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Form 990

Return of Organization Exempt From Income Tax

2008

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 10-01-2008 and ending 09-30-2009

Check if applicable
 Address change
 Name change
 Initial return
 Termination
 Amended return
 Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
LAKEVIEW CENTER INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address)
1221 W LAKEVIEW AVENUE

City or town, state or country, and ZIP + 4
PENSACOLA, FL 325011836

D Employer identification number

59-0737872

E Telephone number

(850) 469-3620

G Gross receipts \$ 132,356,565

F Name and address of principal officer
Gary Bembry
1221 W LAKEVIEW AVENUE
PENSACOLA, FL 325011836

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

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

H(c) Group exemption number ►

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

J Website: ► WWW EBAPTISTHEALTHCARE.ORG

K Type of organization Corporation Trust Association Other ►

L Year of formation 1961

M State of legal domicile FL

Part I Summary

1 Briefly describe the organization's mission or most significant activities

To help people by providing behavioral health, vocational and child protective services

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

| | | |
|---|----|-------|
| 3 Number of voting members of the governing body (Part VI, line 1a) | 3 | 14 |
| 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 13 |
| 5 Total number of employees (Part V, line 2a) | 5 | 3,211 |
| 6 Total number of volunteers (estimate if necessary) | 6 | 24 |
| 7a Total gross unrelated business revenue from Part VIII, line 12, column (C) | 7a | 0 |
| b Net unrelated business taxable income from Form 990-T, line 34 | 7b | 0 |

| | | |
|---|-------------|-------------|
| 8 Contributions and grants (Part VIII, line 1h) | 63,231,567 | 58,272,020 |
| 9 Program service revenue (Part VIII, line 2g) | 63,256,970 | 71,826,628 |
| 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 2,546,397 | 298,171 |
| 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 1,068,617 | 269,856 |
| 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 130,103,551 | 130,666,675 |

| | | |
|--|-------------|-------------|
| 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 11,558,057 | 11,648,119 |
| 14 Benefits paid to or for members (Part IX, column (A), line 4) | | 0 |
| 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 71,257,756 | 72,537,339 |
| 16a Professional fundraising fees (Part IX, column (A), line 11e) | | 0 |
| b Total fundraising expenses (Part IX, column (D), line 25) ►0 | | |
| 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) | 40,227,287 | 42,096,952 |
| 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) | 123,043,100 | 126,282,410 |
| 19 Revenue less expenses Subtract line 18 from line 12 | 7,060,451 | 4,384,265 |

| | Beginning of Year | End of Year |
|--|-------------------|-------------|
| 20 Total assets (Part X, line 16) | 77,925,075 | 90,529,801 |
| 21 Total liabilities (Part X, line 26) | 14,257,444 | 21,886,172 |
| 22 Net assets or fund balances Subtract line 21 from line 20 | 63,667,631 | 68,643,629 |

Part II Signature Block

| | | | |
|--------------------------|--|------|---|
| Sign Here | 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 ***** Signature of officer M Allison Hill VP Finance/CFO Type or print name and title | | |
| Paid Preparer's Use Only | Preparer's signature | Date | Check if self-employed ► <input type="checkbox"/> |
| | Firm's name (or yours if self-employed), address, and ZIP + 4 Pershing Yoakley & Associates P C One Cherokee Mills 2220 Sutherland Knoxville, TN 379192363 | | |
| | EIN ► Phone no ► (865) 673-0844 | | |

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

Part III Statement of Program Service Accomplishments (see instructions.)**1** Briefly describe the organization's mission

To Help People Overcome Life's Challenges - The organization provides behavioral health and protective services as well as provides vocational services and employment for people with disabilities

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 exempt purpose achievements for each of the organization's three largest program services by expenses
Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 41,546,850 including grants of \$) (Revenue \$ 45,327,621)

Vocational Services In 2009, this division employed 1243 persons in 9 states and the District of Columbia. As part of this division, Gulf Coast Enterprises provides employment for people with disabilities such as mental illness, physical impairments, or developmental disorders. GCE's mission is to help people overcome life's challenges by connecting them to work. Their two primary lines of business are food and custodial services

4b (Code) (Expenses \$ 37,864,799 including grants of \$ 1,082,029) (Revenue \$ 16,600,989)

Behavioral Health Services In 2009, this division served 22,704 people. This division of Lakeview specialized in helping people with mental illnesses, substance abuse disorders and developmental disabilities overcome their challenges. In FY09, we had 94,293 patient days, 104,733 partial days for day treatment and 226,626 outpatient hours

4c (Code) (Expenses \$ 31,928,988 including grants of \$ 10,566,090) (Revenue \$)

Child Protective Services In 2009, this division served 4,677 children. This division, also referred to as FamiliesFirst Network (FFN), is responsible for the safety, stability and well-being of abused, neglected, and abandoned children in our district. Through a contract with the Florida Dept. of Children and Families, FFN works with a network of agencies and community groups to provide foster care and adoption services for children who cannot safely remain in their homes

(Code) (Expenses \$ 8,832,569 including grants of \$) (Revenue \$ 10,001,875)

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses** \$ 120,173,206 (Must equal Part IX, Line 25, column (B).)

Part IV Checklist of Required Schedules

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A

2 Is the organization required to complete Schedule B, Schedule of Contributors?

3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

4 **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II

5 **Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III

6 Did the organization maintain any donor advised funds or any accounts where 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

7 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

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III

9 Did the organization report an amount in Part X, line 21, 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

10 Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V

11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable

12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the U.S.?

- b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I

15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II

16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III

17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I

18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

19 Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III

20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H

21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III

23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J

24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25

- b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?
- c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?
- d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?

25a **Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I

25b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I

26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II

27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III

| | Yes | No |
|-----|-----|----|
| 1 | Yes | |
| 2 | Yes | |
| 3 | | No |
| 4 | Yes | |
| 5 | | |
| 6 | | No |
| 7 | | No |
| 8 | | No |
| 9 | | No |
| 10 | Yes | |
| 11 | Yes | |
| 12 | | No |
| 13 | | No |
| 14a | | No |
| 14b | | No |
| 15 | | No |
| 16 | | No |
| 17 | | No |
| 18 | | No |
| 19 | | No |
| 20 | | No |
| 21 | Yes | |
| 22 | | No |
| 23 | Yes | |
| 24a | | No |
| 24b | | |
| 24c | | |
| 24d | | |
| 25a | | No |
| 25b | | No |
| 26 | | No |
| 27 | | No |

Part IV Checklist of Required Schedules (Continued)

28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee

- a** Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV
- b** Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV
- c** Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV

29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M

30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M

31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II

33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I

34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1

35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

36 **Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2

37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

| | Yes | No |
|------------|-----|----|
| 28a | Yes | |
| 28b | | No |
| 28c | Yes | |
| 29 | Yes | |
| 30 | | No |
| 31 | | No |
| 32 | | No |
| 33 | Yes | |
| 34 | Yes | |
| 35 | Yes | |
| 36 | | No |
| 37 | | No |

Part V Statements Regarding Other IRS Filings and Tax Compliance

| | | Yes | No |
|------------|--|--------------------|----|
| 1a | Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable | 1a 273 | |
| 1b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 1b 0 | |
| 1c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | Yes | |
| 2a | Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return | 2a 3,211 | |
| 2b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) | Yes | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? | | No |
| 3b | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | | No |
| 4b | If "Yes," enter the name of the foreign country ► See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | No | |
| 5b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | No | |
| 5c | If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? | | |
| 6a | Did the organization solicit any contributions that were not tax deductible? | No | |
| 6b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | |
| 7a | Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75? | No | |
| 7b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | |
| 7c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | No | |
| 7d | If "Yes," indicate the number of Forms 8282 filed during the year | | |
| 7e | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | No | |
| 7f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | No | |
| 7g | For all contributions of qualified intellectual property, did the organization file Form 8899 as required? | Yes | |
| 7h | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? | Yes | |
| 8 | Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | | |
| 9 | Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds. | | |
| 9a | Did the organization make any taxable distributions under section 4966? | | |
| 9b | Did the organization make a distribution to a donor, donor advisor, or related person? | | |
| 10 | Section 501(c)(7) organizations. Enter | | |
| 10a | Initiation fees and capital contributions included on Part VIII, line 12 | | |
| 10b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | |
| 11 | Section 501(c)(12) organizations. Enter | | |
| 11a | Gross income from members or shareholders | | |
| 11b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | | |
| 12b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | |

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)
Section A. Governing Body and Management

| | | Yes | No |
|-----------|---|-----------|-----|
| | For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, process, or changes in Schedule O. See instructions. | | |
| 1a | Enter the number of voting members of the governing body . . . | 1a | 14 |
| b | Enter the number of voting members that are independent . . . | 1b | 13 |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | 2 | No |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | 3 | No |
| 4 | Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? | 4 | No |
| 5 | Did the organization become aware during the year of a material diversion of the organization's assets? | 5 | No |
| 6 | Does the organization have members or stockholders? | 6 | Yes |
| 7a | Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? | 7a | Yes |
| b | Are any decisions of the governing body subject to approval by members, stockholders, or other persons? | 7b | Yes |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | 8a | Yes |
| a | The governing body? | 8b | Yes |
| b | Each committee with authority to act on behalf of the governing body? | 9a | No |
| 9a | Does the organization have local chapters, branches, or affiliates? | 9b | |
| b | If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? | 10 | Yes |
| 10 | Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 | 11 | No |
| 11 | Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | | |

Section B. Policies

| | | Yes | No |
|------------|--|------------|-----|
| 12a | Does the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | Yes |
| b | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Yes |
| c | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done | 12c | Yes |
| 13 | Does the organization have a written whistleblower policy? | 13 | Yes |
| 14 | Does the organization have a written document retention and destruction policy? | 14 | Yes |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision | 15a | Yes |
| a | The organization's CEO, Executive Director, or top management official? | 15b | Yes |
| b | Other officers or key employees of the organization? | | |
| | Describe the process in Schedule O (see instructions) | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 16a | No |
| b | If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? | 16b | |

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ►

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply
 Own website Another's website Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►
 M ALLISON HILL
 1221 W LAKEVIEW AVENUE
 PENSACOLA, FL 325011836
 (850) 469-3620

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

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

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

Check this box if the organization did not compensate any officer, director, trustee or key employee.

| (A) Name and Title | (B) Average hours per week | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099- MISC) | (E) Reportable compensation from related organizations (W-2/1099- MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|--|
| | | | Institutional Trustee | Officer | Key Employee | Highest Compensated Employee | Former | | | |
| WILLIAMS HUGH HAMILTON I MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| VINCENT CALVIN CURRIE J MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| CHARLES BEALL JR MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| MARCI WILLIAMS MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| TIM WRIGHT MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| JOSEPH G BUEHLER MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| HENRY BRITTON LANDRUM J MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| MICHAEL L KILLAM MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| BARKSDALE JORDAN JR MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| WILLIAM HUNTER WALKER MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| JARL THOMAS YOUNG MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| AUDRA CARTER MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| EVON EMERSON MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| DEBORAH FORD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| SANDRA WHITAKER VICE PRESIDENT | 40 00 | | | X | | | | 143,899 | 0 | 9,321 |
| GARY LOUIS BEMBRY PRESIDENT/CEO | 40 00 | | | X | | | | 0 | 344,985 | 109,373 |
| RICHARD JOHN GILMARTIN VICE PRESIDENT | 40 00 | | | X | | | | 208,536 | 0 | 29,230 |

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

| (A) Name and Title | (B) Average hours per week | (C) Position (check all that apply) | | | | (D) Reportable compensation from the organization (W- 2/1099- MISC) | (E) Reportable compensation from related organizations (W- 2/1099- MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|--|---------|--------------|---------------------------------|--|---|---|
| | | Instrumental Trustee | Officer | Key Employee | Highest compensated employee | | | |
| MARY ALLISON HILL VP FIN /CFO | 40.00 | | X | | | 187,002 | 0 | 28,325 |
| ANN BERNARD VICE PRESIDENT | 40.00 | | X | | | 108,421 | 0 | 12,556 |
| DENNIS GOODSPEED VICE PRESIDENT | 40.00 | | X | | | 124,010 | 0 | 30,385 |
| DR ANNIE CHERIAN CHIEF OF MEDICAL SERVICE | 40.00 | | | X | | 267,806 | 0 | 21,726 |
| DR VENKATA SOMPALLI PSYCHIATRIST | 40.00 | | | X | | 240,864 | 0 | 29,088 |
| DR MYRON ALMOND PSYCHIATRIST | 40.00 | | | X | | 191,545 | 0 | 11,140 |
| DR KABERI SAMANTA PSYCHIATRIST | 40.00 | | | X | | 187,706 | 0 | 13,489 |
| DR LUIS LEMUS PSYCHIATRIST | 40.00 | | | X | | 176,692 | 0 | 22,771 |
| JOHN L BILBREY JR FORMER VICE PRESIDENT | 40.00 | | | X | | 102,670 | 0 | 227 |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 1b Total | | | | | | 1,939,151 | 344,985 | 317,631 |

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization **►22**

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

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|---|---------------------------------------|----------------------------|
| Bridgeway Center 137 Hospital Dr Ste A Fort Walton Beach, FL 32548 | Mental Health Svcs | 6,535,810 |
| FCE Benefit Administrators Inc 887 Mitten Rd 200 Burlingame, CA 94010 | Benefit Admin Svcs | 5,912,521 |
| COPE Center Inc 3686 US Hwy 331 South Defuniak Springs, FL 32435 | Mental Health Svcs | 4,914,568 |
| Children's Home Society Inc PO Box 19136 Pensacola, FL 32523 | Mental Health Svcs | 2,758,896 |
| Cardinal Health 7000 Cardinal Place Dublin, OH 43017 | Pharmaceutical Svcs | 1,765,841 |
| 2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization ►71 | | |

Part VIII Statement of Revenue

| | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 | | |
|---|---|----------------------|--|---|---|------------|--|
| Contributions, gifts, grants and other similar amounts | 1a Federated campaigns | 1a | | | | | |
| | b Membership dues | 1b | | | | | |
| | c Fundraising events | 1c | | | | | |
| | d Related organizations | 1d | | | | | |
| | e Government grants (contributions) | 1e | 57,930,480 | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 341,540 | | | | |
| | g Noncash contributions included in lines 1a-1f \$ <u>99,996</u> | | | | | | |
| | h Total. Add lines 1a-1f | | ► | 58,272,020 | | | |
| Program Service Revenue | Business Code | | | | | | |
| | | | 2a Vocational Revenue | 624,310 | 45,301,408 | 45,301,408 | |
| | | | b Patient Revenue | 624,100 | 14,264,136 | 14,264,136 | |
| | | | c Govt fees/contracts | 900,099 | 11,475,560 | 11,475,560 | |
| | | | d Management Fees | 561,000 | 629,437 | 629,437 | |
| | | | e Consulting Fees | 541,610 | 156,087 | 156,087 | |
| | f All other program service revenue | | | | | | |
| | g Total. Add lines 2a-2f | | ► | 71,826,628 | | | |
| Other Revenue | 3 Investment income (including dividends, interest and other similar amounts) | | ► | 1,945,786 | 1,945,786 | | |
| | 4 Income from investment of tax-exempt bond proceeds | | ► | | | | |
| | 5 Royalties | | ► | | | | |
| | 6a Gross Rents | (I) Real | (II) Personal | | | | |
| | b Less rental expenses | 108,184 | | | | | |
| | c Rental income or (loss) | 41,445 | | | | | |
| | d Net rental income or (loss) | 66,739 | | 66,739 | | 66,739 | |
| | 7a Gross amount from sales of assets other than inventory | (I) Securities | (II) Other | | | | |
| b Less cost or other basis and sales expenses | 1,645,429 | 3,016 | | | | | |
| c Gain or (loss) | -1,645,429 | -2,186 | | | | | |
| d Net gain or (loss) | | ► | -1,647,615 | | -1,647,615 | | |
| 8a Gross income from fundraising events (not including \$ <u>of contributions reported on line 1c</u>) See Part IV, line 18 | | | | | | | |
| b Less direct expenses | b | | | | | | |
| c Net income or (loss) from fundraising events | | ► | | | | | |
| 9a Gross income from gaming activities See Part IV, line 19 | a | | | | | | |
| b Less direct expenses | b | | | | | | |
| c Net income or (loss) from gaming activities | | ► | | | | | |
| 10a Gross sales of inventory, less returns and allowances | a | | | | | | |
| b Less cost of goods sold | b | | | | | | |
| c Net income or (loss) from sales of inventory | | ► | | | | | |
| Miscellaneous Revenue | | Business Code | | | | | |
| 11a Meal Sales | 722,210 | 45,445 | | | 45,445 | | |
| b Clinical Record Revenue | 541,900 | 42,757 | 42,757 | | | | |
| c Food Stamp Income | 900,099 | 39,935 | | | 39,935 | | |
| d All other revenue | | 74,980 | 61,100 | | 13,880 | | |
| e Total. Add lines 11a-11d | | ► | 203,117 | | | | |
| 12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e | | ► | 130,666,675 | 71,930,485 | 0 | 464,170 | |

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) but are not required to complete columns (B), (C), and (D).**

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21 | 2,184,015 | 2,184,015 | | |
| 2 Grants and other assistance to individuals in the U S See Part IV, line 22 | 9,464,104 | 9,464,104 | | |
| 3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 1,007,985 | 457,343 | 550,642 | |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 Other salaries and wages | 53,876,681 | 51,721,512 | 2,155,169 | |
| 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | 2,040,699 | 1,868,886 | 171,813 | |
| 9 Other employee benefits | 11,708,722 | 11,178,406 | 530,316 | |
| 10 Payroll taxes | 3,903,252 | 3,704,660 | 198,592 | |
| 11 Fees for services (non-employees) | | | | |
| a Management | 400,000 | | 400,000 | |
| b Legal | 455,185 | 349,020 | 106,165 | |
| c Accounting | 176,087 | 2,662 | 173,425 | |
| d Lobbying | | | | |
| e Professional fundraising See Part IV, line 17 . . . | | | | |
| f Investment management fees | 50,610 | | 50,610 | |
| g Other | 22,785,109 | 22,304,727 | 480,382 | |
| 12 Advertising and promotion | 206,375 | 124,151 | 82,224 | |
| 13 Office expenses | 1,526,800 | 1,345,310 | 181,490 | |
| 14 Information technology | 307,267 | 70,701 | 236,566 | |
| 15 Royalties | | | | |
| 16 Occupancy | 5,296,472 | 5,171,168 | 125,304 | |
| 17 Travel | 1,563,642 | 1,528,549 | 35,093 | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 214,109 | 180,915 | 33,194 | |
| 20 Interest | | | | |
| 21 Payments to affiliates | 155,588 | 155,588 | | |
| 22 Depreciation, depletion, and amortization | 1,194,817 | 824,497 | 370,320 | |
| 23 Insurance | 1,418,700 | 1,417,186 | 1,514 | |
| 24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) | | | | |
| a Miscellaneous Expenses | 4,112,656 | 3,911,936 | 200,720 | |
| b Food Services | 1,549,033 | 1,542,826 | 6,207 | |
| c Bad Debt | 420,580 | 420,580 | | |
| d Small Equipment | 263,922 | 244,464 | 19,458 | |
| e | | | | |
| f All other expenses | | | | |
| 25 Total functional expenses. Add lines 1 through 24f | 126,282,410 | 120,173,206 | 6,109,204 | 0 |
| 26 Joint Costs. Check here <input checked="" type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation | | | | |

Part X Balance Sheet

| | | (A) Beginning of year | | (B) End of year |
|-----------------------------|---|---------------------------------|------------|---------------------------|
| Assets | 1 Cash—non-interest-bearing | 16,694,357 | 1 | 26,480,231 |
| | 2 Savings and temporary cash investments | 294,675 | 2 | 289,875 |
| | 3 Pledges and grants receivable, net | 3 | | |
| | 4 Accounts receivable, net | 15,047,265 | 4 | 13,521,733 |
| | 5 Receivables from current and former officers, directors, trustees, key employees or other related parties <i>Complete Part II of Schedule L</i> | 5 | | |
| | 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) <i>Complete Part II of Schedule L</i> | 6 | | |
| | 7 Notes and loans receivable, net | 68,459 | 7 | 74,398 |
| | 8 Inventories for sale or use | 180,495 | 8 | 208,736 |
| | 9 Prepaid expenses and deferred charges | 1,824,028 | 9 | 1,412,823 |
| | 10a Land, buildings, and equipment cost basis | 10a | 31,590,942 | |
| | b Less accumulated depreciation <i>Complete Part VI of Schedule D</i> | 10b | 16,272,681 | |
| | | 14,976,039 | 10c | 15,318,261 |
| | 11 Investments—publicly traded securities | 24,826,378 | 11 | 25,373,430 |
| | 12 Investments—other securities See Part IV, line 11 | 75,000 | 12 | 75,000 |
| | 13 Investments—program-related See Part IV, line 11 | 13 | | |
| | 14 Intangible assets | 14 | | |
| | 15 Other assets See Part IV, line 11 | 3,938,379 | 15 | 7,775,314 |
| | 16 Total assets. Add lines 1 through 15 (must equal line 34) | 77,925,075 | 16 | 90,529,801 |
| Liabilities | 17 Accounts payable and accrued expenses | 11,708,635 | 17 | 14,281,249 |
| | 18 Grants payable | 18 | | |
| | 19 Deferred revenue | 2,448,129 | 19 | 7,533,508 |
| | 20 Tax-exempt bond liabilities | 20 | | |
| | 21 Escrow account liability <i>Complete Part IV of Schedule D</i> | 21 | | |
| | 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons <i>Complete Part II of Schedule L</i> | 22 | | |
| | 23 Secured mortgages and notes payable to unrelated third parties | 23 | | |
| | 24 Unsecured notes and loans payable | 24 | | |
| | 25 Other liabilities <i>Complete Part X of Schedule D</i> | 100,680 | 25 | 71,415 |
| | 26 Total liabilities. Add lines 17 through 25 | 14,257,444 | 26 | 21,886,172 |
| Net Assets or Fund Balances | Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | |
| | 27 Unrestricted net assets | 61,668,761 | 27 | 66,568,332 |
| | 28 Temporarily restricted net assets | 1,937,800 | 28 | 2,017,175 |
| | 29 Permanently restricted net assets | 61,070 | 29 | 58,122 |
| | Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34. | | | |
| | 30 Capital stock or trust principal, or current funds | 30 | | |
| | 31 Paid-in or capital surplus, or land, building or equipment fund | 31 | | |
| | 32 Retained earnings, endowment, accumulated income, or other funds | 32 | | |
| | 33 Total net assets or fund balances | 63,667,631 | 33 | 68,643,629 |
| | 34 Total liabilities and net assets/fund balances | 77,925,075 | 34 | 90,529,801 |

Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990 Cash Accrual Other

2a Were the organization's financial statements compiled or reviewed by an independent accountant? . . .

b Were the organization's financial statements audited by an independent accountant? . . .

c If "Yes" to 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? . . .

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . .

b If "Yes," did the organization undergo the required audit or audits? . . .

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

2008

Open to Public
Inspection**SCHEDULE A**
(Form 990 or 990EZ)**Public Charity Status and Public Support**To be completed by all section 501(c)(3) organizations and section 4947(a)(1)
nonexempt charitable trusts.

Attach to Form 990 or Form 990-EZ. See separate instructions.

Department of the Treasury
Internal Revenue Service
LAKEVIEW CENTER INC

Employer identification number

59-0737872

Part I Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only one organization)

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)

3 A hospital or a cooperative hospital service organization described in **Section 170(b)(1)(A)(iii)**. (Attach Schedule H)

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 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)

10 An organization organized and operated exclusively to test for public safety See **Section 509(a)(4)**. (See instructions)

11 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 that describes the type of supporting organization and complete lines 11e through 11h

e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii) a family member of a person described in (i) above?

(iii) a 35% controlled entity of a person described in (i) or (ii) above?

h Provide the following information about the organizations the organization supports

| | Yes | No |
|----------|-----|----|
| 11g(i) | | |
| 11g(ii) | | |
| 11g(iii) | | |

| (i) Name of Supported Organization | (ii) EIN | (iii) Type of organization (described on lines 1- 9 above or IRC section (See Instructions)) | (iv) Is the organization in col (i) listed in your governing document? | | (v) Did you notify the organization in col (i) of your support? | | (vi) Is the organization in col (i) organized in the U S ? | | (vii) Amount of support? |
|------------------------------------|----------|--|--|----|---|----|--|----|--------------------------|
| | | | Yes | No | Yes | No | Yes | No | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Total | | | | | | | | | |

Part II Support Schedule for Organizations Described in IRC 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.)
Public Support

| Calendar year (or fiscal year beginning in) | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
|---|------------|------------|------------|------------|------------|-------------|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") | 50,484,668 | 54,640,589 | 59,187,965 | 63,231,567 | 58,272,020 | 285,816,809 |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add line 1-3 | 50,484,668 | 54,640,589 | 59,187,965 | 63,231,567 | 58,272,020 | 285,816,809 |
| 5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 Public Support subtract line 5 from line 4 | | | | | | 285,816,809 |

Total Support

| Calendar year (or fiscal year beginning in) | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
|--|------------|-----------|------------|------------|------------|-------------|
| 7 Amounts from line 4 | 50,484,668 | 1,023,630 | 59,187,965 | 63,231,567 | 58,272,020 | 285,816,809 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 580,525 | 1,023,630 | 1,511,927 | 1,762,349 | 2,053,970 | 6,932,401 |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) | 828,852 | 1,872,227 | 924,902 | 999,891 | 988,641 | 5,614,513 |
| 11 Total Support (Add lines 7 through 10) | | | | | | 298,363,723 |
| 12 Gross receipts from related activities, etc (See instructions) | | | | | 12 | 308,931,764 |

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

**Computation of Public Support Percentage**

| | | |
|--|-----------|-----------------|
| 14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f)) | 14 | 95.790 % |
| 15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f | 15 | 96.300 % |
| 16a 33 1/3% Test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization | | |
| b 33 1/3% Test - 2007. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization | | |
| 17a 10% Facts and Circumstances Test - 2008. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here . Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization | | |
| b 10% Facts and Circumstances Test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here . Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization | | |
| 18 Private Foundation. If the organization did not check the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions | | |

Part III Support Schedule for Organizations Described in IRC 509(a)(2)
 (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total Add lines 1-5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 | | | | | | |
| c Total of lines 7a and 7b | | | | | | |
| 8 Public Support (Subtract line 7c from line 6) | | | | | | |

Total Support

| Calendar year (or fiscal year beginning in) | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | |
| 13 Total Support (Add lines 9, 10c, 11 and 12) | | | | | | |
| 14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here | | | | | | ► |

Computation of Public Support Percentage

| | |
|--|-----------|
| 15 Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f)) | 15 |
| 16 Public Support Percentage for 2007 Schedule A, Part IV-A, line 27g | 16 |

Computation of Investment Income Percentage

| | |
|--|-----------|
| 17 Investment Income Percentage for 2008 (line 10c column (f) divided by line 13 column (f)) | 17 |
| 18 Investment Income Percentage from 2007 Schedule A, Part IV-A, line 27h | 18 |
| 19a 33 1/3% Tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization | ► |
| b 33 1/3% Tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization | ► |
| 20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions | ► |

Part IV **Supplemental Information.** Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide any other additional information. (see instructions)

Facts and Circumstances Test

Part II-A To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)). (See the instructions for Schedule C for details.)

A Check if the filing organization belongs to an affiliated group 

B Check if the filing organization checked box A and "limited control" provisions apply

| Limits on Lobbying Expenditures— (The term "expenditures" means amounts paid or incurred.) | | (a) Filing Organization's Totals | (b) Affiliated Group Totals |
|--|---|---|------------------------------------|
| 1a Total lobbying expenditures to influence public opinion (grass roots lobbying) | | | |
| b Total lobbying expenditures to influence a legislative body (direct lobbying) | | | 186,922 |
| c Total lobbying expenditures (add lines 1a and 1b) | | | 186,922 |
| d Other exempt purpose expenditures | | | 584,322,528 |
| e Total exempt purpose expenditures (add lines 1c and 1d) | | | 584,509,450 |
| f Lobbying nontaxable amount Enter the amount from the following table in both columns— | | | 1,000,000 |
| If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | | |
| Not over \$500,000 | 20% of the amount on line 1e | | |
| Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000 | | |
| Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000 | | |
| Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000 | | |
| Over \$17,000,000 | \$1,000,000 | | |
| g Grassroots nontaxable amount (enter 25% of line 1f) | | | 250,000 |
| h Subtract line 1g from line 1a Enter -0- if line g is more than line a | | | 0 |
| i Subtract line 1f from line 1c Enter -0- if line f is more than line c | | | 0 |
| j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? | | <input type="checkbox"/> Yes <input checked="" 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 instructions for lines 1a through 1f of the instructions.)

| Lobbying Expenditures During 4-Year Averaging Period | | | | | |
|---|-----------------|-----------------|-----------------|-----------------|------------------|
| Calendar year (or fiscal year beginning in) | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) Total |
| 2a Lobbying non-taxable amount | 1,000,000 | 1,000,000 | 1,000,000 | 1,000,000 | 4,000,000 |
| b Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | 6,000,000 |
| c Total lobbying expenditures | 717,436 | 372,157 | 282,417 | 186,922 | 1,558,932 |
| d Grassroots non-taxable amount | 250,000 | 250,000 | 250,000 | 250,000 | 1,000,000 |
| e Grassroots ceiling amount (150% of line d, column (e)) | | | | | 1,500,000 |
| f Grassroots lobbying expenditures | | | | | |

Part II-B To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)). (See the instructions for Schedule C for details.)

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

Part III-A To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). (See the instructions for Schedule C for details.)

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

Part III-B To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes." (See the instructions for Schedule C for details.)

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

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1. Also, complete this part for any additional information

| Identifier | Return Reference | Explanation |
|------------|------------------|-------------|
| | | |
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Part IV Supplemental Information

2008

Open to Public
Inspection**SCHEDULE D**
(Form 990)**Supplemental Financial Statements**

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Department of the Treasury
Internal Revenue Service**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" to Form 990, Part IV, line 6.

| | (a) Donor advised funds | (b) Funds and other accounts |
|---|-------------------------|--|
| 1 Total number at end of year | | |
| 2 Aggregate contributions to (during year) | | |
| 3 Aggregate 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 may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Part II Conservation Easements. Complete if the organization answered "Yes" to 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 (e.g., recreation or pleasure) <input type="checkbox"/> Preservation of an historically important land area |
| | <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of certified historic structure |
| | <input type="checkbox"/> Preservation of open space |
| 2 Complete lines 2a-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 | Held at the End of the Year |
| b Total acreage restricted by conservation easements | 2a |
| c Number of conservation easements on a certified historic structure included in (a) | 2b |
| d Number of conservation easements included in (c) acquired after 8/17/06 | 2c |
| | 2d |
| 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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, violations, and enforcement of the conservation easements it holds? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6 Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year ► | |
| 7 Amount of expenses incurred in monitoring, inspecting, and enforcing 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 170(h)(4)(B)(ii)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9 In Part XIV, 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" to Form 990, Part IV, line 8.

| | |
|---|------|
| 1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items | |
| b If the organization elected, as permitted under SFAS 116, 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) Revenues included in Form 990, Part VIII, line 1 | ► \$ |
| (ii) Assets included in Form 990, Part X | ► \$ |
| 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items | |
| a Revenues included in 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 accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a Public exhibition
b Scholarly research
c Preservation for future generations

d Loan or exchange programs
e Other

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

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 Trust, Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to 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 why in Part XIV and complete the following table

| | Amount |
|-----------|---------------|
| 1c | |
| 1d | |
| 1e | |
| 1f | |

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV

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

| | (a) Current Year | (b) Prior Year | (c) Two Years Back | (d) Three Years Back | (e) Four Years Back |
|---|-------------------------|-----------------------|---------------------------|-----------------------------|----------------------------|
| 1a Beginning of year balance | 1,998,870 | | | | |
| b Contributions | 79,374 | | | | |
| c Investment earnings or losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | 2,948 | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | 2,075,296 | | | | |

2 Provide the estimated percentage of the year end balance held as

a Board designated or quasi-endowment ►

b Permanent endowment ► 2 800 %

c Term endowment ► 97 200 %

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" to 3a(ii), are the related organizations listed as required on Schedule R? Yes No

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

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

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

| | Description of investment | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Depreciation | (d) Book value |
|---|----------------------------------|---|--|-------------------------|-----------------------|
| 1a Land | | 2,419,393 | | | 2,419,393 |
| b Buildings | | 16,510,250 | 8,420,278 | | 8,089,972 |
| c Leasehold improvements | | 410,911 | 240,954 | | 169,957 |
| d Equipment | | 11,122,281 | 7,611,449 | | 3,510,832 |
| e Other | | 1,128,107 | | | 1,128,107 |
| Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) | | | | ► | 15,318,261 |

Part VII Investments—Other Securities. 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 |
|---|-----------------------|---|
| Financial derivatives and other financial products | | |
| Closely-held equity interests | | |
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Total. (Column (b) should equal Form 990, Part X, col (B) line 12)

Part VIII Investments—Program Related. See Form 990, Part X, line 13

Total. (Column (b) should equal Form 990, Part X, col (B) line 13)

Part IX Other Assets. See Form 990, Part X, line 15

| (a) Description | (b) Book value |
|--|-----------------------|
| Deposits | 137,483 |
| Due from Affiliates | 5,367,008 |
| Interest in Net Assets of the Foundation | 2,270,823 |
| | |
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| | |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line 15.) | 7,775,314 |

Total. (Column (b) should equal Form 990, Part X, col.(B) line 15.)

Part X Other Liabilities. See Form 990, Part X, line 25

| (a) Description of Liability | (b) Amount |
|------------------------------|------------|
| Federal Income Taxes | |
| DUE TO AFFILIATES | 71,411 |
| | |
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In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

| | | |
|----|---|----|
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | 1 |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 2 |
| 3 | Excess or (deficit) for the year Subtract line 2 from line 1 | 3 |
| 4 | Net unrealized gains (losses) on investments | 4 |
| 5 | Donated services and use of facilities | 5 |
| 6 | Investment expenses | 6 |
| 7 | Prior period adjustments | 7 |
| 8 | Other (Describe in Part XIV) | 8 |
| 9 | Total adjustments (net) Add lines 4 - 8 | 9 |
| 10 | Excess or (deficit) for the year per financial statements Combine lines 3 and 9 | 10 |

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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

Part XIV Supplemental Information

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

| Identifier | Return Reference | Explanation |
|----------------|--|---|
| Part V, Line 4 | Description of Intended Use of Endowment Funds | Restricted funds to be used for behavioral medical services |

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

Department of the Treasury
Internal Revenue Service

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

**Open to Public
Inspection**

**Open to Public
Inspection**

Name of the organization
LAKEVIEW CENTER INC

Employer identification number

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 Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 if additional space is needed.

2 Enter total number of section 501(c)(3) and government organizations

3 Enter total number of other organizations ..

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
| Foster Care Provider | 375 | 2,488,962 | | | |
| Foster Care Subsidy | 70 | 1,082,029 | | | |
| Adoption Subsidy | 1427 | 4,834,336 | | | |
| Independent Living Subsidy | 133 | 1,058,777 | | | |
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Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

See Additional Data Table

| Identifier | Return Reference | Explanation |
|--|------------------|--|
| Procedure for Monitoring Grants in the U S | Part I, Line 2 | Schedule I, Part I, Line 2 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 |
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Schedule J
(Form 990)**Compensation Information**

OMB No 1545-0047

2008**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

Name of the organization
LAKEVIEW CENTER INC**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 in 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 (e.g., maid, chauffeur, chef) |

b If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all 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 officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply

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

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a

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

501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.

5 For persons listed in 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," to line 5a or 5b, describe in Part III

6 For persons listed in 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," to line 6a or 6b, describe in Part III

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

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

| | Yes | No |
|-----------|-----|----|
| 1a | | |
| 1b | | |
| 2 | | |
| 3 | | |
| 4a | | No |
| 4b | Yes | |
| 4c | | No |
| 5a | | No |
| 5b | | No |
| 6a | | No |
| 6b | | No |
| 7 | | No |
| 8 | | No |

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

| (A) Name | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation reported in prior Form 990 or Form 990-EZ | |
|------------------------|--|-------------------------------------|--------------------------|---------------------------|-------------------------|---------------------------------|--|---------|
| | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other compensation | | | | | |
| SANDRA WHITAKER | (i) (ii) | 116,052 | 22,085 | 5,762 | 8,256 | 1,065 | 153,220 | 110,330 |
| GARY LOUIS BEMBRY | (i) (ii) | 317,507 | | 27,478 | 94,761 | 14,612 | 454,358 | 328,365 |
| RICHARD JOHN GILMARTIN | (i) (ii) | 163,689 | 32,249 | 12,598 | 12,217 | 17,013 | 237,766 | 163,479 |
| MARY ALLISON HILL | (i) (ii) | 128,614 | 29,259 | 29,129 | 11,000 | 17,325 | 215,327 | 146,867 |
| DENNIS GOODSPED | (i) (ii) | 103,510 | | 20,500 | 9,451 | 20,934 | 154,395 | |
| DR ANNIE CHERIAN | (i) (ii) | 233,176 | | 34,630 | 14,923 | 6,803 | 289,532 | 207,667 |
| DR VENKATA SOMPALLI | (i) (ii) | 220,364 | | 20,500 | 11,265 | 17,823 | 269,952 | 192,101 |
| DR MYRON ALMOND | (i) (ii) | 156,299 | | 35,246 | 10,817 | 323 | 202,685 | 149,258 |
| DR KABERI SAMANTA | (i) (ii) | 161,155 | | 26,551 | 10,528 | 2,961 | 201,195 | 146,911 |
| DR LUIS LEMUS | (i) (ii) | 163,504 | | 13,188 | 12,608 | 10,163 | 199,463 | 144,125 |
| JOHN L BILBREY JR | (i) (ii) | 46,723 | 35,447 | 20,500 | | 227 | 102,897 | 120,107 |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |

Part III Supplemental Information

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

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

Non-Cash Contributions

OMB No 1545-0047

To be completed by organizations that answered
"Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990

2008

Open to Public
InspectionName of the organization
LAKEVIEW CENTER INC

Employer identification number

59-0737872

Part I Types of Property

| | (a) Check if applicable | (b) Number of Contributions | (c) Revenues reported on Form 990, Part VIII, line 1g | (d) Method of determining revenues |
|--|----------------------------------|--------------------------------|--|--|
| 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 | X | 1 | 99,996 | FAIR MARKET VALUE |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other (describe _____) | | | | |
| 26 Other (describe _____) | | | | |
| 27 Other (describe _____) | | | | |
| 28 Other (describe _____) | | | | |
| 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee | | | 29 | |

Acknowledgement

| | Yes | No |
|--|-----|----|
| 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? | | |
| 30a | | No |
| b If "Yes", describe the arrangement in Part II | | |
| 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? | Yes | |
| 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions? | | |
| 32a | | No |
| b If "Yes", describe in Part II | | |
| 33 If the organization did not report revenues in Column (c) for a type of property for which Column (a) is checked, describe in Part II | | |

Part II | Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

2008

Open to Public
Inspection**SCHEDULE O**
(Form 990)**Supplemental Information to Form 990**

► **Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.**

Department of the Treasury
Internal Revenue Service
LAKEVIEW CENTER INC

Employer identification number
59-0737872

| Identifier | Return Reference | Explanation |
|-----------------------------|------------------------|--|
| Form 990, Part III, line 4d | Other Program Services | Manage the Medicaid Prepaid Mental Health Plan for our district Expenses \$ 8832569 including grants of \$ 0 Revenue \$ 10001875 |

| Identifier | Return Reference | Explanation |
|--------------------------------------|------------------|--|
| Form 990, Part VI, Section A, line 6 | | Baptist Health Care Corporation is the sole member of the organization |

| Identifier | Return Reference | Explanation |
|---------------------------------------|------------------|---|
| Form 990, Part VI, Section A, line 7a | | Baptist Health Care Corporation must approve any changes to the bylaws or articles and the appointment of the chief executive officer |

| Identifier | Return Reference | Explanation |
|---------------------------------------|------------------|---|
| Form 990, Part VI, Section A, line 7b | | Baptist Health Care Corporation must approve any changes to the bylaws or articles and the appointment of the chief executive officer |

| Identifier | Return Reference | Explanation |
|---------------------------------------|------------------|--|
| Form 990, Part VI, Section A, line 10 | | Information was provided to an independent accounting firm for the preparation of the return. A draft of the return was then provided to management personnel for review. All voting board members received an electronic copy of the Form 990 for review before filing with the IRS. Also, the board members were informed that a paper copy of the Form 990 was available at the organization's principal office |

| Identifier | Return Reference | Explanation |
|--|------------------|--|
| Form 990, Part VI, Section B, line 12c | | Board Members receive correspondence each year that must be completed and signed. The correspondence includes Conflicts 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 |

| Identifier | Return Reference | Explanation |
|---------------------------------------|------------------|---|
| Form 990, Part VI, Section B, line 15 | | The Compensation Committee of the organization's Board utilizes independent compensation studies that reflect the current market value of specific key management positions as benchmark data. All compensation of key individuals must be approved by the Compensation Committee |

| Identifier | Return Reference | Explanation |
|---------------------------------------|------------------|---|
| Form 990, Part VI, Section C, line 18 | | The organization has its Forms 1023 and Form 990 on file in the accounting and administration departments. All documents are available upon request |

| Identifier | Return Reference | Explanation |
|---------------------------------------|------------------|---|
| Form 990, Part VI, Section C, line 19 | | 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 |

| Identifier | Return Reference | Explanation |
|-------------------------------|-------------------------|--|
| Form 990, Part XI, Line 2b | Consolidated Audit | Although the organization's financial statements were not separately audited, the organization has been included in the audited consolidated financial statements as the parent entity |

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

Cat No 51056K

Schedule O (Form 990) 2008

SCHEDULE R
(Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2008

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
 ► See separate instructions.

Name of the organization
LAKEVIEW CENTER INC

Employer identification number

59-0737872

Part I Identification of Disregarded Entities

| (A) Name, address, and EIN 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 |
|--|----------------------------|--|---------------------|---------------------------|----------------------------------|
| Behavioral Health Solutions LLC 1221 W Lakeview Avenue Pensacola, FL 32501 20-5421098 | Behavioral Health Services | FL | 0 | 0 | N/A |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Part II Identification of Related Tax-Exempt Organizations

| (A) Name, address, and EIN of related organization | (B) Primary activity | (C) Legal domicile (state or foreign country) | (D) Exempt Code section | (E) Public charity status (if section 501(c)(3)) | (F) Direct controlling entity |
|---|-------------------------|--|----------------------------|---|----------------------------------|
| See Additional Data Table | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Part III Identification of Related Organizations Taxable as a Partnership

| (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, investment, unrelated) | (F) Share of total income | (G) Share of end-of-year assets | (H) Disproportionate allocations? | | (I) Code V-UBI amount on Box 20 of K-1 | (J) General or managing partner? | |
|--|-----------------------------------|--|-------------------------------------|--|------------------------------|---------------------------------------|---|----|--|---|----|
| | | | | | | | Yes | No | | Yes | No |
| Baptist Medical Park Surgery Center 9400 University Pkwy Pensacola, FL32514 59-3535262 | Ambulatory Surgery Services | FL | N/A | | | | | | | | |
| Endoscopy Center of Gulf Breeze LLC 1116 Gulf Breeze Pkwy Gulf Breeze, FL32561 43-2086670 | Ambulatory Surgery Services | FL | N/A | | | | | | | | |
| Physicians Laboratories 14 West Jordan Street Ste A Pensacola, FL32501 59-0879739 | Ambulatory Surgery Services | FL | N/A | | | | | | | | |
| Baptist Imaging Center LLC 5330 N Davis Hwy Pensacola, FL32503 26-1373637 | Diagnostic Testing and Imaging | FL | N/A | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

| (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 |
|--|--|---|-------------------------------------|--|------------------------------|--|--------------------------------|
| BAPTIST HEALTH VENTURES INC 1717 North E St PENSACOLA, FL32501 59-2415910 | Administrative and Support Services | FL | N/A | C | | | |
| BAPTIST URGENT CARE INC 1717 North E St PENSACOLA, FL32501 59-3622226 | MEDICAL SERVICES | FL | N/A | C | | | |
| PENSACOLA POB INC 1717 North E St PENSACOLA, FL32501 59-2462399 | LEASING AGENT | FL | N/A | C | | | |
| MOBILE DIAGNOSTICS INC 1717 North E St PENSACOLA, FL32501 59-2864191 | SERVICE | FL | N/A | C | | | |
| MEDICAL PROFESSIONAL AGENCY INC 1717 North E St PENSACOLA, FL32501 59-2555835 | MEDICAL SERVICES | FL | N/A | C | | | |
| THE TOWERS PHARMACY INC 1717 North E St PENSACOLA, FL32501 59-2667929 | RETAIL SALES | FL | N/A | C | | | |
| | | | | | | | |

Part V Transactions with Related Organizations**Note.** Complete line 1 if any entity is listed in Parts II, III or IV**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

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

| | Yes | No |
|----|-----|----|
| 1a | Yes | |
| 1b | | No |
| 1c | | No |
| 1d | Yes | |
| 1e | | No |
| 1f | | No |
| 1g | | No |
| 1h | | No |
| 1i | | No |
| 1j | | No |
| 1k | Yes | |
| 1l | | No |
| 1m | | No |
| 1n | | No |
| 1o | Yes | |
| 1p | | No |
| 1q | | No |
| 1r | | No |

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

| | (A) Name of other organization(s) | (B) Transaction type(a-r) | (C) Amount Involved |
|-----|--------------------------------------|---------------------------------|------------------------|
| (1) | Lakeview Place Inc | D | 78,193 |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |

Part VI Unrelated Organizations Taxable as a Partnership

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.

Software ID:
Software Version:
EIN: 59-0737872
Name: LAKEVIEW CENTER INC

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

| (A) Name, address, and EIN of related organization | (B) Primary Activity | (C) Legal Domicile (State or Foreign Country) | (D) Exempt Code section | (E) Public charity status (if 501(c)(3)) | (F) Direct Controlling Entity |
|---|--|---|-------------------------------|---|-------------------------------------|
| BAPTIST HEALTH CARE CORPORATION 1717 N E STREET PENSACOLA, FL32501 59-2425151 | COORDINATION OF HEALTH CARE SERVICES | FL | 501(C)(3) | 11 | N/A |
| BAPTIST HEALTH CARE FOUNDATION 1717 N E STREET PENSACOLA, FL32501 59-0192265 | FINANCIAL AND FUNRAISING ASSISTANCE FOR HEALTH CARE RELATED SERVICES | FL | 501(C)(3) | 7 | N/A |
| BAPTIST HOSPITAL INC 1000 WEST MORENO STREET PENSACOLA, FL32501 59-0657322 | HEALTH CARE SERVICES | FL | 501(C)(3) | 3 | N/A |
| CMHC HERNANDEZ HOUSE INC 1221 WEST LAKEVIEW AVE PENSACOLA, FL32501 59-2041794 | PROVISION OF LOW COST HOUSING TO MENTALLY ILL PERSONS | FL | 501(C)(3) | 9 | N/A |
| ESCAMBIA COUNTY ALABAMA COMMUNITY HOSPITALS INC 401 MEDICAL PARK DRIVE ATMORE, AL36502 63-1143638 | HEALTH CARE SERVICES | AL | 501(C)(3) | 3 | N/A |
| JAY HOSPITAL INC 14114 ALABAMA STREET JAY, FL32565 59-2425149 | HEALTH CARE SERVICES | FL | 501(C)(3) | 3 | N/A |
| LAKEVIEW PLACE INC 1221 WEST LAKEVIEW AVE PENSACOLA, FL32501 59-2804577 | PROVISION OF LOW COST HOUSING TO MENTALLY ILL PERSONS | FL | 501(C)(3) | 9 | N/A |
| LAKEVIEW VILLA INC 1221 WEST LAKEVIEW AVE PENSACOLA, FL32501 59-2842486 | PROVISION OF LOW COST HOUSING TO MENTALLY ILL PERSONS | FL | 501(C)(3) | 9 | N/A |
| THE BAPTIST MANOR INC 10095 HILLVIEW RD PENSACOLA, FL32514 59-2455515 | HEALTH CARE SERVICES | FL | 501(C)(3) | 9 | N/A |

TY 2008 Affiliated Group Schedule

Name: LAKEVIEW CENTER INC**EIN:** 59-0737872**Affiliated Group Business Name:**

Lakeview Villa Inc

Address. Either US or Foreign

1221 W Lakeview Avenue

Pensacola, FL 325011836

Type:**EIN:** 59-2842486**Electing Organization Checkbox:****Total Grassroots Lobbying:** 0**Total Direct Lobbying:** 0**Total Lobbying Expenditures:** 0**Other Exempt Purpose** 147,956**Expenditures:****Total Exempt Purpose** 147,956**Expenditures:****Lobbying Nontaxable Amount:** 29,591**Grassroots Nontaxable Amount:** 7,398**Tot Lobbying Grassroot Minus Non** 0**Tx:****Tot Lobby Expend Mns Lobbying** 0**Non Tx:****Share Of Excess Lobbying:** 0

TY 2008 Affiliated Group Schedule

Name: LAKEVIEW CENTER INC**EIN:** 59-0737872

| | |
|--|-------------------------------------|
| Affiliated Group Business Name: | Lakeview Place Inc |
| Address. Either US or Foreign | 1221 W Lakeview Avenue |
| Type: | Pensacola, FL 325011836 |
| EIN: | 59-2804577 |
| Electing Organization Checkbox: | <input checked="" type="checkbox"/> |
| Total Grassroots Lobbying: | 0 |
| Total Direct Lobbying: | 0 |
| Total Lobbying Expenditures: | 0 |
| Other Exempt Purpose Expenditures: | 75,296 |
| Total Exempt Purpose Expenditures: | 75,296 |
| Lobbying Nontaxable Amount: | 15,059 |
| Grassroots Nontaxable Amount: | 3,765 |
| Tot Lobbying Grassroot Minus Non Tx: | 0 |
| Tot Lobby Expend Mns Lobbying Non Tx: | 0 |
| Share Of Excess Lobbying: | 0 |

TY 2008 Affiliated Group Schedule

Name: LAKEVIEW CENTER INC**EIN:** 59-0737872**Affiliated Group Business Name:** CMHC Hernandez House Inc**Address. Either US or Foreign** 1221 W Lakeview Avenue
Type: Pensacola, FL 325011836**EIN:** 59-2041794**Electing Organization Checkbox:** **Total Grassroots Lobbying:** 0**Total Direct Lobbying:** 0**Total Lobbying Expenditures:** 0**Other Exempt Purpose
Expenditures:** 43,616**Total Exempt Purpose
Expenditures:** 43,616**Lobbying Nontaxable Amount:** 8,723**Grassroots Nontaxable Amount:** 2,181**Tot Lobbying Grassroot Minus Non
Tx:** 0**Tot Lobby Expend Mns Lobbying
Non Tx:** 0**Share Of Excess Lobbying:** 0

TY 2008 Affiliated Group Schedule

Name: LAKEVIEW CENTER INC**EIN:** 59-0737872**Affiliated Group Business Name:** Escambia County Alabama Community Hospitals Inc**Address. Either US or Foreign** PO Box 17500
Type: Pensacola, FL 325227500**EIN:** 63-1143638**Electing Organization Checkbox:** **Total Grassroots Lobbying:** 0**Total Direct Lobbying:** 0**Total Lobbying Expenditures:** 0**Other Exempt Purpose
Expenditures:** 19,084,710**Total Exempt Purpose
Expenditures:** 19,084,710**Lobbying Nontaxable Amount:** 1,000,000**Grassroots Nontaxable Amount:** 250,000**Tot Lobbying Grassroot Minus Non
Tx:** 0**Tot Lobby Expend Mns Lobbying
Non Tx:** 0**Share Of Excess Lobbying:** 0

TY 2008 Affiliated Group Schedule

Name: LAKEVIEW CENTER INC**EIN:** 59-0737872**Affiliated Group Business Name:** Jay Hospital Inc**Address. Either US or Foreign** PO Box 17500
Type: Pensacola, FL 325227500**EIN:** 59-2425149**Electing Organization Checkbox:** **Total Grassroots Lobbying:** 0**Total Direct Lobbying:** 0**Total Lobbying Expenditures:** 0**Other Exempt Purpose
Expenditures:** 14,825,155**Total Exempt Purpose
Expenditures:** 14,825,155**Lobbying Nontaxable Amount:** 891,258**Grassroots Nontaxable Amount:** 222,815**Tot Lobbying Grassroot Minus Non
Tx:** 0**Tot Lobby Expend Mns Lobbying
Non Tx:** 0**Share Of Excess Lobbying:** 0

TY 2008 Affiliated Group Schedule

Name: LAKEVIEW CENTER INC**EIN:** 59-0737872**Affiliated Group Business Name:** The Baptist Manor Inc**Address. Either US or Foreign** PO Box 17500
Type: Pensacola, FL 325227500**EIN:** 59-2455515**Electing Organization Checkbox:** **Total Grassroots Lobbying:** 0**Total Direct Lobbying:** 0**Total Lobbying Expenditures:** 0**Other Exempt Purpose
Expenditures:** 13,308,409**Total Exempt Purpose
Expenditures:** 13,308,409**Lobbying Nontaxable Amount:** 815,420**Grassroots Nontaxable Amount:** 203,855**Tot Lobbying Grassroot Minus Non
Tx:** 0**Tot Lobby Expend Mns Lobbying
Non Tx:** 0**Share Of Excess Lobbying:** 0

TY 2008 Affiliated Group Schedule

Name: LAKEVIEW CENTER INC**EIN:** 59-0737872**Affiliated Group Business Name:** Baptist Health Care Foundation Inc**Address. Either US or Foreign** PO Box 17500
Type: Pensacola, FL 325227500**EIN:** 59-0192265**Electing Organization Checkbox:** **Total Grassroots Lobbying:** 0**Total Direct Lobbying:** 0**Total Lobbying Expenditures:** 0**Other Exempt Purpose
Expenditures:** 1,458,632**Total Exempt Purpose
Expenditures:** 1,458,632**Lobbying Nontaxable Amount:** 220,863**Grassroots Nontaxable Amount:** 55,216**Tot Lobbying Grassroot Minus Non
Tx:** 0**Tot Lobby Expend Mns Lobbying
Non Tx:** 0**Share Of Excess Lobbying:** 0

TY 2008 Affiliated Group Schedule

Name: LAKEVIEW CENTER INC**EIN:** 59-0737872**Affiliated Group Business Name:** Baptist Health Care Corporation**Address. Either US or Foreign** PO Box 17500
Type: Pensacola, FL 325227500**EIN:** 59-2425151**Electing Organization Checkbox:** **Total Grassroots Lobbying:** 0**Total Direct Lobbying:** 186,922**Total Lobbying Expenditures:** 186,922**Other Exempt Purpose Expenditures:** 34,835,905**Total Exempt Purpose Expenditures:** 35,022,827**Lobbying Nontaxable Amount:** 1,000,000**Grassroots Nontaxable Amount:** 250,000**Tot Lobbying Grassroot Minus Non Tx:** 0**Tot Lobby Expend Mns Lobbying Non Tx:** 0**Share Of Excess Lobbying:** 0

TY 2008 Affiliated Group Schedule

Name: LAKEVIEW CENTER INC**EIN:** 59-0737872

| | |
|--|-------------------------|
| Affiliated Group Business Name: | Lakeview Center Inc |
| Address. Either US or Foreign | 1221 W Lakeview Avenue |
| Type: | Pensacola, FL 325011836 |
| EIN: | 59-0737872 |
| Electing Organization Checkbox: <input checked="" type="checkbox"/> | |
| Total Grassroots Lobbying: | 0 |
| Total Direct Lobbying: | 0 |
| Total Lobbying Expenditures: | 0 |
| Other Exempt Purpose Expenditures: | 126,282,410 |
| Total Exempt Purpose Expenditures: | 126,282,410 |
| Lobbying Nontaxable Amount: | 1,000,000 |
| Grassroots Nontaxable Amount: | 250,000 |
| Tot Lobbying Grassroot Minus Non Tx: | 0 |
| Tot Lobby Expend Mns Lobbying Non Tx: | 0 |
| Share Of Excess Lobbying: | 0 |

TY 2008 Affiliated Group Schedule

Name: LAKEVIEW CENTER INC**EIN:** 59-0737872**Affiliated Group Business Name:** Baptist Hospital Inc**Address. Either US or Foreign** PO Box 17500
Type: Pensacola, FL 325227500**EIN:** 59-0657322**Electing Organization Checkbox:** **Total Grassroots Lobbying:** 0**Total Direct Lobbying:** 0**Total Lobbying Expenditures:** 0**Other Exempt Purpose
Expenditures:** 374,260,439**Total Exempt Purpose
Expenditures:** 374,260,439**Lobbying Nontaxable Amount:** 1,000,000**Grassroots Nontaxable Amount:** 250,000**Tot Lobbying Grassroot Minus Non
Tx:** 0**Tot Lobby Expend Mns Lobbying
Non Tx:** 0**Share Of Excess Lobbying:** 0

Additional Data

Software ID:
Software Version:
EIN: 59-0737872
Name: LAKEVIEW CENTER INC

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

| | Business Code | (A) Total Revenue | (B) Related or Exempt Function Revenue | (C) Unrelated Business Revenue | (D) Revenue Excluded from Tax under IRC 512, 513, or 514 |
|---------------------|----------------------|------------------------------|---|---|---|
| Vocational Revenue | 624,310 | 45,301,408 | 45,301,408 | | |
| Patient Revenue | 624,100 | 14,264,136 | 14,264,136 | | |
| Govt fees/contracts | 900,099 | 11,475,560 | 11,475,560 | | |
| Management Fees | 561,000 | 629,437 | 629,437 | | |
| Consulting Fees | 541,610 | 156,087 | 156,087 | | |

Software ID:
Software Version:
EIN: 59-0737872
Name: LAKEVIEW CENTER INC

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code 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 |
|--|------------|------------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| Anchorage Children's Home of Bay County Inc2121 Lisenby Avenue Panama City, FL 32405 | 59-2323037 | 501(c)(3) | 24,660 | | | | Child Protective Services |
| United Methodist Children's HomePO Box 830 Selma, AL 36702 | 63-0302145 | 501(c)(3) | 96,304 | | | | Child Protective Services |
| Lutheran Services Florida Inc3627A West Waters Avenue Tampa, FL 33614 | 59-2198911 | 501(c)(3) | 881,765 | | | | Child Protective Services |
| Eckerd Youth Alternatives Inc100 Starcrest Drive Clearwater, FL 33765 | 59-2551416 | 501(c)(3) | 33,670 | | | | Child Protective Services |
| Hope Center For Teens Inc 891 N 10th Avenue Pensacola, FL 32501 | 59-3673772 | 501(c)(3) | 117,988 | | | | Child Protective Services |
| Susana Wesley ERUMCCIC PO Box 830 Selma, AL 36702 | 63-0302025 | 501(c)(3) | 117,988 | | | | Child Protective Services |
| Florida Baptist Children's Homes Inc1015 Sikes Blvd Lakeland, FL 33815 | 59-0657326 | 501(c)(3) | 127,552 | | | | Child Protective Services |
| United Methodist Children's Home1712 Broad Street Selma, AL 36701 | 63-0302145 | 501(c)(3) | 168,800 | | | | Child Protective Services |
| Children in Crisis Inc1000 Lukes Way Fort Walton Beach, FL 32547 | 65-1196220 | 501(c)(3) | 13,104 | | | | Child Protective Services |
| Carlton Palms Educational Center Inc4185 Kirkwood Street-St Georges Bear, DE 19701 | 59-2741162 | | 27,245 | | | | Child Protective Services |

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code 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 |
|--|----------------|---|---------------------------------|--|--|---|---|
| Heartland For Children Inc 5850T G Lee Blvd 400 Orlando, FL 32822 | 23-1390618 | 501(c)(3) | 79,113 | | | | Child Protective Services |
| Eckerd Youth Alternatives Inc 100 Starcrest Drive Clearwater, FL 33765 | 59-2551416 | 501(c)(3) | 221,100 | | | | Child Protective Services |
| House of Sunshine Independent Living Christian Group Home Inc 9243 Prosperity Lake Drive Jacksonville, FL 32244 | 03-0595110 | 501(c)(3) | 20,640 | | | | Child Protective Services |
| Inspire Group Inc 2221 S Monroe Unit 2 Tallahassee, FL 32301 | 13-4364718 | 501(c)(3) | 24,565 | | | | Child Protective Services |
| The Children's Home Society of Florida 1485 S Semoran Blvd Ste 1448 Winter Park, FL 32792 | 59-0192430 | 501(c)(3) | 12,567 | | | | Child Protective Services |
| Vision-Quest Inc 600 N Swan Road Tucson, AZ 85711 | 89-0278038 | 501(c)(3) | 92,340 | | | | Child Protective Services |
| Vision-Quest St Marks Tallahassee 600 N Swan Road Tucson, AZ 85711 | 89-0879030 | 501(c)(3) | 63,280 | | | | Child Protective Services |
| World Good News Inc 4570 St Johns Ave Ste 3 Jacksonville, FL 32210 | 59-1283134 | 501(c)(3) | 55,330 | | | | Child Protective Services |

Software ID:
Software Version:
EIN: 59-0737872
Name: LAKEVIEW CENTER INC

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

| (A) Name | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation reported in prior Form 990 or Form 990-EZ | |
|------------------------|--|-------------------------------------|--------------------------|---------------------------|-------------------------|---------------------------------|--|---------|
| | (i) Base Compensation | (ii) Bonus & incentive compensation | (iii) Other compensation | | | | | |
| SANDRA WHITAKER | (i) (ii) | 116,052 | 22,085 | 5,762 | 8,256 | 1,065 | 153,220 | 110,330 |
| GARY LOUIS BEMBRY | (i) (ii) | 317,507 | | 27,478 | 94,761 | 14,612 | 454,358 | 328,365 |
| RICHARD JOHN GILMARTIN | (i) (ii) | 163,689 | 32,249 | 12,598 | 12,217 | 17,013 | 237,766 | 163,479 |
| MARY ALLISON HILL | (i) (ii) | 128,614 | 29,259 | 29,129 | 11,000 | 17,325 | 215,327 | 146,867 |
| DENNIS GOODSPEED | (i) (ii) | 103,510 | | 20,500 | 9,451 | 20,934 | 154,395 | |
| DR ANNIE CHERIAN | (i) (ii) | 233,176 | | 34,630 | 14,923 | 6,803 | 289,532 | 207,667 |
| DR VENKATA SOMPALLI | (i) (ii) | 220,364 | | 20,500 | 11,265 | 17,823 | 269,952 | 192,101 |
| DR MYRON ALMOND | (i) (ii) | 156,299 | | 35,246 | 10,817 | 323 | 202,685 | 149,258 |
| DR KABERI SAMANTA | (i) (ii) | 161,155 | | 26,551 | 10,528 | 2,961 | 201,195 | 146,911 |
| DR LUIS LEMUS | (i) (ii) | 163,504 | | 13,188 | 12,608 | 10,163 | 199,463 | 144,125 |
| JOHN L BILBREY JR | (i) (ii) | 46,723 | 35,447 | 20,500 | | 227 | 102,897 | 120,107 |