,343)
3. Less non-match SAMH funds	(15,510)
4. Less unallowable costs per 65E-14, F.A.C.	<u>(2,418)</u>
5. Total allowable expenditures (sum lines 1, 2, 3 and 4)	49,972
6. Maximum available earnings (line 5 times 75%)	37,479
7. Amount of state funds requiring match	<u>11,058</u>
8. Amount due to department (subtract line 7 from line 6)	<u><u>\$ -</u></u>

*See accompanying note.*

**LifeView Group, Inc. and Subsidiaries**

**Note to Schedule of State Earnings  
(Regulatory Basis) (Unaudited)**

**Year Ended June 30, 2024**

**1. Summary of Significant Accounting Policies**

The accompanying schedule was prepared on the accrual basis of accounting for the contract period. Calculations in the schedule were prepared in accordance with guidelines established by the State of Florida Department of Children and Families. Per guidance Rule 65E-14.003(1)(b), F.A.C., if the amount calculated as due to department is positive, then no amounts are due to department.

**LifeView Group, Inc. and Subsidiaries**

**Schedule of Related-Party Transaction Adjustments  
(Regulatory Basis) (Unaudited)**

**Year Ended June 30, 2024**

	<b>Related Passed Through to Subrecipient</b>
Revenues from grantee:	
Services	\$ -
Rent	-
Interest	-
Other	-
Total revenue from grantee	<hr/> -
Expenses associated with grantee transactions:	
Personnel services	-
Depreciation	-
Interest	-
Other	-
Total associated expenses	<hr/> -
Related-party transaction adjustment	-
Allocation of related-party transaction adjustment:	
SAMH covered services:	
3	-
24	-
Total	<hr/> <hr/> \$ -

*See accompanying note.*



**LifeView Group, Inc. and Subsidiaries**

**Note to Schedule of Related-Party Transaction  
Adjustments (Regulatory Basis) (Unaudited)**

**Year Ended June 30, 2024**

**1. Summary of Significant Accounting Policies**

The accompanying schedule was prepared on the accrual basis of accounting for the contract period. Calculations in the schedule were prepared in accordance with guidelines established by the State of Florida Department of Children and Families.

**LifeView Group, Inc. and Subsidiaries**

**Schedule of Bed-Day Availability Payments (Unaudited)**

**Year Ended June 30, 2024**

<b>Program</b>	<b>Covered Service</b>	<b>Contracted Rate</b>	<b>Total Units of Service Provided</b>	<b>Total Units of Service Paid for by 3rd Party Contracts, Local Govt. or Other State Agencies</b>	<b>Passed</b>	<b>Amount Paid for Services by the Department</b>	<b>Maximum \$ Value of Units in Column</b>	<b>Amount Owed to Department</b>
<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H=FxC</b>	<b>&gt; of G-H or \$0</b>
Children's MH	Crisis stabilization unit	n/a	n/a	n/a	n/a	n/a	n/a	\$ -
Adult MH	Crisis stabilization unit	n/a	n/a	n/a	n/a	n/a	n/a	-
Children's SA	Substance abuse detox	n/a	n/a	n/a	n/a	n/a	n/a	-
Adult SA	Substance abuse detox	\$ 399	3,704	-	3,704	\$ 1,478,419	1,478,419	-
Adult MH	Short-term residential treatment	n/a	n/a	n/a	n/a	n/a	n/a	-
Total amount owed to department								<u><u>\$ -</u></u>

*See accompanying note.*

**LifeView Group, Inc. and Subsidiaries**

**Note to Schedule of Bed-Day Availability Payments (Unaudited)**

**Year Ended June 30, 2024**

**1. Summary of Significant Accounting Policies**

The accompanying schedule was prepared on the accrual basis of accounting for the contract period. Calculations in the schedule were prepared in accordance with guidelines established by the State of Florida Department of Children and Families.

## **SUPPLEMENTARY INFORMATION**

**LifeView Group, Inc. and Subsidiaries**

**DUI School  
Balance Sheets**  
*(Dollars in Thousands)*

**September 30, 2024 and 2023**

	<u>2024</u>	<u>2023</u>
<b>Assets</b>		
Property and equipment, less accumulated depreciation of \$24 and \$17, respectively	<u>\$ 285</u>	<u>\$ 292</u>
Total assets	<u><u>\$ 285</u></u>	<u><u>\$ 292</u></u>
<b>Liabilities and net deficit</b>		
Current liabilities:		
Accounts payable and accrued liabilities	\$ 6	\$ 5
Due to Lakeview Center, Inc.	775	719
Compensated absences	<u>-</u>	<u>14</u>
Total current liabilities	<u>781</u>	<u>738</u>
Net deficit without donor restrictions	<u>(496)</u>	<u>(446)</u>
Total liabilities and net deficit	<u><u>\$ 285</u></u>	<u><u>\$ 292</u></u>

*See accompanying notes.*

**LifeView Group, Inc. and Subsidiaries**

**DUI School**  
**Statements of Operations and Changes in Net Deficit**  
**with Special Supervision Services (SSS)**  
*(Dollars in Thousands)*

**Years Ended September 30, 2024 and 2023**

	<u>2024</u>	<u>2023</u>
<b>Changes in net deficit without donor restrictions</b>		
Revenue:		
Net client fees	\$ 391	\$ 393
Net client fees - SSS	115	101
Total revenues and other support without donor restrictions	<u>506</u>	<u>494</u>
 Fees remitted to State of Florida	(12)	(13)
Fees remitted to State of Florida - SSS	<u>(4)</u>	<u>(3)</u>
	(16)	(16)
 Total client fees	<u>490</u>	<u>478</u>
Total revenue	490	478
 Expenses:		
DUI - other:		
Salaries	191	179
Fringe benefits	45	42
Building maintenance and operations	39	52
Conference and conventions	12	15
Other program costs	57	64
Testing and assessment	13	13
Professional fees	-	3
Data processing	11	10
Administrative	<u>35</u>	<u>39</u>
	403	417

*Continued on next page*

**LifeView Group, Inc. and Subsidiaries**

**DUI School**  
**Statements of Operations and Changes in Net Deficit**  
**with Special Supervision Services**  
*(Dollars in Thousands)*

**Years Ended September 30, 2024 and 2023**  
*(Continued)*

	<u>2024</u>	<u>2023</u>
Expenses (continued):		
DUI - SSS:		
Salaries	\$ 56	\$ 46
Fringe benefits	13	11
Building maintenance and operations	16	7
Conference and conventions	5	2
Other program costs	23	8
Testing and assessment	5	2
Data processing	4	1
Administrative	15	5
	<u>137</u>	<u>82</u>
Total expenses	540	499
 Change in net deficit without donor restrictions	 (50)	 (21)
Net deficit without donor restrictions at beginning of year	<u>(446)</u>	<u>(425)</u>
 Net deficit without donor restrictions at end of year	 <u><u>\$ (496)</u></u>	 <u><u>\$ (446)</u></u>

*See accompanying notes.*

## LifeView Group, Inc. and Subsidiaries

### DUI School Notes to Financial Statements (Dollars in Thousands)

September 30, 2024 and 2023

#### 1. Summary of Significant Accounting Policies

The DUI School financial statements are prepared on the accrual basis of accounting. Significant accounting policies for the DUI School are the same as those described in Note 1 to the accompanying consolidated financial statements of LifeView Group, Inc. and Subsidiaries.

#### 2. State Assessment Fee

As required by Section 322.293, *Florida Statutes*, each DUI program collects a \$15 assessment fee on every client enrolling in its DUI program and remits the fee to the State of Florida. These and other fees collected and distributed to the State are summarized as follows:

	Years Ended September 30,	
	2024	2023
Fees collected during current year	\$ 16	\$ 17
Fees remitted during current year	16	17
Fees due to the state of Florida	<u>\$ -</u>	<u>\$ -</u>

Procedures have been established and maintained that adequately account for all fees received for the DUI program and for all receipts created and/or issued by the DUI program.



**LifeView Group, Inc. and Subsidiaries**

**DUI School**  
**Notes to Financial Statements**  
*(Dollars in Thousands)*  
**(Continued)**

**September 30, 2024 and 2023**

**3. Other Program Costs for DUI (Non-Special Supervision Services (SSS) Expenses)**

Other program costs for the DUI program, not including SSS, consist of the following:

	<b>Years Ended September 30,</b>	
	<b>2024</b>	<b>2023</b>
	<hr/>	<hr/>
Copier costs	\$ 1	\$ 2
Membership dues	3	-
Office supplies	3	3
Telephone	1	2
Other	3	9
Program admin allocations	46	48
	<hr/>	<hr/>
Total other program costs	<u>\$ 57</u>	<u>\$ 64</u>

**4. Indirect Cost Allocations**

LifeView Group, Inc. allocates administrative costs to its programs using the methodology for the federal indirect rate calculation. The methodologies used allow for the allocation of indirect costs across all appropriate components of operations, and are in accordance with Florida Administrative Code 15A-10.014.

**LifeView Group, Inc. and Subsidiaries**

**Access Behavioral Health**  
**Balance Sheets (Regulatory Basis)**  
*(Dollars in Thousands)*

**September 30, 2024 and 2023**

	<u>2024</u>	<u>2023</u>
<b>Assets</b>		
Cash and invested assets:		
Cash and cash equivalents	\$ 23,956	\$ 31,901
Real estate	26,453	22,080
Other invested assets	<u>-</u>	<u>280</u>
Total cash and invested assets	50,409	54,261
Electronic data processing equipment and software	135	162
Health care and other amounts receivable	10,195	8,734
Accounts receivable on service industry contracts (non-health)	22,704	13,645
Accounts receivable – other (non-health)	1,320	2,735
Inventories	<u>679</u>	<u>809</u>
Total assets	<u><u>\$ 85,442</u></u>	<u><u>\$ 80,346</u></u>
<b>Liabilities and net assets</b>		
Liabilities:		
Claims unpaid	\$ 646	\$ 681
General expenses due or accrued	48,300	50,018
Amounts withheld or retained for the account of others	4,908	3,927
Deferred revenue	7,299	9,344
Accrued wages	4,501	4,082
Accrued compensated absences	<u>3,738</u>	<u>3,502</u>
Total liabilities	69,392	71,554
Net assets:		
Net assets without donor restrictions	29,995	25,715
Less non-admitted assets	<u>(13,945)</u>	<u>(16,923)</u>
Total net assets	<u>16,050</u>	<u>8,792</u>
Total liabilities and net assets	<u><u>\$ 85,442</u></u>	<u><u>\$ 80,346</u></u>

*See accompanying note.*

**LifeView Group, Inc. and Subsidiaries**

**Access Behavioral Health**  
**Statements of Operations (Regulatory Basis)**  
*(Dollars in Thousands)*

**Years Ended September 30, 2024 and 2023**

	<u>2024</u>	<u>2023</u>
Revenue:		
Capitation revenue	\$ 31,053	\$ 37,863
Interest income	1	-
Total revenue	<u>31,054</u>	<u>37,863</u>
Expenses:		
Sub-capitation expense	\$ 27,172	\$ 33,130
Taxes and insurance	9	43
Personnel	2,053	1,756
Printing/production and shipping	-	1
Other	159	141
Total expenses	<u>29,393</u>	<u>35,071</u>
Excess of revenue over expenses	<u><u>\$ 1,661</u></u>	<u><u>\$ 2,792</u></u>

*See accompanying note.*

## **LifeView Group, Inc. and Subsidiaries**

### **Access Behavioral Health Note to Financial Statements (Regulatory Basis)**

**September 30, 2024 and 2023**

#### **1. Summary of Significant Accounting Policies**

The Access Behavioral Health (ABH) financial statements are prepared on a regulatory basis of accounting in accordance with guidelines established by the State of Florida Office of Insurance Regulation. Significant accounting policies for ABH are the same as those described in Note 1 to the accompanying consolidated financial statements of LifeView Group, Inc. and Subsidiaries. Capitation revenue is based on a per-member per-month rate to provide services as a managed behavioral health organization. ABH provides these services for the Company and three comprehensive community mental health centers to provide mental health services to the MMA Plan beneficiaries residing in Regions 1 and 2 in Florida. Subcontracts with the Company are on a full-risk capitated basis and is reported as sub-capitation expense within the statements of operations for ABH.

**LifeView Group, Inc. and Subsidiaries**

**Schedule of Expenditures of Federal Awards and State Financial Assistance**

**Year Ended September 30, 2024**

<b>Federal Grantor/Pass-Through Grantor/Project Title /Program Title</b>	<b>Grant Period</b>	<b>Federal Assistance Listing Number</b>	<b>Grantor's Number</b>	<b>Program/ Award Amount</b>	<b>Federal Expenditures</b>	<b>Passed Through to Subrecipients</b>
<b>Federal awards</b>						
<b>U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES</b>						
<b>Direct from Substance Abuse and Mental Health Services Administration</b>						
P.H.A.S.E. II Substance Abuse and Mental Health Services Projects of Regional and National Significance	9/30/23 - 9/29/24	93.243	22T185487A	\$ 499,526	\$ 498,105	\$ -
O.P.U.S Substance Abuse and Mental Health Services Projects of Regional and National Significance Total Federal Assistance Listing No. 93.243	5/30/23 - 5/29/24	93.243	22SP83053AC6	340,984	321,125 819,230	- -
CCBHC Certified Community Behavioral Health Clinic Expansion Grants Total Federal Assistance Listing No. 93.696	9/30/23 - 9/29/24	93.696	22SM86504A	1,000,000	1,000,000 1,000,000	- -
<b>Direct from Center for Disease Control and Prevention</b>						
Walton County Prevention Coalition - DFC Support Program Drug-Free Communities Support Program Grants Total Federal Assistance Listing No. 93.276	10/31/19 - 9/29/24	93.276	5H79SP081894-10	125,000	146,991 146,991	- -

**LifeView Group, Inc. and Subsidiaries**

**Schedule of Expenditures of Federal Awards and State Financial Assistance**

**Year Ended September 30, 2024**

*(continued)*

Federal Grantor/Pass-Through Grantor/Project Title /Program Title	Grant Period	Federal Assistance Listing Number	Grantor's Number	Program/ Award Amount	Federal Expenditures	Passed Through to Subrecipients
<b>Federal awards (continued)</b>						
<b>U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES (CONTINUED)</b>						
<b>Passed through from Big Bend Community Based Care (BB)</b>						
Family Support Team (FST) Wrap						
Mary Lee Allen Promoting Safe and Stable Families Program	7/1/23-6/30/24	93.556	A0921	\$ 43,457	\$ 31,724	\$ -
Big Bend CBC/Child Welfare						
Mary Lee Allen Promoting Safe and Stable Families Program	7/1/23-9/30/24	93.556	A0922		23,847	-
Big Bend CBC/Child Welfare						
Mary Lee Allen Promoting Safe and Stable Families Program	4/1/24-9/30/24	93.556	A0927		20,942	-
Arcadia						
Mary Lee Allen Promoting Safe and Stable Families Program	7/1/23-6/30/24	93.556	Arcadia - 2024		199,580	-
Cabot						
Mary Lee Allen Promoting Safe and Stable Families Program	7/1/23-6/30/24	93.556	Cabot - 2024		296,534	-
New Dawn						
Mary Lee Allen Promoting Safe and Stable Families Program	7/1/23-6/30/24	93.556	New Dawn - 2024		139,569	-
Total Federal Assistance Listing No. 93.556					<u>712,196</u>	-
<b>Passed through from Big Bend Community Based Care (BB)</b>						
Big Bend CBC/Child Welfare						
State Administrative Matching Grants for the Supplemental Nutrition Assistance Program	7/1/23-9/30/24	10.561	A0922	21,558,405	3,985	-
Big Bend CBC/Child Welfare						
State Administrative Matching Grants for the Supplemental Nutrition Assistance Program	4/1/24-9/30/24	10.561	A0927	15,813,257	3,454	-
Total Federal Assistance Listing No. 10.561					<u>7,439</u>	-

**LifeView Group, Inc. and Subsidiaries**

**Schedule of Expenditures of Federal Awards and State Financial Assistance**

**Year Ended September 30, 2024**

*(continued)*

Federal Grantor/Pass-Through Grantor/Project Title /Program Title	Grant Period	Federal Assistance Listing Number	Grantor's Number	Program/ Award Amount	Federal Expenditures	Passed Through to Subrecipients
<b>Federal awards (continued)</b>						
<b>U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES (CONTINUED)</b>						
<b>Passed through from Big Bend Community Based Care (BB)</b>						
Big Bend CBC/Child Welfare						
Stephanie Tubbs Jones Child Welfare Services Program	7/1/23-9/30/24	93.645	A0922		\$ 278,828	\$ -
Big Bend CBC/Child Welfare						
Stephanie Tubbs Jones Child Welfare Services Program	4/1/24-9/30/24	93.645	A0927		244,858	-
Total Federal Assistance Listing No. 93.645					<u>523,686</u>	<u>-</u>
<b>Passed through from Big Bend Community Based Care (BB)</b>						
Big Bend CBC/Child Welfare						
Foster Care – Title IV-E	7/1/23-9/30/24	93.658	A0922		1,876,449	-
Big Bend CBC/Child Welfare						
Foster Care – Title IV-E	4/1/24-9/30/24	93.658	A0927		1,573,591	-
Big Bend CBC/Child Welfare						
Foster Care – Title IV-E	9/1/24-9/30/24	93.658	A0934	\$ 593,264	2,824	-
Arcadia						
Foster Care – Title IV-E	7/1/23-6/30/24	93.658	Arcadia - 2024		88,013	-
Cabot						
Foster Care – Title IV-E	7/1/23-6/30/24	93.658	Cabot - 2024		15,577	-
Matrix						
Foster Care – Title IV-E	7/1/23-6/30/24	93.658	Matrix - 2024		21,387	-
New Dawn						
Foster Care – Title IV-E	7/1/23-6/30/24	93.658	New Dawn - 2024		57,710	-
Total Federal Assistance Listing No. 93.658					<u>3,635,551</u>	<u>-</u>

**LifeView Group, Inc. and Subsidiaries**

**Schedule of Expenditures of Federal Awards and State Financial Assistance**

**Year Ended September 30, 2024**

*(continued)*

Federal Grantor/Pass-Through Grantor/Project Title /Program Title	Grant Period	Federal Assistance Listing Number	Grantor's Number	Program/ Award Amount	Federal Expenditures	Passed Through to Subrecipients
<b>Passed through from Big Bend Community Based Care (BB)</b>						
Big Bend CBC/Child Welfare Adoption Assistance	7/1/23-9/30/24	93.659	A0922		\$ 1,321,670	\$ -
Big Bend CBC/Child Welfare Adoption Assistance	4/1/24-9/30/24	93.659	A0927		190,159	-
Matrix Adoption Assistance	7/1/23-6/30/24	93.659	Matrix - 2024		3,221	-
Total Federal Assistance Listing No. 93.659					<u>1,515,050</u>	-
<b>Passed through from Big Bend Community Based Care (BB)</b>						
Big Bend CBC/Child Welfare John H. Chafee Foster Care Program for Successful Transition to Adulthood	7/1/23-9/30/24	93.674	A0922		179,423	-
Big Bend CBC/Child Welfare John H. Chafee Foster Care Program for Successful Transition to Adulthood	9/1/24-9/30/24	93.674	A0934		15,852	-
Total Federal Assistance Listing No. 93.674					<u>195,275</u>	-



**LifeView Group, Inc. and Subsidiaries**

**Schedule of Expenditures of Federal Awards and State Financial Assistance**

**Year Ended September 30, 2024**

*(continued)*

Federal Grantor/Pass-Through Grantor/Project Title /Program Title	Grant Period	Federal Assistance Listing Number	Grantor's Number	Program/ Award Amount	Federal Expenditures	Passed Through to Subrecipients
<b>Federal awards (continued)</b>						
<b>U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES (CONTINUED)</b>						
<b>Passed through from Big Bend Community Based Care (BB)</b>						
Family Support Team (FST) In Home Secure Services (IHSS) Social Services Block Grant	7/1/23-6/30/24	93.667	A0920	\$ 79,904	\$ 94,146	\$ -
Family Support Team (FST) Wrap Social Services Block Grant	7/1/23-9/30/24	93.667	A0921	66,860	63,941	-
Big Bend CBC/Child Welfare Social Services Block Grant	7/1/23-9/30/24	93.667	A0922		4,825	-
Big Bend CBC/Child Welfare Social Services Block Grant	4/1/24-9/30/24	93.667	A0927		3,414	-
Total Federal Assistance Listing No. 93.667					<u>166,326</u>	-
<b>Passed through from Big Bend Community Based Care (BB)</b>						
Family Support Team (FST) In Home Secure Services (IHSS) Child Abuse and Neglect State Grants	7/1/23-6/30/24	93.669	A0920	9,013	7,445	-
Family Support Team (FST) Wrap Child Abuse and Neglect State Grants	7/1/23-6/30/24	93.669	A0921	7,542	5,057	-
Big Bend CBC/Child Welfare Child Abuse and Neglect State Grants	7/1/23-9/30/24	93.669	A0922		382	-
CBC - CAPTA Plans of Safe Care Child Abuse and Neglect State Grants	4/1/24-9/30/24	93.669	A0927		270	-
Total Federal Assistance Listing No. 93.669					<u>13,154</u>	-

**LifeView Group, Inc. and Subsidiaries**

**Schedule of Expenditures of Federal Awards and State Financial Assistance**

**Year Ended September 30, 2024**

*(continued)*

Federal Grantor/Pass-Through Grantor/Project Title /Program Title	Grant Period	Federal Assistance Listing Number	Grantor's Number	Program/ Award Amount	Federal Expenditures	Passed Through to Subrecipients
<b>Federal awards (continued)</b>						
<b>U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES (CONTINUED)</b>						
<b>Passed through from Big Bend Community Based Care (BB)</b>						
Substance Abuse and Mental Health Managing Entity: Temporary Assistance for Needy Families	7/1/23-6/30/24	93.558	A0110	\$ 14,758,725	\$ 599,057	\$ -
<b>Passed through from Big Bend Community Based Care (BB)</b>						
Big Bend CBC/Child Welfare Temporary Assistance for Needy Families	7/1/23-9/30/24	93.558	A0922		2,463,174	-
Big Bend CBC/Child Welfare Temporary Assistance for Needy Families	4/1/24-9/30/24	93.558	A0927		2,059,913	
Total Federal Assistance Listing No. 93.558					<u>5,122,144</u>	-
<b>Passed through from Big Bend Community Based Care (BB)</b>						
Substance Abuse and Mental Health Managing Entity: Block Grants for Community Health Mental Services	7/1/23-6/30/24	93.958	A0110		1,113,707	-
C.A.T. Block Grants for Community Health Mental Services	7/1/23-6/30/24	93.958	A0240	2,805,000	125,722	-
M.R.T. Block Grants for Community Health Mental Services	7/1/23-6/30/24	93.958	A0250	1,892,656	328,656	-
PATH Block Grants for Community Health Mental Services	7/1/23-6/30/24	93.958	A0260	96,907	19,803	-
Managing Entity BigBend CBC - SRT Block Grants for Community Health Mental Services	7/1/23-6/30/24	93.958	A0805	2,429,018	403,579	-
Managing Entity BigBend CBC - Co-Responder Block Grants for Community Health Mental Services	7/1/23-6/30/24	93.958	A0806	464,168	36,720	-
Florida Assertive Community Treatment (FACT): Block Grants for Community Health Mental Services	7/1/23-6/30/24	93.958	A0170	905,801	98,115	-
Total Federal Assistance Listing No. 93.958					<u>2,126,302</u>	-

**LifeView Group, Inc. and Subsidiaries**

**Schedule of Expenditures of Federal Awards and State Financial Assistance**

**Year Ended September 30, 2024**

*(continued)*

Federal Grantor/Pass-Through Grantor/Project Title /Program Title	Grant Period	Federal Assistance Listing Number	Grantor's Number	Program/ Award Amount	Federal Expenditures	Passed Through to Subrecipients
<b>Federal awards (continued)</b>						
<b>U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES (CONTINUED)</b>						
<b>Passed through from Big Bend Community Based Care (BB)</b>						
Substance Abuse and Mental Health Managing Entity:						
Projects for Assistance in Transition from Homelessness (PATH)	7/1/21-6/30/24	93.150	A0260	\$ 33,845	\$ 35,624	\$ -
<b>Passed through from Big Bend Community Based Care (BB)</b>						
Substance Abuse and Mental Health Managing Entity:						
Block Grants for Prevention and Treatment of Substance Abuse	7/1/23-6/30/24	93.959	A0110		2,928,882	-
T.R.A.C.E.						
Block Grants for Prevention and Treatment of Substance Abuse	9/30/23-9/29/24	93.959	A0810	550,234	272,576	-
Total Federal Assistance Listing No. 93.959					<u>3,201,458</u>	-
<b>Passed through from Big Bend Community Based Care (BB)</b>						
Substance Abuse and Mental Health Managing Entity:						
Opioid STR	7/1/23-6/30/24	93.788	A0110		2,251,223	-
<b>Passed through Florida Alcohol and Drug Abuse Association</b>						
Naltrexone Program (Vivitrol)						
Opioid STR	7/1/23-6/30/24	93.788	DCFFAD202425-28	80,000	250,448	-
Total Federal Assistance Listing No. 93.788					<u>2,501,671</u>	-

**LifeView Group, Inc. and Subsidiaries**

**Schedule of Expenditures of Federal Awards and State Financial Assistance**

**Year Ended September 30, 2024**

*(continued)*

Federal Grantor/Pass-Through Grantor/Project Title /Program Title	Grant Period	Federal Assistance Listing Number	Grantor's Number	Program/ Award Amount	Federal Expenditures	Passed Through to Subrecipients
<b>Federal awards (continued)</b>						
<b>U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES (CONTINUED)</b>						
<b>Medicaid Cluster</b>						
<b>Passed through from Big Bend Community Based Care (BB)</b>						
Community Based Care – Child Welfare: Medical Assistance Program	7/1/23-9/30/24	93.778	A0922		\$ 19,922	\$ -
Community Based Care – Child Welfare: Medical Assistance Program	4/1/24-9/30/24	93.778	A0927		17,268	-
<b>Passed through from Healthy Start Community Coalition of Okaloosa and Walton Counties</b>						
Maternal and Child Health Services Block Grant to the States: Medical Assistance Program	7/1/23-6/30/24	93.778	OKA-#01-2022	\$ 576,882	543,300	-
Total Federal Assistance Listing No. 93.778					<u>580,490</u>	<u>-</u>
<b>Total U.S. Department of Health and Human Services</b>					<u>22,302,587</u>	<u>-</u>

**LifeView Group, Inc. and Subsidiaries**

**Schedule of Expenditures of Federal Awards and State Financial Assistance**

**Year Ended September 30, 2024**

*(continued)*

Federal Grantor/Pass-Through Grantor/Project Title /Program Title	Grant Period	Federal Assistance Listing Number	Grantor's Number	Program/ Award Amount	Federal Expenditures	Passed Through to Subrecipients
<b>Federal awards (continued)</b>						
<b>U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT</b>						
<b>Passed through the Assistant Secretary for Community Planning &amp; Development</b>						
Housing First: Continuum of Care Program	7/1/23-6/30/24	14.267	FL0634L4H112206	\$ 134,810	\$ 137,595	\$ -
<b>U.S. DEPARTMENT OF TREASURY</b>						
<b>Passed through the City of Pensacola</b>						
Homeless Evaluation Assessment Response Team (HEART) Coronavirus Relief Fund	2/4/22-12/31/24	21.019	0.1280.128007.9882.1	300,000	90,584	-
<b>Passed through Okaloosa County</b>						
American Rescue Plan Act - ARPA Coronavirus State and Local Fiscal Recovery Funds	5/11/21-12/31/24	21.027	NP11111	50,000	3,667	-
<b>Total U.S. Department of Treasury</b>					<u>231,846</u>	<u>-</u>
<b>Total expenditures of federal awards</b>					<u>\$ 22,534,433</u>	<u>\$ -</u>

**LifeView Group, Inc. and Subsidiaries**

**Schedule of Expenditures of Federal Awards and State Financial Assistance**

**Year Ended September 30, 2024**

*(continued)*

State Grantor/Pass-Through Grantor/Project Title /Program Title	Grant Period	State Assistance Listing Number	Grantor's Number	Program/ Award Amount	State Expenditures	Passed Through to Subrecipients
<b>State Financial Assistance</b>						
<b>STATE OF FLORIDA DEPARTMENT OF HEALTH</b>						
<b>Passed through from Community Helath Promotion/Bureau of Tobacco Free Florida</b>						
Tobacco Coalition						
State and Community Interventions	7/1/21-6/30/26	64.093	COTJZ	\$ 139,524	\$ 146,175	-
<b>Total State of Florida Department of Health</b>					<u>146,175</u>	<u>-</u>
<b>STATE OF FLORIDA DEPARTMENT of CHILDREN AND FAMILY SERVICES</b>						
<b>Passed through from Big Bend Community Based Care (BB)</b>						
Big Bend CBC/Child Welfare						
The Independent Living and Road-To-Independence Program	7/1/23-9/30/24	60.112	A0922		19,213	-
<b>Passed through from Big Bend Community Based Care (BB)</b>						
Big Bend CBC/Child Welfare						
Extended Foster Care Program	7/1/23-9/30/24	60.141	A0922		90,760	-
New Dawn						
Extended Foster Care Program	7/1/23-6/30/24	60.141	New Dawn - 2024		<u>358</u>	<u>-</u>
<b>Total State Assistance Listing No. 60.141</b>					91,118	-
<b>Passed through from Big Bend Community Based Care (BB)</b>						
Big Bend CBC/Child Welfare						
CBC - Adoption Services	7/1/23-9/30/24	60.076	A0922		828	-

**LifeView Group, Inc. and Subsidiaries**

**Schedule of Expenditures of Federal Awards and State Financial Assistance**

**Year Ended September 30, 2024**

*(continued)*

State Grantor/Pass-Through Grantor/Project Title /Program Title	Grant Period	State Assistance Listing Number	Grantor's Number	Program/ Award Amount	State Expenditures	Passed Through to Subrecipients
<b>State Financial Assistance (continued)</b>						
<b>STATE OF FLORIDA DEPARTMENT OF CHILDREN AND FAMILY SERVICES (CONTINUED)</b>						
<b>Passed through from Big Bend Community Based Care (BB)</b>						
Big Bend CBC/Child Welfare Out-of-Home Supports	7/1/23-9/30/24	60.074	A0922		\$ 99,136	\$ -
Big Bend CBC/Child Welfare Out-of-Home Supports	4/1/24-9/30/24	60.074	A0927		127,755	-
Big Bend CBC/Child Welfare Out-of-Home Supports	9/1/24-9/30/24	60.074	A0934		83	-
Big Bend CBC - Arcadia Out-of-Home Supports	7/1/23-6/30/24	60.074	Arcadia - 2024		276,995	-
Big Bend CBC - Cabot Out-of-Home Supports	7/1/23-6/30/24	60.074	Cabot - 2024		466,435	-
Big Bend CBC - New Dawn Out-of-Home Supports	7/1/23-6/30/24	60.074	New Dawn - 2024		473,547	-
Big Bend CBC - Meridian Out-of-Home Supports	7/1/23-6/30/24	60.074	Meridian - 2024		17,400	-
<b>Total State Assistance Listing No. 60.074</b>					<u>1,461,351</u>	-
<b>Passed through from Big Bend Community Based Care (BB)</b>						
Early Childhood Court Case Management & Prevention Services	7/1/23-9/30/24	60.225	A0922		109,019	-
<b>Passed through from Big Bend Community Based Care (BB)</b>						
Community Based Care – Child Welfare: CBC - Purchase of Therapeutic Services for Children Matrix	7/1/23-6/30/24	60.183	A0927		800	-
CBC - Purchase of Therapeutic Services for Children	7/1/23-6/30/24	60.183	MATRIX - 2024		15,398	-
<b>Total State Assistance Listing No. 60.183</b>					<u>16,198</u>	-
<b>Passed through from Big Bend Community Based Care (BB)</b>						
Centralized Receiving Facility (CRF) Centralized Receiving Systems	7/1/23-6/30/24	60.163	A0808	\$ 1,582,776	2,617,753	-

**LifeView Group, Inc. and Subsidiaries**

**Schedule of Expenditures of Federal Awards and State Financial Assistance**

**Year Ended September 30, 2024**

*(continued)*

State Grantor/Pass-Through Grantor/Project Title /Program Title	Grant Period	State Assistance Listing Number	Grantor's Number	Program/ Award Amount	State Expenditures	Passed Through to Subrecipients
<b>State financial assistance (continued)</b>						
<b>STATE OF FLORIDA DEPARTMENT OF CHILDREN AND FAMILY SERVICES (CONTINUED)</b>						
<b>Direct from Dept. of Children and Families (DCF)</b>						
Short Term Residential Treatment (SRT) Expansion						
Lakeview Center Short-Term Residential Treatment (SRT) Expansion	7/1/23-6/30/24	60.286	24010145-429	2,150,000	\$ 2,150,000	\$ -
<b>Total State of Florida Department of Children and Family Services</b>					<u>6,465,480</u>	<u>-</u>
<b>Office of the State Court Administration</b>						
Post-Adjudicatory Drug Court Program						
Problem Solving Courts	7/1/23-6/30/24	22.029	0100CVX	\$ 666,419	623,925	-
Naltrexone (Vivitrol)						
Naltrexone	7/1/23-6/30/24	22.022	OSCAFAD202425-32	121,513	123,794	-
Naltrexone (Vivitrol)						
Medically Assisted Drug Treatment Program	7/1/23-6/30/24	22.030	OSCAFAD202425-32	340,097	190,722	-
<b>Total Office of the State Court Administration</b>					<u>938,441</u>	<u>-</u>
<b>Total expenditures of state financial assistance</b>					<u>\$ 7,550,096</u>	<u>\$ -</u>

*See accompanying notes.*



## **LifeView Group, Inc. and Subsidiaries**

### **Notes to Schedule of Expenditures of Federal Awards and State Financial Assistance**

**Years Ended September 30, 2024 and 2023**

#### **1. Presentation and Basis of Accounting**

The schedule of expenditures of federal awards and state financial assistance is prepared on the accrual basis in accordance with accounting principles generally accepted in the United States. It includes all the state and federal expenditures of LifeView Group, Inc. (the Company).

The Company allocates administrative costs to its federal and state programs using a step-down allocation methodology. The methodologies used allow for the allocation of administrative costs across all appropriate components of operations, and are in accordance with Florida Administrative Code 15A-10.014. The Company has elected not to use the 10-percent de minimis indirect cost rate allowed under the Uniform Guidance and instead adheres to an approved federal indirect rate or approved contract indirect rate.

#### **2. Contingencies**

The Company has received numerous federal and state grants. The disbursement of funds received under these programs is subject to review and audit by grantor agencies. Any disbursements disallowed by these agencies could become a liability of the Company. In the opinion of management, any such claims will not have a material adverse effect on the financial position of the Company.

#### **3. Subrecipients**

In order to fulfill contractual requirements for child protective services, behavioral health services, and vocational services, the Company subcontracts with various community agencies. The Company is responsible for compliance with the funds expended, but all regulatory and contractual obligations are passed to the subrecipients in their contracts.

## **OTHER REPORTS AND SCHEDULES**

**INDEPENDENT AUDITOR'S REPORT ON INTERNAL CONTROL OVER  
FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS  
BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED  
IN ACCORDANCE WITH GOVERNMENT AUDITING STANDARDS**

President/Chief Executive Officer  
Chief Financial Officer  
The Board of Directors  
LifeView Group, Inc. and Subsidiaries

We have audited, in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States (*Government Auditing Standards*), the consolidated financial statements of LifeView Group, Inc. and Subsidiaries (the Company), which comprise the consolidated balance sheet as of September 30, 2024, and the related consolidated statements of operations and changes in net assets and cash flows for the year then ended, and the related notes to the consolidated financial statements, and have issued our report thereon dated February 7, 2025.

**Report on Internal Control Over Financial Reporting**

In planning and performing our audit of the consolidated financial statements, we considered the Company's internal control over financial reporting (internal control) as a basis for designing audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the consolidated financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Company's internal control. Accordingly, we do not express an opinion on the effectiveness of the Company's internal control.

*A deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct misstatements, on a timely basis. *A material weakness* is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's consolidated financial statements will not be prevented, or detected and corrected on a timely basis. *A significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses or significant deficiencies may exist that were not identified.

## Compliance and Other Matters

As part of obtaining reasonable assurance about whether the Company's consolidated financial statements are free of material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts and grant agreements, noncompliance with which could have a direct and material effect on the consolidated financial statements. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

## Purpose of this Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the entity's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the entity's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.



Pensacola, Florida  
February 7, 2025

**INDEPENDENT AUDITOR'S REPORT ON COMPLIANCE FOR EACH  
MAJOR FEDERAL PROGRAM AND STATE FINANCIAL  
ASSISTANCE PROJECT AND ON INTERNAL CONTROL  
OVER COMPLIANCE REQUIRED BY THE UNIFORM GUIDANCE,  
SECTION 215.97, FLORIDA STATUTES, AND CHAPTER 10.650,  
RULES OF THE AUDITOR GENERAL**

President/Chief Executive Officer  
Chief Financial Officer  
The Board of Directors  
LifeView Group, Inc. and Subsidiaries

**Report on Compliance for Each Major Federal Program and State Financial Assistance Project**

**Opinion on Each Major Federal Program and State Project**

We have audited LifeView Group, Inc. and Subsidiaries' (the Company)'s compliance with the types of compliance requirements identified as subject to audit in the U.S. Office of Management and Budget (OMB) *Compliance Supplement* and the requirements described in the Florida Department of Financial Services State Projects Compliance Supplement that could have a direct and material effect on each of the Company's major federal programs and state financial assistance projects for the year ended September 30, 2024. The Company's major federal programs and state financial assistance projects are identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs.

In our opinion, the Company complied, in all material respects, with the compliance requirements referred to above that could have a direct and material effect on each of its major federal programs and state financial assistance projects for the year ended September 30, 2024.

**Basis for Opinion on Each Major Federal Program and State Project**

We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America (GAAS); the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States (*Government Auditing Standards*); the audit requirements of Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance); Section 215.97, *Florida Statutes*; and Chapter 10.650, *Rules of the Auditor General*. Our responsibilities under those standards, the Uniform Guidance, Section 215.97, *Florida Statutes*; and Chapter 10.650, *Rules of the Auditor General* are further described in the Auditor's Responsibilities for the Audit of Compliance section of our report.

We are required to be independent of the Company and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion on compliance for each major federal program and state financial assistance project. Our audit does not provide a legal determination of the Company's compliance with the compliance requirements referred to above.

### **Responsibilities of Management for Compliance**

Management is responsible for compliance with the requirements referred to above and for the design, implementation, and maintenance of effective internal control over compliance with the requirements of laws, statutes, regulations, rules, and provisions of contracts or grant agreements applicable to the Company's federal programs and state financial assistance projects.

### **Auditor's Responsibilities for the Audit of Compliance**

Our objectives are to obtain reasonable assurance about whether material noncompliance with the compliance requirements referred to above occurred, whether due to fraud or error, and express an opinion on the Company's compliance based on our audit. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS, *Government Auditing Standards*, the Uniform Guidance, Section 215.97, *Florida Statutes*; and Chapter 10.650, *Rules of the Auditor General* will always detect material noncompliance when it exists. The risk of not detecting material noncompliance resulting from fraud is higher than that resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Noncompliance with the compliance requirements referred to above is considered material, if there is a substantial likelihood that, individually or in the aggregate, it would influence the judgment made by a reasonable user of the report on compliance about the Company's compliance with the requirements of each major federal program and state financial assistance project as a whole.

In performing an audit in accordance with GAAS, *Government Auditing Standards*, the Uniform Guidance, Section 215.97, *Florida Statutes*; and Chapter 10.650, *Rules of the Auditor General*, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material noncompliance, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the Company's compliance with the compliance requirements referred to above and performing such other procedures as we considered necessary in the circumstances.
- Obtain an understanding of the Company's internal control over compliance relevant to the audit in order to design audit procedures that are appropriate in the circumstances and to test and report on internal control over compliance in accordance with the Uniform Guidance, Section 215.97, *Florida Statutes* and Chapter 10.650, *Rules of the Auditor General*, but not for the purpose of expressing an opinion on the effectiveness of the Company's internal control over compliance. Accordingly, no such opinion is expressed.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and any significant deficiencies and material weaknesses in internal control over compliance that we identified during the audit.

## Report on Internal Control Over Compliance

*A deficiency in internal control over compliance* exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program or state financial assistance project on a timely basis. *A material weakness in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program or state financial assistance project will not be prevented, or detected and corrected, on a timely basis. *A significant deficiency in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a federal program or state financial assistance project that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

Our consideration of internal control over compliance was for the limited purpose described in the Auditor's Responsibilities for the Audit of Compliance section above and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies in internal control over compliance. Given these limitations during our audit, we did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses, as defined above. However, material weaknesses or significant deficiencies in internal control over compliance may exist that were not identified. Our audit was not designed for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, no such opinion is expressed.

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of the Uniform Guidance, Section 215.97, *Florida Statutes*; and Chapter 10.650, *Rules of the Auditor General*. Accordingly, this report is not suitable for any other purpose.



Pensacola, Florida  
February 7, 2025

**LIFETIMEVIEW GROUP, INC. AND SUBSIDIARIES**

**SCHEDULE OF FINDINGS AND QUESTIONED COSTS**

**YEAR ENDED SEPTEMBER 30, 2024**

**Section I - Summary of Auditor's Results**

**Financial Statements**

Type of report the auditor issued on whether the consolidated financial statements audited were prepared in accordance with GAAP:

Unmodified

Internal control over financial reporting:

Material weakness(es) identified?

\_\_\_\_\_ **yes**        X   **no**

Significant deficiency(ies) identified?

\_\_\_\_\_ **yes**        X   **none reported**

Noncompliance material to financial statements noted?

\_\_\_\_\_ **yes**        X   **no**

**Federal Awards and State Financial Assistance**

Internal control over major federal programs and state projects:

Material weakness(es) identified?

\_\_\_\_\_ **yes**        X   **no**

Significant deficiency(ies) identified?

\_\_\_\_\_ **yes**        X   **none reported**

Type of auditor's report issued on compliance for major federal programs and state projects:

Unmodified

Any audit findings disclosed that are required to be reported in accordance with 2 CFR 200.516(a), Uniform Guidance; Section 215.97, *Florida Statutes*; or Chapter 10.650, *Rules of the Auditor General*?

\_\_\_\_\_ **yes**        X   **no**

Identification of major federal programs:

**Assistance Listing number(s)**

**Name of federal program or cluster**

93.659

Adoption Assistance

93.696

Certified Community Behavioral Health Clinic Expansion Grants

93.959

Block Grants for Prevention and Treatment of Substance Abuse



**LIFEVIEW GROUP, INC. AND SUBSIDIARIES**  
**SCHEDULE OF FINDINGS AND QUESTIONED COSTS**  
**(Continued)**  
**YEAR ENDED SEPTEMBER 30, 2024**

**Section I - Summary of Auditor's Results (continued)**

Identification of major state projects:

<b><u>Assistance Listing numbers</u></b>	<b><u>Name of state project</u></b>
22.029	Post-Adjudicatory Drug Court Program
60.163	Centralized Receiving Facility
60.286	Short Term Residential Treatment (SRT) Expansion
Dollar threshold used to distinguish between Type A and Type B programs:	Federal programs: \$750,000 State projects: \$750,000
<hr/>	
Auditee qualified as low-risk auditee?	<u>  X  </u> yes <u>      </u> no

**Section II - Financial Statement Findings**

No matters were identified.

**Section III - Federal Award and State Project Findings and Questioned Costs**

No matters were identified.

**Section IV - Management Letter and Summary Schedule of Prior Audit Findings**

No matters were identified.

**2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 703335

**Entity Name:** LAKEVIEW CENTER, INC.**Current Principal Place of Business:**1221 W LAKEVIEW AVE  
PENSACOLA, FL 32501**Current Mailing Address:**1221 WEST LAKEVIEW AVE  
PENSACOLA, FL 32514 US**FEI Number:** 59-0737872**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CHRISTALDI, RONALD A.  
101 EAST KENNEDY BOULEVARD  
SUITE 2800  
TAMPA, FL 33602 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:** RON CHRISTALDI

01/03/2025

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CORPORATE SECRETARY  
Name SWANSON, LAURA E  
Address 1221 W LAKEVIEW AVE  
C/O EXECUTIVE OFFICE  
City-State-Zip: PENSACOLA FL 32501

Title CEO  
Name HILL, M. ALLISON  
Address 1221 W LAKEVIEW AVE  
C/O EXECUTIVE OFFICE  
City-State-Zip: PENSACOLA FL 32501

Title CHAIRMAN  
Name HAMILTON, HUGH  
Address 1221 W LAKEVIEW AVE  
C/O EXECUTIVE OFFICE  
City-State-Zip: PENSACOLA FL 32501

Title TREASURER, SECRETARY, BOARD MEMBER  
Name JORDAN, DALE  
Address 1221 WEST LAKEVIEW AVE  
City-State-Zip: PENSACOLA FL 32514

Title VP, CORPORATE DEVELOPMENT  
Name WHITAKER, SANDY  
Address 1221 W LAKEVIEW AVE  
C/O EXECUTIVE OFFICE  
City-State-Zip: PENSACOLA FL 32501

Title PRESIDENT  
Name SALAMIDA, SHAWN  
Address 1221 W LAKEVIEW AVE  
C/O EXECUTIVE OFFICE  
City-State-Zip: PENSACOLA FL 32501

Title VP, CFO  
Name BARLEY, ERIC  
Address 1221 WEST LAKEVIEW AVE  
C/O EXECUTIVE OFFICE  
City-State-Zip: PENSACOLA FL 32514

Title BOARD MEMBER  
Name BEALL, CHARLES  
Address 1221 W LAKEVIEW AVE  
City-State-Zip: PENSACOLA FL 32501

**Continues on page 2**

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** LAURA SWANSONCORPORATE  
SECRETARY

01/03/2025

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title BOARD MEMBER  
Name GORMLEY, JOHN  
Address 1221 W LAKEVIEW AVE  
City-State-Zip: PENSACOLA FL 32501

Title BOARD MEMBER  
Name FRANKLIN, PATRICIA  
Address 1221 WEST LAKEVIEW AVE  
City-State-Zip: PENSACOLA FL 32514

Title BOARD MEMBER  
Name POWELL, STEPHANIE  
Address 1221 WEST LAKEVIEW AVE  
City-State-Zip: PENSACOLA FL 32514

Title BOARD MEMBER  
Name SPAIN, ADRIANNA  
Address 1221 W LAKEVIEW AVE  
City-State-Zip: PENSACOLA FL 32501

Title BOARD MEMBER  
Name BEATY, RUSSELL  
Address 1221 WEST LAKEVIEW AVE  
City-State-Zip: PENSACOLA FL 32514

Title BOARD MEMBER  
Name ZONIA, CAROLYNN  
Address 1221 W LAKEVIEW AVE  
City-State-Zip: PENSACOLA FL 32501



**Department of the Treasury**  
**Internal Revenue Service**  
**Tax Exempt and Government Entities**  
P.O. Box 2508  
Cincinnati, OH 45201

LIFETIME GROUP INC  
1221 W LAKEVIEW AVE  
PENSACOLA, FL 32501

**Date:**  
May 4, 2023  
**Employer ID number:**  
59-1469145  
**Form 990/990EZ/990-N required:**  
Yes  
**Person to contact:**  
Name: Harold J Fodor  
ID number: 31675  
Telephone: 877-829-5500

Dear Applicant:

In your letter dated December 5, 2022, you requested a reclassification of foundation status as a public charity.

Our records indicate you are tax exempt under IRC Section 501(c)(3). You're currently classified as a public charity described in IRC Sections 509(a)(1) and 170(b)(1)(A)(vi).

Based on the information you provided, we determined you meet the requirements for classification as a public charity described in IRC Section 509(a)(3) and updated our records. Specifically, we determined you're a Type III functionally integrated supporting organization under IRC Section 509(a)(3). A Type III supporting organization is operated in connection with one or more publicly supported organizations.

Because your tax-exempt status wasn't under consideration, you continue to be classified as an organization exempt from federal income tax under IRC Section 501(c)(3).

For important information about your responsibilities as a tax-exempt organization, go to [www.irs.gov/charities](http://www.irs.gov/charities). Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

This letter could help resolve questions on your foundation status. Keep it for your records.

Sincerely,

A handwritten signature in cursive script that reads "Stephen A. Martin".

Stephen A. Martin  
Director, Exempt Organizations  
Rulings and Agreements