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Form 990

Return of Organization Exempt From Income Tax

2010

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 2010 calendar year, or tax year beginning 10-01-2010 and ending 09-30-2011

B Check if applicable

Address change

Name change

Initial return

Terminated

Amended return

Application pending

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

Room/suite

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 \$ 156,146,768

F Name and address of principal officer

GARY BEMBRY
1221 W LAKEVIEW AVENUE
PENSACOLA, FL 325011836H(a) Is this a group return for affiliates? Yes NoH(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) 501(c) () (insert no) 4947(a)(1) or 527

J Website: ► WWW.EBAPTISTHEALTHCARE.ORG

K Form 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 OVERCOME LIFE'S CHALLENGES WE DO THIS BY PROVIDING BEHAVIORAL HEALTH (MENTAL HEALTH & SUBSTANCE ABUSE) SERVICES, CHILD PROTECTIVE SERVICES, & VOCATIONAL SERVICES (SEE SCHEDULE O)

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

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

3 17

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

4 16

5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)

5 3,268

6 Total number of volunteers (estimate if necessary)

6 43

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

7a 0

b Net unrelated business taxable income from Form 990-T, line 34

7b 0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	61,629,804	62,443,537
9 Program service revenue (Part VIII, line 2g)	80,504,088	91,763,228
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,293,406	1,536,084
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	270,017	361,249
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	143,697,315	156,104,098

	Prior Year	Current Year
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	12,263,875	12,464,516
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	76,687,328	82,658,665
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ► 0		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	47,886,709	50,990,678
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	136,837,912	146,113,859
19 Revenue less expenses Subtract line 18 from line 12	6,859,403	9,990,239

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	100,493,312	108,707,864
21 Total liabilities (Part X, line 26)	23,238,436	22,906,060
22 Net assets or fund balances Subtract line 21 from line 20	77,254,876	85,801,804

Part II Signature Block

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

Sign Here	***** Signature of officer	2012-08-15 Date
	M ALLISON HILL VP FINANCE Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name Michael J Engle	Preparer's signature Michael J Engle	Date	Check if self-employed <input checked="" type="checkbox"/>	PTIN
	Firm's name BKD LLP				Firm's EIN ►
	Firm's address 1201 Walnut Suite 1700 Kansas City, MO 641062246				Phone no ► (816) 221-6300

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

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III **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 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 \$ 50,316,088 including grants of \$ 0) (Revenue \$ 57,951,393)

VOCATIONAL SERVICES IN 2011, THIS DIVISION EMPLOYED APPROXIMATELY 1,125 FTES THROUGHOUT 10 STATES AND THE DISTRICT OF COLUMBIA. THE GULF COAST ENTERPRISES PART OF THIS DIVISION PROVIDES EMPLOYMENT TO PEOPLE WITH DISABILITIES SUCH AS MENTAL ILLNESS, PHYSICAL IMPAIRMENTS AND DEVELOPMENTAL DISORDERS. THE PRIMARY SERVICE LINES ARE FOOD AND CUSTODIAL SERVICES. THE SOUTHEASTERN VOCATIONAL SERVICES PART OF THE DIVISION PROVIDES VOCATIONAL ASSESSMENTS AND REHABILITATION AND OCCUPATIONAL THERAPIES

4b (Code) (Expenses \$ 44,140,474 including grants of \$ 670,570) (Revenue \$ 17,567,937)

BEHAVIORAL HEALTH SERVICES IN 2011, THIS DIVISION SERVED 23,780 PEOPLE. THIS DIVISION OF LAKEVIEW SPECIALIZED IN HELPING PEOPLE WITH MENTAL ILLNESSES, SUBSTANCE ABUSE DISORDERS AND DEVELOPMENTAL DISABILITIES OVERCOME THEIR CHALLENGES. IN FY11, WE HAD APPROXIMATELY 87,000 PATIENT DAYS, 135,000 PARTIAL DAYS IN DAY TREATMENT, AND 196,000 OF OUTPATIENT SERVICE HOURS

4c (Code) (Expenses \$ 35,205,950 including grants of \$ 11,793,946) (Revenue \$ 3,185)

CHILD PROTECTIVE SERVICES IN 2011, THIS DIVISION SERVED 5,962 CHILDREN. THIS DIVISION, ALSO REFERRED TO AS FAMILIES FIRST NETWORK(FFN) IS RESPONSIBLE FOR THE SAFETY, STABILITY, AND WELL-BEING OF ABUSED, NEGLECTED, AND ABANDONED CHILDREN IN OUR DISTRICT. THROUGH A CONTRACT WITH 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

4d Other program services (Describe in Schedule O)

(Expenses \$ 9,723,891 including grants of \$ 0) (Revenue \$ 16,451,753)

4e **Total program service expenses** \$ 139,386,403

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 (see instruction)?

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, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II.

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III.

6 Did the organization maintain any donor advised funds or any similar funds or 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, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V.

11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable

- a** Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.
- b** Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.
- c** Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.
- d** Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.
- e** Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.
- f** Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part XI.

12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.

- b** Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.

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 United States?

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

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 U.S.? If "Yes," complete Schedule F, Parts II and IV.

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 U.S.? If "Yes," complete Schedule F, Parts III and IV.

17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions).

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

19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.

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

- b** If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions).

	Yes	No
1	Yes	
2	Yes	
3		No
4	Yes	
5		
6		No
7		No
8		No
9		No
10	Yes	
11a	Yes	
11b		No
11c		No
11d	Yes	
11e	Yes	
11f	Yes	
12a		No
12b	Yes	
13		No
14a		No
14b		No
15		No
16		No
17		No
18		No
19		No
20a		No
20b		

Part IV Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	<input checked="" type="checkbox"/>	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	<input checked="" type="checkbox"/>	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	<input checked="" type="checkbox"/>	23	Yes	
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 lines 24b-24d and complete Schedule K. If "No," go to line 25	<input checked="" type="checkbox"/>	24a	No	
24b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		24b		
24c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		24c		
24d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		24d		
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	<input checked="" type="checkbox"/>	25a	No	
25b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	<input checked="" type="checkbox"/>	25b	No	
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	<input checked="" type="checkbox"/>	26	No	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	<input checked="" type="checkbox"/>	27	No	
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		28a	No	
28b	a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	<input checked="" type="checkbox"/>	28b	Yes	
28c	b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	<input checked="" type="checkbox"/>	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	<input checked="" type="checkbox"/>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	<input checked="" type="checkbox"/>	30	No	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	<input checked="" type="checkbox"/>	31	No	
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	<input checked="" type="checkbox"/>	32	No	
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	<input checked="" type="checkbox"/>	33	Yes	
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	<input checked="" type="checkbox"/>	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?		35	Yes	
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
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	<input checked="" type="checkbox"/>	36	No	
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	<input checked="" type="checkbox"/>	37	No	
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O		38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	235
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	3,268
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	Yes	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	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 instructions for 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			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	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 receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	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 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	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	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		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	No	
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

1a Enter the number of voting members of the governing body at the end of the tax year

1b Enter the number of voting members included in line 1a, above, who are independent

2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?

3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?

4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?

5 Did the organization become aware during the year of a significant diversion of the organization's assets?

6 Does the organization have members or stockholders?

7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?

b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following

a The governing body?

b Each committee with authority to act on behalf of the governing body?

9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O

	Yes	No
1a		17
1b		16
2		No
3		No
4		No
5		No
6	Yes	
7a	Yes	
7b	Yes	
8a	Yes	
8b	Yes	
9		No

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

10a Does the organization have local chapters, branches, or affiliates?

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?

11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?

b Describe in Schedule O the process, if any, used by the organization to review this Form 990

12a Does the organization have a written conflict of interest policy? If "No," go to line 13

b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?

c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done

13 Does the organization have a written whistleblower policy?

14 Does the organization have a written document retention and destruction policy?

15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?

a The organization's CEO, Executive Director, or top management official

b Other officers or key employees of the organization

If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?

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?

	Yes	No
10a		No
10b		
11a	Yes	
12a	Yes	
12b	Yes	
12c	Yes	
13	Yes	
14	Yes	
15a	Yes	
15b	Yes	
16a		No
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

 Check if Schedule O contains a response to any question in this Part VII
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

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

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

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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
		Or director	Individual trustee	Institutional Trustee	Officer	Key employee	Highest compensated employee		
(1) DR WILLIAMS HUGH HAMILTON III MEMBER	1 0	X						0	0
(2) VINCENT CALVIN CURRIE JR MEMBER	1 0	X						0	0
(3) CHARLES BEALL JR MEMBER	1 0	X						0	0
(4) TIM WRIGHT MEMBER	1 0	X						0	0
(5) JOSEPH G BUEHLER MEMBER/TREASURER	1 0	X		X				0	0
(6) HENRY BRITTON LANDRUM JR MEMBER/CHAIRMAN	1 0	X		X				0	0
(7) MICHAEL L KILLAM MEMBER	1 0	X						0	0
(8) BARKSDALE JORDAN JR MEMBER/VICE CHAIRMAN	1 0	X		X				0	0
(9) WILLIAM HUNTER WALKER MEMBER	1 0	X						0	0
(10) JARL THOMAS YOUNG MEMBER/SECRETARY	1 0	X		X				0	0
(11) AUDRA CARTER MEMBER	1 0	X						0	0
(12) EVON EMERSON MEMBER	1 0	X						0	0
(13) KIA PAINTER MEMBER	1 0	X						0	0
(14) MICHAEL BODENHAUSEN MEMBER	1 0	X						0	0
(15) FRED DONOVAN MEMBER	1 0	X						0	0
(16) CHAD HENDERSON MEMBER	1 0	X						0	0

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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	
		Or director	Individual trustee	Institutional trustee	Officer	Key employee	Highest compensated employee			
(17) DEBORAH POTTER MEMBER	10	X						0	0	0
(18) GARY LOUIS BEMBRY PRESIDENT/CEO	400			X				0	367,981	139,133
(19) ANN BERNARD VICE PRESIDENT	400			X				151,220	0	11,673
(20) RICHARD JOHN GILMARTIN VICE PRESIDENT	400			X				200,230	0	22,298
(21) DENNIS GOODSPEED VICE PRESIDENT	400			X				166,281	0	25,675
(22) MARY ALLISON HILL VP OF FINANCE/CFO	400			X				191,507	0	19,134
(23) SANDRA WHITAKER VICE PRESIDENT	400			X				163,183	0	11,336
(24) DR MYRON ALMOND PSYCHIATRIST	400				X			262,928	0	18,132
(25) DR LOKARANJIT CHALASANI PSYCHIATRIST	400				X			334,271	0	23,535
(26) DR ANNIE CHERIAN PSYCHIATRIST	400				X			273,740	0	18,147
(27) DR CYNTHIA JAVELLANA PSYCHIATRIST	400				X			262,789	0	22,167
(28) DR VENKATA SOMPALLI PSYCHIATRIST	400				X			347,321	0	27,968
1b Sub-Total ►										
c Total from continuation sheets to Part VII, Section A ►										
d Total (add lines 1b and 1c) ►								2,353,470	367,981	339,198

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ►26

		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	No
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 or individual 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	MENTAL HEALTH SRVCS	6,478,568
FCE BENEFIT ADMINISTRATORS INC	BENEFIT ADMIN SRVCS	5,999,652
DE W SERVICE INC	MENTAL HEALTH SRVCS	3,847,306
COPE CENTER INC	MENTAL HEALTH SRVCS	3,048,339
AMERISOURCEBERGEN CORPORATION	PHARMACEUTICAL SRVCS	2,260,767
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ►85		

Part VIII Statement of Revenue

Contributions, gifts, grants and other similar amounts			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
1a Federated campaigns	1a					
b Membership dues	1b					
c Fundraising events	1c					
d Related organizations	1d					
e Government grants (contributions)	1e	62,220,391				
f All other contributions, gifts, grants, and similar amounts not included above	1f	223,146				
g Noncash contributions included in lines 1a-1f \$		99,996				
h Total. Add lines 1a-1f			62,443,537			
Program Service Revenue		Business Code				
2a Vocational Revenue		624310	57,896,032	57,896,032		
b Patient Revenue		624100	17,031,178	17,031,178		
c Govt Fees/Contracts		900099	16,156,199	16,156,199		
d Management Fees		561000	607,608	607,608		
e Consulting Fees		541610	72,211	72,211		
f All other program service revenue						
g Total. Add lines 2a-2f			91,763,228			
3 Investment income (including dividends, interest and other similar amounts)			1,105,540			1,105,540
4 Income from investment of tax-exempt bond proceeds			0			
5 Royalties			0			
6a Gross Rents	(i) Real	(ii) Personal				
b Less rental expenses	107,390					
c Rental income or (loss)	42,670					
d Net rental income or (loss)	64,720		64,720			64,720
7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
b Less cost or other basis and sales expenses	423,044	7,500				
c Gain or (loss)						
d Net gain or (loss)	423,044	7,500	430,544			430,544
8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18						
b Less direct expenses	b					
c Net income or (loss) from fundraising events			0			
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			0			
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			0			
Miscellaneous Revenue	Business Code					
11a Clinical Record Revenue	541900	51,514	51,514			
b Meal Sales	722210	49,581				49,581
c Food Stamp Income	900099	23,917				23,917
d All other revenue		171,517	159,526			11,991
e Total. Add lines 11a-11d		296,529				
12 Total revenue. See Instructions		156,104,098	91,974,268	0	1,686,293	

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	1,666,981	1,666,981		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	10,797,535	10,797,535		
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	935,668	551,099	384,569	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	74,138	74,138		
7 Other salaries and wages	61,253,812	58,396,968	2,856,844	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	2,067,109	1,856,037	211,072	
9 Other employee benefits	13,871,070	13,341,327	529,743	
10 Payroll taxes	4,456,868	4,227,305	229,563	
a Fees for services (non-employees) Management	400,000		400,000	
b Legal	284,905	238,973	45,932	
c Accounting	138,651		138,651	
d Lobbying	0			
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	87,487		87,487	
g Other	28,952,538	28,560,854	391,684	
12 Advertising and promotion	264,342	142,821	121,521	
13 Office expenses	4,645,182	4,395,960	249,222	
14 Information technology	442,391	213,814	228,577	
15 Royalties	0			
16 Occupancy	5,996,660	5,870,715	125,945	
17 Travel	2,041,885	1,933,535	108,350	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	200,893	119,841	81,052	
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	1,528,241	1,042,478	485,763	
23 Insurance	1,166,946	1,161,927	5,019	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a Miscellaneous Expenses	2,359,582	2,338,422	21,160	
b Food Services	1,680,456	1,676,587	3,869	
c Bad Debt	575,046	575,046		
d Small Equipment	225,473	204,040	21,433	
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	146,113,859	139,386,403	6,727,456	0
26 Joint costs. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720) 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	27,030,072	1 27,412,662
	2 Savings and temporary cash investments	289,875	2 289,875
	3 Pledges and grants receivable, net	3	
	4 Accounts receivable, net	12,131,726	4 17,518,380
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L		6
	7 Notes and loans receivable, net	80,337	7 86,275
	8 Inventories for sale or use	179,993	8 211,981
	9 Prepaid expenses and deferred charges	1,428,068	9 1,445,995
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	37,499,917 10a	
	b Less accumulated depreciation	18,883,701 10b	10c 18,616,216
	11 Investments—publicly traded securities	35,779,754	11 35,615,643
	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	8,052,695	15 7,435,837
	16 Total assets. Add lines 1 through 15 (must equal line 34)	100,493,312	16 108,707,864
Liabilities	17 Accounts payable and accrued expenses	14,685,963	17 14,234,221
	18 Grants payable	18	
	19 Deferred revenue	8,477,430	19 8,662,156
	20 Tax-exempt bond liabilities	20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D	21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	22	
	23 Secured mortgages and notes payable to unrelated third parties	23	
	24 Unsecured notes and loans payable to unrelated third parties	24	
	25 Other liabilities Complete Part X of Schedule D	75,043	25 9,683
	26 Total liabilities. Add lines 17 through 25	23,238,436	26 22,906,060
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	74,968,544	27 83,568,556
	28 Temporarily restricted net assets	2,227,354	28 2,174,270
	29 Permanently restricted net assets	58,978	29 58,978
	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	77,254,876	33 85,801,804
	34 Total liabilities and net assets/fund balances	100,493,312	34 108,707,864

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	156,104,098
2	Total expenses (must equal Part IX, column (A), line 25)	2	146,113,859
3	Revenue less expenses Subtract line 2 from line 1	3	9,990,239
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	77,254,876
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-1,443,311
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	85,801,804

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII

	Yes	No
1 Accounting method used to prepare the Form 990	<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O	
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a
2b Were the organization's financial statements audited by an independent accountant?	2b Yes	No
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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		2c Yes
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
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?	3a Yes	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b Yes	

SCHEDULE A
(Form 990 or 990EZ)**Public Charity Status and Public Support****2010****Open to Public
Inspection**Department of the Treasury
Internal Revenue Service

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

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

Name of the organization
Lakeview Center Inc

Employer identification number

59-0737872

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.

2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)

3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.

4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state

5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)

6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.

7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 An 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)**.

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 a Type I b Type II c Type III - Functionally integrated d Type III - Other

f 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)

g 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

h 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?

i Provide the following information about the supported organization(s)

	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 Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	59,187,965	63,231,567	58,272,020	61,629,804	62,443,537	304,764,893
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 lines 1 through 3	59,187,965	63,231,567	58,272,020	61,629,804	62,443,537	304,764,893
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0
6 Public Support. Subtract line 5 from line 4						304,764,893

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	59,187,965	63,231,567	58,272,020	61,629,804	62,443,537	304,764,893
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,511,927	1,762,349	2,053,970	1,177,783	1,212,930	7,718,959
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)	924,902	999,891	988,641	962,835	976,348	4,852,617
11 Total support (Add lines 7 through 10)						317,336,469
12 Gross receipts from related activities, etc (See instructions)					12	357,419,182

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

14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))	14	96 038 %
15 Public Support Percentage for 2009 Schedule A, Part II, line 14	15	95 720 %
16a 33 1/3% support test—2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization ►		
b 33 1/3% support test—2009. 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—2010. 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—2009. 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 a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ►		

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part 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 section 501(c)(3) organization, check this box and **stop here** ►**Section C. Computation of Public Support Percentage**

15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15
16 Public support percentage from 2009 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18
19a 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization ►	
b 33 1/3% support tests—2009. 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. Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE C

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

► Complete if the organization is described below.

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

2010

Open to Public
Inspection

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

• Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization
Lakeview Center Inc

Employer identification number

59-0737872

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

- 1** Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2** Political expenditures
- 3** Volunteer hours

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ► \$ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ► \$ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No

4a Was a correction made? Yes No

b If "Yes," describe in Part IV

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ► \$ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ► \$ _____

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ► \$ _____

4 Did the filing organization file **Form 1120-POL** for this year? Yes No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV

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

A Check <input checked="" type="checkbox"/> if the filing organization belongs to an affiliated group 			
B Check <input type="checkbox"/> 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)		0	0
b Total lobbying expenditures to influence a legislative body (direct lobbying)		1,472	216,698
c Total lobbying expenditures (add lines 1a and 1b)		1,472	216,698
d Other exempt purpose expenditures		146,112,387	632,951,444
e Total exempt purpose expenditures (add lines 1c and 1d)		146,113,859	633,168,142
f Lobbying nontaxable amount Enter the amount from the following table in both columns		1,000,000	6,400,219
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	1,600,056
h Subtract line 1g from line 1a If zero or less, enter -0-			
i Subtract line 1f from line 1c If zero or less, enter -0-			
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(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	282,417	186,922	192,223	216,698	878,260
d Grassroots non-taxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures	0	0	0	0	0

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

	(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?				
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
c Media advertisements?				
d Mailings to members, legislators, or the public?				
e Publications, or published or broadcast statements?				
f Grants to other organizations for lobbying purposes?				
g Direct contact with legislators, their staffs, government officials, or a legislative body?				
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i Other activities? If "Yes," describe in Part IV				
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 Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

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

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

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)	2a	
a Current year	2b	
b Carryover from last year	2c	
c Total	3	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	4	
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?	5	
5 Taxable amount of lobbying and political expenditures (see instructions)		

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 11. Also, complete this part for any additional information

Identifier	Return Reference	Explanation

2010

Open to Public
Inspection**SCHEDULE D**
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.
► Attach to Form 990. ► See separate instructions.

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? Yes 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 for any other purpose conferring impermissible private benefit? Yes 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)

Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area

Protection of natural habitat Preservation of a certified historic structure

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

	Held at the End of the Year
2a	
2b	
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, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ► _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? Yes 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 <input type="checkbox"/> Public exhibition	d <input type="checkbox"/> Loan or exchange programs
b <input type="checkbox"/> Scholarly research	e <input type="checkbox"/> Other
c <input type="checkbox"/> Preservation for future generations	

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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 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 the arrangement 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	2,352,960	2,134,950	2,058,824		
b Contributions	125,586	211,036	79,374		
c Investment earnings or losses	-161	6,974	-300		
d Grants or scholarships	0	0	0		
e Other expenditures for facilities and programs	178,670	0	2,948		
f Administrative expenses		0			
g End of year balance	2,299,715	2,352,960	2,134,950		

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

a Board designated or quasi-endowment ► 0 %

b Permanent endowment ► 2 890 %

c Term endowment ► 97 110 %

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

(i) unrelated organizations	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(ii) related organizations	<input type="checkbox"/> Yes	

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

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) Accumulated depreciation	(d) Book value
1a Land		2,419,393			2,419,393
b Buildings		17,078,419	9,387,798		7,690,621
c Leasehold improvements		436,242	274,018		162,224
d Equipment		13,622,847	9,221,885		4,400,962
e Other		3,943,016	0		3,943,016
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				18,616,216	

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
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
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.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
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
(1) Deposits	149,659
(2) Due From Affiliates	5,367,008
(3) Int in Net Assets-Foundation	1,919,170
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15.)	7,435,837

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

(a) Description of Liability	(b) Amount
Federal Income Taxes	0
Due to Affiliates	9,683
Total. (Column (b) should equal Form 990, Part X, col (B) line 25.)	9,683

2. Fin 48 (ASC 740) Footnote 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 (ASC 740)

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 Other losses	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. Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
INTENDED USE OF ENDOWMENT FUNDS	SCHEDULE D, PART V, LINE 4	RESTRICTED FUNDS TO BE USED FOR BEHAVIORAL MEDICAL SERVICES ENDOWMENT FUNDS ARE ALSO HELD BY BAPTIST HEALTH CARE FOUNDATION FOR THE BENEFIT OF LAKEVIEW CENTER, INC. THE ENDOWMENT FUNDS ARE TO PROVIDE RESOURCES TO SUPPORT CHILDREN'S SERVICES AT LAKEVIEW CENTER, INC
UNCERTAIN TAX POSITIONS DISCLOSURE	SCHEDULE D, PART X, LINE 2	MANAGEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDER THE GUIDANCE INCLUDED IN ASC 740 BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTIFIED ANY MATERIAL UNCERTAIN TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE FINANCIAL STATEMENTS

**Schedule I
(Form 990)**

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

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

► Attach to Form 990

2010

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization
Lakeview Center Inc

Employer identification number

59-0737872

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to 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. Part II can be duplicated if additional space is needed.

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to 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
(1) FOSTER CARE SUBSIDY	504	1,493,876			
(2) ADOPTION SUBSIDY	1278	3,238,126			
(3) INDEPENDENT LIVING SUBSIDY	211	6,065,533			

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS IN THE U.S.	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.

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
BOYS TOWN NORTH FLORIDA INC3555 COMMONWEALTH BLVD TALLAHASSEE, FL 32303	20-0655144	501(C)(3)	30,378				CHILD PROTECTIVE SVC
CARLTON PALMS EDUCATIONAL CENTER INC4185 KIRKWOOD STREET-ST GEORGES BEAR, DE 19701	59-2741162	N/A	5,259				CHILD PROTECTIVE SVC

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
CHILDREN IN CRISIS INC 1000 LUKES WAY FORT WALTON BEACH, FL 32547	65-1196220	501(C)(3)	292,916				CHILD PROTECTIVE SVC
COVENANT KID'S MANOR INC 830 BELHAVEN DR ORLANDO, FL 32828	59-3664515	501(C)(3)	11,440				CHILD PROTECTIVE SVC

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
ECKERD YOUTH ALTERNATIVES INC 100 STARCREST DRIVE CLEARWATER, FL 33765	59-2551416	501(C)(3)	57,551				CHILD PROTECTIVE SVC
FLORIDA BAPTIST CHILDREN'S HOMES INC 1015 SIKES BLVD LAKELAND, FL 33815	59-0657326	501(C)(3)	129,960				CHILD PROTECTIVE SVC

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
HOUSE OF HOPE GIRLS HOME INC 1540 IRISHWOOD COURT MIDDLEBURG, FL 32068	68-0649500	501(C)(3)	75,600				CHILD PROTECTIVE SVC
HOUSE OF SUNSHINE INDEPENDENT LIVING CHRISTIAN GRO 9243 PROSPERITY LAKE DRIVE JACKSONVILLE, FL 32244	03-0595110	501(C)(3)	51,120				CHILD PROTECTIVE SVC

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
INSPIRE GROUP INC 2221 S MONROE UNIT 2 TALLAHASSEE, FL 32301	13-4364718	501(C)(3)	144,130				CHILD PROTECTIVE SVC
LUTHERAN SERVICES FLORIDA INC 3627A WEST WATERS AVENUE TAMPA, FL 33614	59-2198911	501(C)(3)	461,823				CHILD PROTECTIVE SVC

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
PLEASANT PLACE INC 408 W UNIVERSITY AVE 203 GAINESVILLE, FL 32601	59-3171585	501(C)(3)	20,070				CHILD PROTECTIVE SVC
THE CHILDREN'S HOME SOCIETY OF FLORIDA 1485 S SEMORAN BLVD STE 1448 WINTER PARK, FL 32792	59-0192430	501(C)(3)	43,456				CHILD PROTECTIVE SVC

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
UNITED METHODIST CHILDREN'S HOMEPO BOX 830 SELMA, AL 36702	63-0302145	501(C)(3)	278,460				CHILD PROTECTIVE SVC
WORLD GOOD NEWS INC 4570 ST JOHNS AVE STE 3 JACKSONVILLE, FL 32210	59-1283134	501(C)(3)	53,955				CHILD PROTECTIVE SVC

Schedule J
(Form 990)**Compensation Information**

OMB No 1545-0047

2010Department of the Treasury
Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
► Attach to Form 990. ► See separate instructions.

Open to Public Inspection**Name of the organization**

Lakeview Center Inc

Employer identification number

59-0737872

Part I Questions Regarding Compensation

Yes

No

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed 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 any of the boxes in line 1a are 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 checked="" 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 with respect to the filing organization or a related organization

a Receive a severance payment or change-of-control payment from the organization or a related organization?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

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

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

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

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

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

For each individual whose compensation must be reported 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) Retirement and other 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 reportable compensation				
(1) GARY LOUIS BEMBRY	(i) 0 (ii) 322,142	0 45,592	0 247	0 120,767	0 18,366	0 507,114	0 0
(2) ANN BERNARD	(i) 134,077 0	16,927 0	216 0	9,381 0	2,292 0	162,893 0	0 0
(3) RICHARD JOHN GILMARTIN	(i) 176,527 0	23,468 0	234 0	12,865 0	9,433 0	222,528 0	0 0
(4) DENNIS GOODSPEED	(i) 140,551 0	19,326 0	6,404 0	11,122 0	14,553 0	191,956 0	0 0
(5) MARY ALLISON HILL	(i) 156,514 0	20,993 0	14,000 0	12,299 0	6,836 0	210,642 0	0 0
(6) SANDRA WHITAKER	(i) 145,400 0	16,843 0	940 0	10,255 0	1,081 0	174,519 0	0 0
(7) DR MYRON ALMOND	(i) 195,349 0	66,488 0	1,092 0	17,598 0	534 0	281,060 0	0 0
(8) DR LOKARANJIT CHALASANI	(i) 230,788 0	102,906 0	578 0	12,351 0	11,184 0	357,806 0	0 0
(9) DR ANNIE CHERIAN	(i) 223,428 0	26,438 0	23,875 0	14,747 0	3,400 0	291,887 0	0 0
(10) DR CYNTHIA JAVELLANA	(i) 189,075 0	65,450 0	8,265 0	17,737 0	4,429 0	284,955 0	0 0
(11) DR VENKATA SOMPALLI	(i) 170,720 0	156,121 0	20,480 0	18,299 0	9,669 0	375,289 0	0 0
(12)							
(13)							
(14)							
(15)							
(16)							

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

Identifier	Return Reference	Explanation
SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN	SCHEDULE J, PART I, LINE 4B	GARY L BEMBRY \$ 108,574
COMPENSATION FROM A RELATED ORGANIZATION	FORM 990, PART VII & SCHEDULE J, PART II	COMPENSATION FOR GARY BEMBRY IS PAID BY BAPTIST HEALTH CARE CORPORATION, A RELATED TAX EXEMPT ENTITY, FOR THE SERVICES PROVIDED TO LAKEVIEW CENTER, INC , AS CHIEF EXECUTIVE OFFICER

Schedule L

Transactions with Interested Persons

OMB No 1545-0047

2010

Department of the Treasury
Internal Revenue Service

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

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

**Open to Public
Inspection**

Name of the organization

Lakeview Center Inc

Employer identification number

59-073787

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

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

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

Part III Grants or Assistance Benefitting Interested Persons.

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) SEE PART V					

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation
BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS	SCHEDULE L, PART IV	(A) MARVIC GOODSPEED (B) SPOUSE OF DENNIS GOODSPEED, OFFICER (C) \$ 74,138 (D) MARVIC GOODSPEED, WIFE OF DENNIS GOODSPEED, RECEIVES COMPENSATION FOR SERVICES PERFORMED AS THE DIRECTOR OF NURSING PRACTICE AT LAKEVIEW CENTER, INC (E) NO (A) JARL T YOUNG (B) OFFICER OF GULF POWER (C) \$ 806,984 (D) JARL T YOUNG, IS A BOARD MEMBER OF LAKEVIEW CENTER, INC AND IS AN OFFICER OF GULF POWER, FROM WHICH LAKEVIEW CENTER RECEIVES ITS UTILITIES (E) NO

NonCash Contributions

OMB No 1545-0047

2010

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

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

Name of the organization
Lakeview Center Inc

Employer identification number

59-0737872

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining oncash contribution amounts
1 Art—Works of art . . .				
2 Art—Historical treasures .				
3 Art—Fractional interests .				
4 Books and publications .				
5 Clothing and household goods				
6 Cars and other vehicles .				
7 Boats and planes . . .				
8 Intellectual property . .				
9 Securities—Publicly traded .				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests .				
12 Securities—Miscellaneous .				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other . .				
15 Real estate—Residential .				
16 Real estate—Commercial .				
17 Real estate—Other . .				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies .	X	1	99,996	FAIR MARKET VALUE
21 Taxidermy				
22 Historical artifacts . .				
23 Scientific specimens . .				
24 Archeological artifacts .				
25 Other ►(_____)				
26 Other ►(_____)				
27 Other ►(_____)				
28 Other ►(_____)				
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . .			29	

	Yes	No
30a		
30a		No
31	Yes	
32a		
32a		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?

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?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?

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.

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

Schedule M (Form 990) 2010

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**

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

2010**Open to Public
Inspection****Name of the organization**

Lakeview Center Inc

Employer identification number

59-0737872

Identifier	Return Reference	Explanation
ORGANIZATIONS MISSION	FORM 990, PART I, LINE 1	ND EMPLOYMENT FOR PEOPLE WITH DISABILITIES. PEOPLE OF ALL AGES ARE INCLUDED IN THE SCOPE OF OUR SERVICES

Identifier	Return Reference	Explanation
OTHER PROGRAM SERVICES	FORM 990, PART III, LINE 4D	MANAGE THE MEDICAID PREPAID MENTAL HEALTH PLAN FOR OUR DISTRICT

Identifier	Return Reference	Explanation
MEMBERS	FORM 990, PART VI, SECTION A, LINE 6	BAPTIST HEALTH CARE CORPORATION, A FLORIDA CORPORATION NOT-FOR-PROFIT, IS THE SOLE MEMBER OF LAKEVIEW CENTER, INC. BAPTIST HEALTH CARE CORPORATION HAS THE RIGHT TO ELECT THE BOARD OF DIRECTORS OF LAKEVIEW CENTER, INC.

Identifier	Return Reference	Explanation
MEMBERS MAY ELECT MEMBERS OF THE GOVERNING BODY	FORM 990, SECTION A, LINE 7A	BAPTIST HEALTH CARE CORPORATION BEING THE SOLE MEMBER LAKEVIEW CENTER, INC , HAS THE RIGHT TO ELECT THE GOVERNING BODY OF LAKEVIEW CENTER, INC

Identifier	Return Reference	Explanation
GOVERNING BODY DECISIONS SUBJECT TO APPROVAL OF MEMBERS OR STOCKHOLDERS	FORM 990, PART VI SECTION A, LINE 7B	<p>THE FOLLOWING SHALL REQUIRE APPROVAL BY THE BAPTIST HEALTH CARE CORPORATION, THE SOLE MEMBER, BOARD OF DIRECTORS</p> <ul style="list-style-type: none"> A AMENDMENTS TO THE BYLAWS OF THE CORPORATION B ANNUAL CAPITAL AND OPERATING BUDGETS OF THE CORPORATION C THE INCURRENCE BY THE CORPORATION (AND ITS AFFILIATES IN AGGREGATE) OF ANY INDEBTEDNESS IN EXCESS OF \$500,000 BEFORE SUCH INDEBTEDNESS IS CONTRACTED AND BEFORE EVIDENCE OF SUCH INDEBTEDNESS IS ISSUED D TRANSFER BY THE CORPORATION (AND ITS AFFILIATES IN AGGREGATE) DURING ANY FISCAL YEAR OF ASSETS EXCEEDING \$100,000 IN NET VALUE E APPOINTMENT OF THE PRESIDENT/CEO OF THE CORPORATION AND THE APPOINTMENT, IF ANY, OF AN INTERIM PRESIDENT/CEO OF THE CORPORATION, EACH OF WHICH SHALL ALSO REQUIRE THE PRIOR APPROVAL OF THE CEO OF BAPTIST HEALTH CARE CORPORATION F THE SALE, LEASE, OR OTHER TRANSFER OF, OR THE ENTERING INTO OF ANY PARTNERSHIP, JOINT VENUTRE OR OTHER ARRANGEMENT INVOLVING 25% OR MORE, IN VALUE, OF THE CORPORATION'S ASSETS G THE MERGER OF THE CORPORATION INTO ANOTHER ENTITY, OR OF ANOTHER ENTITY INTO THE CORPORATION, OR THE CONSOLIDATION OF THE CORPORATION AND ANY OTHER ENTITY H THE LIQUIDATION OR DISSOLUTION OF THE CORPORATION I THE SALE OR TRANSFER BY BAPTIST HEALTH CARE CORPORATION OF ITS MEMBERSHIP INTEREST IN, OR ANY OF ITS RIGHTS AS A MEMBER OF THE CORPORATION J ANY AMENDMENT TO THE CORPORATION'S ARTICLES OF INCORPORATION K ANY AMENDMENT TO THE TERMS OF THE AFFILIATION AGREEMENT BETWEEN THE CORPORATION AND ITS SOLE MEMBER

Identifier	Return Reference	Explanation
FORM 990 REVIEW PROCESS	FORM 990, PART VI, SECTION B, LINE 11	AN INDEPENDENT ACCOUNTING FIRM PREPARES AND REVIEWS THE 990. THE 990 IS THEN REVIEWED BY THE ORGANIZATION'S MANAGEMENT PERSONNEL. ANY QUESTIONS AND CONCERNS THE ORGANIZATION'S MANAGEMENT PERSONNEL HAS ARE ADDRESSED AND ANY CORRECTIONS OR CLARIFICATIONS THAT NEED TO BE MADE ARE MADE. THE FINAL FORM 990 WITH ALL REQUIRED SCHEDULES IS THEN PROVIDED ELECTRONICALLY TO ALL VOTING MEMBERS OF THE BOARD PRIOR TO FILING THE 990 WITH THE IRS. ALL BOARD MEMBERS ARE INFORMED THAT A PAPER COPY OF THE FORM 990 IS AVAILABLE AT THE ORGANIZATION'S PRINCIPLE OFFICE.

Identifier	Return Reference	Explanation
MONITORING OF CONFLICT OF INTEREST POLICY	FORM 990, PART VI, SECTION B, LINE 12C	BOARD MEMBERS AND OFFICERS RECEIVE CORRESPONDENCE EACH YEAR THAT MUST BE COMPLETED AND SIGNED. THE CORRESPONDENCE INCLUDES A 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
COMPENSATION REVIEW	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
AVAILABILITY OF DOCUMENTS	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
CHANGES IN NET ASSETS	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS \$ (1,437,932) CHANGE IN INTEREST IN BHCF'S NET ASSETS \$ (5,379) ----- \$ (1,443,311)

SCHEDULE R
(Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2010

Department of the Treasury
Internal Revenue ServiceOpen to Public
Inspection

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
 ► Attach to Form 990. ► See separate instructions.

Name of the organization
Lakeview Center Inc

Employer identification number

59-0737872

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) BEHAVIORAL HEALTH SOLUTIONS LLC 1221 W LAKEVIEW AVENUE PENSACOLA, FL 32501 20-5421098	BEHAV HEALTH	FL	0	0	NA

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization
						Yes
See Additional Data Table						

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	(k) Percentage ownership
							Yes	No			
(1) BAPTIST MEDICAL PARK SURGERY CENTER LLC 9400 UNIVERSITY PKWY PENSACOLA, FL32514 59-3535262	AMBULATORY SURGER	FL	NA	NONE	0	0	No	0		No	0 %
(2) ENDOSCOPY CENTER OF GULF BREEZE LLC 1116 GULF BREEZE PKWY GULF BREEZE, FL32561 43-2086670	AMBULATORY SURGER	FL	NA	NONE	0	0	No	0		No	0 %
(3) PHYSICIANS LABORATORIES 14 WEST JORDAN STREET STE A PENSACOLA, FL32501 59-0879739	LABORATORY SERVIC	FL	NA	NONE	0	0	No	0		No	0 %
(4) BAPTIST IMAGING CENTER LLC 5330 N DAVIS HWY PENSACOLA, FL32503 26-1373637	DIAGNOSTIC TESTIN	FL	NA	NONE	0	0	No	0		No	0 %
(5) ANDREWS INSTITUTE ASC LLC 1040 GULF BREEZE PKWY GULF BREEZE, FL32561 35-2274952	AMBULATORY SURGER	FL	NA	NONE	0	0	No	0		No	0 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) BAPTIST HEALTH VENTURES INC 1717 NORTH E ST PENSACOLA, FL32501 59-2415910	ADMINISTRATIVE AN	FL	NA	C CORP	0	0	0 %
(2) BAPTIST URGENT CARE INC 1717 NORTH E ST PENSACOLA, FL32501 59-3622226	MEDICAL SERVICES	FL	NA	C CORP	0	0	0 %
(3) PENSACOLA POB INC 1717 NORTH E ST PENSACOLA, FL32501 59-2462399	LEASING AGENT	FL	NA	C CORP	0	0	0 %
(4) MOBILE DIAGNOSTICS INC 1717 NORTH E ST PENSACOLA, FL32501 59-2864191	MEDICAL SERVICES	FL	NA	C CORP	0	0	0 %
(5) MEDICAL PROFESSIONAL AGENCY INC 1717 NORTH E ST PENSACOLA, FL32501 59-2555835	MEDICAL SERVICES	FL	NA	C CORP	0	0	0 %
(6) THE TOWERS PHARMACY INC 1717 NORTH E ST PENSACOLA, FL32501 59-2667929	RETAIL SALES	FL	NA	C CORP	0	0	0 %
(7) LANGHORNE CARDIOLOGY CONSULTANTS INC 1717 NORTH E ST PENSACOLA, FL32501 59-2874324	MEDICAL SERVICES	FL	NA	C CORP	0	0	0 %

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)**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		No
1b		No
1c		No
1d	Yes	
1e	Yes	
1f		No
1g		No
1h		No
1i		No
1j	Yes	
1k	Yes	
1l		No
1m		No
1n		No
1o	Yes	
1p	Yes	
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	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) LAKEVIEW PLACE INC	E	112,823	
(2) LAKEVIEW PLACE INC	P	55,915	
(3)			
(4)			
(5)			
(6)			

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

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

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation
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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 section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled organization	
						Yes	No
BAPTIST HEALTH CARE CORPORATION 1717 N E STREET PENSACOLA, FL32501 59-2425151	HEALTHCARE	FL	501(C)(3)	11	NA		
BAPTIST HEALTH CARE FOUNDATION 1717 N E STREET PENSACOLA, FL32501 59-0192265	FUNDRAISING	FL	501(C)(3)	7	BHC		
BAPTIST HOSPITAL INC 1000 WEST MORENO STREET PENSACOLA, FL32501 59-0657322	HEALTH CARE	FL	501(C)(3)	3	BHC		
CMHC HERNANDEZ HOUSE INC 1221 WEST LAKEVIEW AVE PENSACOLA, FL32501 59-2041794	LOW COST HOUS	FL	501(C)(3)	9	NA		
ESCAMBIA COUNTY ALABAMA COMMUNITY HOSPIT 401 MEDICAL PARK DRIVE ATMORE, AL36502 63-1143638	HEALTH CARE	AL	501(C)(3)	3	BHC		
JAY HOSPITAL INC 14114 ALABAMA STREET JAY, FL32565 59-2425149	HEALTH CARE	FL	501(C)(3)	3	BHC		
LAKEVIEW PLACE INC 1221 WEST LAKEVIEW AVE PENSACOLA, FL32501 59-2804577	LOW COST HOUS	FL	501(C)(3)	9	NA		
LAKEVIEW VILLA INC 1221 WEST LAKEVIEW AVE PENSACOLA, FL32501 59-2842486	LOW COST HOUS	FL	501(C)(3)	9	NA		
THE BAPTIST MANOR INC 10095 HILLVIEW RD PENSACOLA, FL32514 59-2455515	HEALTH CARE	FL	501(C)(3)	9	BHC		
GLOBAL CONNECTIONS FOR EMPLOYMENT INC 1221 WEST LAKEVIEW AVE PENSACOLA, FL32501 26-0441675	EMPLOYMENT SV	FL	501(C)(3)	9	BHC		
ANDREWS-PAULOS RESEARCH & EDUCATION INST 1040 GULF BREEZE PARKWAY GULF BREEZE, FL32561 26-3263612	REASEARCH	FL	501(C)(3)	9	BHC		

Form 990, Schedule R, 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 AN	FL	NA	C CORP	0	0	0 %
BAPTIST URGENT CARE INC 1717 NORTH E ST PENSACOLA, FL32501 59-3622226	MEDICAL SERVICES	FL	NA	C CORP	0	0	0 %
PENSACOLA POB INC 1717 NORTH E ST PENSACOLA, FL32501 59-2462399	LEASING AGENT	FL	NA	C CORP	0	0	0 %
MOBILE DIAGNOSTICS INC 1717 NORTH E ST PENSACOLA, FL32501 59-2864191	MEDICAL SERVICES	FL	NA	C CORP	0	0	0 %
MEDICAL PROFESSIONAL AGENCY INC 1717 NORTH E ST PENSACOLA, FL32501 59-2555835	MEDICAL SERVICES	FL	NA	C CORP	0	0	0 %
THE TOWERS PHARMACY INC 1717 NORTH E ST PENSACOLA, FL32501 59-2667929	RETAIL SALES	FL	NA	C CORP	0	0	0 %
LANGHORNE CARDIOLOGY CONSULTANTS INC 1717 NORTH E ST PENSACOLA, FL32501 59-2874324	MEDICAL SERVICES	FL	NA	C CORP	0	0	0 %

TY 2010 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:** **Total Grassroots Lobbying:** 0**Total Direct Lobbying:** 1,472**Total Lobbying Expenditures:** 1,472**Other Exempt Purpose
Expenditures:** 146,112,387**Total Exempt Purpose
Expenditures:** 146,113,859**Lobbying Nontaxable Amount:** 1,000,000**Grassroots Nontaxable Amount:** 250,000**Tot Lobbying Grassroot Minus Non** 0**Tx:****Tot Lobby Expend Mns Lobbying** 0**Non Tx:****Share Of Excess Lobbying:** 0**Affiliated Group Business Name:** ANDREWS-PAULOS RESEARCH & ED**Address. Either US or Foreign** 1040 GULF BREEZE PARKWAY
Type: GULF BREEZE, FL 32561**EIN:** 26-3263612**Electing Organization Checkbox:** **Total Grassroots Lobbying:** 0**Total Direct Lobbying:** 0**Total Lobbying Expenditures:** 0**Other Exempt Purpose
Expenditures:** 1,522,547**Total Exempt Purpose
Expenditures:** 1,522,547**Lobbying Nontaxable Amount:** 226,127**Grassroots Nontaxable Amount:** 56,532**Tot Lobbying Grassroot Minus Non** 0**Tx:****Tot Lobby Expend Mns Lobbying** 0**Non Tx:****Share Of Excess Lobbying:** 0

Affiliated Group Business Name: BAPTIST HEALTH CARE CORPORAT

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: 193,298

Total Lobbying Expenditures: 193,298

Other Exempt Purpose Expenditures: 36,553,091

Total Exempt Purpose Expenditures: 36,746,389

Lobbying Nontaxable Amount: 1,000,000

Grassroots Nontaxable Amount: 250,000

Tot Lobbying Grassroot Minus Non 0

Tx:

Tot Lobby Expend Mns Lobbying 0

Non Tx:

Share Of Excess Lobbying: 0

Affiliated Group Business Name: BAPTIST HEALTH CARE FOUNDATI

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: 2,051,812

Total Exempt Purpose Expenditures: 2,051,812

Lobbying Nontaxable Amount: 252,591

Grassroots Nontaxable Amount: 63,148

Tot Lobbying Grassroot Minus Non 0

Tx:

Tot Lobby Expend Mns Lobbying 0

Non Tx:

Share Of Excess Lobbying: 0

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:

14,320

Total Lobbying Expenditures:

14,320

**Other Exempt Purpose
Expenditures:**

393,775,723

**Total Exempt Purpose
Expenditures:**

393,790,043

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

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:**

52,211

**Total Exempt Purpose
Expenditures:**

52,211

Lobbying Nontaxable Amount:

10,442

Grassroots Nontaxable Amount:

2,611

**Tot Lobbying Grassroot Minus Non
Tx:**

0

**Tot Lobby Expend Mns Lobbying
Non Tx:**

0

Share Of Excess Lobbying:

0

Affiliated Group Business Name:

ESCAMBIA COUNTY ALABAMA COMM

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:

7,608

Total Lobbying Expenditures:

7,608

**Other Exempt Purpose
Expenditures:**

21,357,086

**Total Exempt Purpose
Expenditures:**

21,364,694

Lobbying Nontaxable Amount:

1,000,000

Grassroots Nontaxable Amount:

250,000

Tot Lobbying Grassroot Minus Non

0

Tx:**Tot Lobby Expend Mns Lobbying**

0

Non Tx:**Share Of Excess Lobbying:**

0

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:**

16,924,421

**Total Exempt Purpose
Expenditures:**

16,924,421

Lobbying Nontaxable Amount:

996,221

Grassroots Nontaxable Amount:

249,055

Tot Lobbying Grassroot Minus Non

0

Tx:**Tot Lobby Expend Mns Lobbying**

0

Non Tx:**Share Of Excess Lobbying:**

0

Affiliated Group Business Name:

LAKEVIEW PLACE INC

Address. Either US or Foreign1221 W LAKEVIEW AVENUE
PENSACOLA, FL 325011836**Type:**

59- 2804577

EIN:**Electing Organization Checkbox:****Total Grassroots Lobbying:**

0

Total Direct Lobbying:

0

Total Lobbying Expenditures:

0

**Other Exempt Purpose
Expenditures:**

79,956

**Total Exempt Purpose
Expenditures:**

79,956

Lobbying Nontaxable Amount:

15,991

Grassroots Nontaxable Amount:

3,998

**Tot Lobbying Grassroot Minus Non
Tx:**

0

**Tot Lobby Expend Mns Lobbying
Non Tx:**

0

Share Of Excess Lobbying:

0

Affiliated Group Business Name:

LAKEVIEW VILLA INC

Address. Either US or Foreign1221 W LAKEVIEW AVENUE
PENSACOLA, FL 325011836**Type:**

59- 2842486

EIN:**Electing Organization Checkbox:****Total Grassroots Lobbying:**

0

Total Direct Lobbying:

0

Total Lobbying Expenditures:

0

**Other Exempt Purpose
Expenditures:**

151,576

**Total Exempt Purpose
Expenditures:**

151,576

Lobbying Nontaxable Amount:

30,315

Grassroots Nontaxable Amount:

7,579

**Tot Lobbying Grassroot Minus Non
Tx:**

0

**Tot Lobby Expend Mns Lobbying
Non Tx:**

0

Share Of Excess Lobbying:

0

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: 14,370,634

Total Exempt Purpose Expenditures: 14,370,634

Lobbying Nontaxable Amount: 868,532

Grassroots Nontaxable Amount: 217,133

Tot Lobbying Grassroot Minus Non Tx: 0

Tot Lobby Expend Mns Lobbying Non Tx: 0

Share Of Excess Lobbying: 0