

<b>Form 5500</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Annual Return/Report of Employee Benefit Plan</b> This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).  <p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p>	OMB Nos. 1210-0110 1210-0089  <b>2019</b>  <b>This Form is Open to Public Inspection</b>
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<b>Part I</b>	<b>Annual Report Identification Information</b> For calendar plan year 2019 or fiscal plan year beginning <u>01/01/2019</u> and ending <u>12/31/2019</u>
<b>A</b> This return/report is for:	<input type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) <input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) _____
<b>B</b> This return/report is:	<input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report <input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)
<b>C</b> If the plan is a collectively-bargained plan, check here. . . . . <input type="checkbox"/>	
<b>D</b> Check box if filing under:	<input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input checked="" type="checkbox"/> the DFVC program <input type="checkbox"/> special extension (enter description)

<b>Part II</b>	<b>Basic Plan Information</b> —enter all requested information		
<b>1a</b> Name of plan  <u>LIFESTREAM BEHAVIORAL CENTER EMPLOYEE PENSION PLAN</u>	<b>1b</b> Three-digit plan number (PN) ▶	<u>002</u>	
<b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)  <u>LIFESTREAM BEHAVIORAL CENTER</u>  <u>P.O. BOX 491000</u> <u>515 W. MAIN STREET</u> <u>LEESBURG, FL 34749</u> <u>LEESBURG, FL 34748</u>		<b>1c</b> Effective date of plan <u>07/01/1993</u>	<b>2b</b> Employer Identification Number (EIN) <u>59-1561501</u>
<b>2c</b> Plan Sponsor's telephone number <u>352-315-7500</u>		<b>2d</b> Business code (see instructions) <u>621112</u>	

**Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.**

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	09/15/2021	CAROL DOZIER
	<b>Signature of plan administrator</b>	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	<b>Signature of employer/plan sponsor</b>	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	<b>Signature of DFE</b>	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2019)  
v. 190130

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN  <b>3c</b> Administrator's telephone number  <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN  <b>4d</b> PN
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b> 823
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).  <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year .....  <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....  <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....	<div style="background-color: #cccccc; height: 20px; width: 100%;"></div> <b>6a(1)</b> 648 <b>6a(2)</b> 797 <b>6b</b> <b>6c</b> 208 <b>6d</b> 1005 <b>6e</b> <b>6f</b> 1005 <b>6g</b> 657 <b>6h</b> 49
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>
<b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2L 2F 2G 2T  <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	

<b>9a</b> Plan funding arrangement (check all that apply) <b>(1)</b> <input checked="" type="checkbox"/> Insurance <b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts <b>(3)</b> <input checked="" type="checkbox"/> Trust <b>(4)</b> <input type="checkbox"/> General assets of the sponsor	<b>9b</b> Plan benefit arrangement (check all that apply) <b>(1)</b> <input checked="" type="checkbox"/> Insurance <b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts <b>(3)</b> <input checked="" type="checkbox"/> Trust <b>(4)</b> <input type="checkbox"/> General assets of the sponsor
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**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

**a Pension Schedules**

- (1)** ☒ **R** (Retirement Plan Information)
- (2)** ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3)** ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

**b General Schedules**

- (1)** ☒ **H** (Financial Information)
- (2)** ☐ **I** (Financial Information – Small Plan)
- (3)** ☒ 1 **A** (Insurance Information)
- (4)** ☒ **C** (Service Provider Information)
- (5)** ☐ **D** (DFE/Participating Plan Information)
- (6)** ☐ **G** (Financial Transaction Schedules)

**Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)**

**11a** If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

**11b** Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

**11c** Enter the Receipt Confirmation Code for the 2019 Form M-1 annual report. If the plan was not required to file the 2019 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code \_\_\_\_\_

<b>SCHEDULE A</b> <b>(Form 5500)</b> Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	<b>Insurance Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  ▶ <b>File as an attachment to Form 5500.</b>  ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110  <b>2019</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019		
<b>A</b> Name of plan LIFESTREAM BEHAVIORAL CENTER EMPLOYEE PENSION PLAN	<b>B</b> Three-digit plan number (PN) ▶	002
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 LIFESTREAM BEHAVIORAL CENTER	<b>D</b> Employer Identification Number (EIN) 59-1561501	

<b>Part I</b>	<b>Information Concerning Insurance Contract Coverage, Fees, and Commissions</b> Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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<b>1</b> Coverage Information:
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<b>(a)</b> Name of insurance carrier VARIABLE ANNUITY LIFE INSURANCE COMPANY					
<b>(b)</b> EIN	<b>(c)</b> NAIC code	<b>(d)</b> Contract or identification number	<b>(e)</b> Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				<b>(f)</b> From	<b>(g)</b> To
74-1625348	70238	49583	658	01/01/2019	12/31/2019

<b>2</b> Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.	
<b>(a)</b> Total amount of commissions paid 12199	<b>(b)</b> Total amount of fees paid

<b>3</b> Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).	
<b>(a)</b> Name and address of the agent, broker, or other person to whom commissions or fees were paid	
GABOURY, CURT C 2929 ALLEN PARKWAY HOUSTON, TX 77019	

<b>(b)</b> Amount of sales and base commissions paid	Fees and other commissions paid		<b>(e)</b> Organization code
	<b>(c)</b> Amount	<b>(d)</b> Purpose	
11265			3

<b>(a)</b> Name and address of the agent, broker, or other person to whom commissions or fees were paid			
SORRENTINO, VINCE 2929 ALLEN PARKWAY HOUSTON, TX 77019			

<b>(b)</b> Amount of sales and base commissions paid	Fees and other commissions paid		<b>(e)</b> Organization code
	<b>(c)</b> Amount	<b>(d)</b> Purpose	
573			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

HUDAK, GREGG A

2929 ALLEN PARKWAY  
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
282			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

PATTERSON, PETER M

2929 ALLEN PARKWAY  
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
79			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

**Part II Investment and Annuity Contract Information**

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

<b>4</b> Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>	3250562
<b>5</b> Current value of plan's interest under this contract in separate accounts at year end .....	<b>5</b>	6891302

**6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶

<b>b</b> Premiums paid to carrier.....	<b>6b</b>	
<b>c</b> Premiums due but unpaid at the end of the year.....	<b>6c</b>	
<b>d</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. .... Specify nature of costs ▶	<b>6d</b>	

**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity  
(3) ☐ other (specify) ▶

**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

**a** Type of contract: (1) ☒ deposit administration (2) ☐ immediate participation guarantee  
(3) ☐ guaranteed investment (4) ☐ other ▶

<b>b</b> Balance at the end of the previous year.....	<b>7b</b>	3279980
<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>	175117
(2) Dividends and credits .....	<b>7c(2)</b>	0
(3) Interest credited during the year .....	<b>7c(3)</b>	85805
(4) Transferred from separate account.....	<b>7c(4)</b>	6636
(5) Other (specify below) .....	<b>7c(5)</b>	0
▶		
(6) Total additions.....	<b>7c(6)</b>	267558
<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b>	3547538
<b>e</b> Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year .....	<b>7e(1)</b>	278398
(2) Administration charge made by carrier .....	<b>7e(2)</b>	0
(3) Transferred to separate account.....	<b>7e(3)</b>	11101
(4) Other (specify below) .....	<b>7e(4)</b>	7477
▶ <b>CONTRACT SURRENDER CHARGES</b>		
(5) Total deductions.....	<b>7e(5)</b>	296976
<b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ) .....	<b>7f</b>	3250562

**Part III Welfare Benefit Contract Information**

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

**8** Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)     
 **b** ☐ Dental     
 **c** ☐ Vision     
 **d** ☐ Life insurance  
**e** ☐ Temporary disability (accident and sickness)     
 **f** ☐ Long-term disability     
 **g** ☐ Supplemental unemployment     
 **h** ☐ Prescription drug  
**i** ☐ Stop loss (large deductible)     
 **j** ☐ HMO contract     
 **k** ☐ PPO contract     
 **l** ☐ Indemnity contract  
**m** ☐ Other (specify) ▶

**9** Experience-rated contracts:

<b>a</b> Premiums: (1) Amount received.....	<b>9a(1)</b>		
(2) Increase (decrease) in amount due but unpaid.....	<b>9a(2)</b>		
(3) Increase (decrease) in unearned premium reserve .....	<b>9a(3)</b>		
(4) Earned ((1) + (2) - (3)).....		<b>9a(4)</b>	
<b>b</b> Benefit charges (1) Claims paid.....	<b>9b(1)</b>		
(2) Increase (decrease) in claim reserves.....	<b>9b(2)</b>		
(3) Incurred claims (add (1) and (2)) .....		<b>9b(3)</b>	
(4) Claims charged .....		<b>9b(4)</b>	
<b>c</b> Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions .....	<b>9c(1)(A)</b>		
(B) Administrative service or other fees.....	<b>9c(1)(B)</b>		
(C) Other specific acquisition costs .....	<b>9c(1)(C)</b>		
(D) Other expenses.....	<b>9c(1)(D)</b>		
(E) Taxes .....	<b>9c(1)(E)</b>		
(F) Charges for risks or other contingencies.....	<b>9c(1)(F)</b>		
(G) Other retention charges .....	<b>9c(1)(G)</b>		
(H) Total retention.....		<b>9c(1)(H)</b>	
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.).....		<b>9c(2)</b>	
<b>d</b> Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....		<b>9d(1)</b>	
(2) Claim reserves .....		<b>9d(2)</b>	
(3) Other reserves.....		<b>9d(3)</b>	
<b>e</b> Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....		<b>9e</b>	

**10** Nonexperience-rated contracts:

<b>a</b> Total premiums or subscription charges paid to carrier .....	<b>10a</b>	
<b>b</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.....	<b>10b</b>	

Specify nature of costs.

**Part IV Provision of Information**

**11** Did the insurance company fail to provide any information necessary to complete Schedule A? ..... ☐ Yes ☒ No

**12** If the answer to line 11 is "Yes," specify the information not provided. ▶

<b>SCHEDULE C</b> <b>(Form 5500)</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  ▶ <b>File as an attachment to Form 5500.</b>	OMB No. 1210-0110
		<b>2019</b>
		<b>This Form is Open to Public Inspection.</b>

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019		
<b>A</b> Name of plan LIFESTREAM BEHAVIORAL CENTER EMPLOYEE PENSION PLAN	<b>B</b> Three-digit plan number (PN) ▶	002
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 LIFESTREAM BEHAVIORAL CENTER	<b>D</b> Employer Identification Number (EIN) 59-1561501	

<b>Part I</b>	<b>Service Provider Information (see instructions)</b>
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You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☐ Yes ☒ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**2. Information on Other Service Providers Receiving Direct or Indirect Compensation.** Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

VARIABLE ANNUITY LIFE INSURANCE CO

74-1625348

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 28 29 33 49 52 58 59 60 64 66 72 99	NO RELATIONSHIP	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**2. Information on Other Service Providers Receiving Direct or Indirect Compensation.** Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**Part I Service Provider Information (continued)**

**3.** If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

**Part II Service Providers Who Fail or Refuse to Provide Information**

**4** Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

**Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)**  
(complete as many entries as needed)

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  <b>► File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2019</b>  <b>This Form is Open to Public Inspection</b>
For calendar plan year 2019 or fiscal plan year beginning <u>01/01/2019</u> and ending <u>12/31/2019</u>		
<b>A</b> Name of plan <u>LIFESTREAM BEHAVIORAL CENTER EMPLOYEE PENSION PLAN</u>		<b>B</b> Three-digit plan number (PN) <span style="float: right;">►</span> <u>002</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>LIFESTREAM BEHAVIORAL CENTER</u>		<b>D</b> Employer Identification Number (EIN) <u>59-1561501</u>

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
<b>1</b> Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. <b>Round off amounts to the nearest dollar.</b> MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.				
	<b>Assets</b>			
<b>a</b>	Total noninterest-bearing cash .....	<b>1a</b>		
<b>b</b>	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions.....	<b>1b(1)</b>	36990	232229
	(2) Participant contributions.....	<b>1b(2)</b>		188669
	(3) Other.....	<b>1b(3)</b>		
<b>c</b>	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	<b>1c(1)</b>		
	(2) U.S. Government securities .....	<b>1c(2)</b>		
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred .....	<b>1c(3)(A)</b>		
	(B) All other.....	<b>1c(3)(B)</b>		
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred .....	<b>1c(4)(A)</b>		
	(B) Common.....	<b>1c(4)(B)</b>		
	(5) Partnership/joint venture interests .....	<b>1c(5)</b>		
	(6) Real estate (other than employer real property).....	<b>1c(6)</b>		
	(7) Loans (other than to participants) .....	<b>1c(7)</b>		
	(8) Participant loans.....	<b>1c(8)</b>		
	(9) Value of interest in common/collective trusts .....	<b>1c(9)</b>		
	(10) Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
	(11) Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
	(12) Value of interest in 103-12 investment entities.....	<b>1c(12)</b>		
	(13) Value of interest in registered investment companies (e.g., mutual funds).....	<b>1c(13)</b>	5647645	6891302
	(14) Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>	3279980	3250562
	(15) Other.....	<b>1c(15)</b>		

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities .....	<b>1d(1)</b>		
(2) Employer real property .....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation .....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e) .....	<b>1f</b>	8964615	10562762

**Liabilities**

<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables .....	<b>1h</b>		
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities .....	<b>1j</b>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j) .....	<b>1k</b>		

**Net Assets**

<b>l</b> Net assets (subtract line 1k from line 1f) .....	<b>1l</b>	8964615	10562762
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**Part II Income and Expense Statement**

- 2** Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

**Income**

		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>	1003252	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>	194588	
<b>(C)</b> Others (including rollovers) .....	<b>2a(1)(C)</b>	0	
(2) Noncash contributions .....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		1197840
<b>b Earnings on investments:</b>			
(1) Interest:			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....	<b>2b(1)(A)</b>		
<b>(B)</b> U.S. Government securities .....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans .....	<b>2b(1)(E)</b>		
<b>(F)</b> Other .....	<b>2b(1)(F)</b>	85805	
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		85805
(2) Dividends: <b>(A)</b> Preferred stock .....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds) .....	<b>2b(2)(C)</b>		
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		
(3) Rents.....	<b>2b(3)</b>		
(4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>		
<b>(B)</b> Aggregate carrying amount (see instructions) .....	<b>2b(4)(B)</b>		
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....	<b>2b(4)(C)</b>		
(5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other .....	<b>2b(5)(B)</b>		
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		



		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts .....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts .....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities .....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	2b(10)		1376130
c Other income .....	2c		
d Total income. Add all <b>income</b> amounts in column (b) and enter total .....	2d		2659775

**Expenses**

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	2e(1)	1013690	
(2) To insurance carriers for the provision of benefits .....	2e(2)		
(3) Other .....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3) .....	2e(4)		1013690
f Corrective distributions (see instructions) .....	2f		47938
g Certain deemed distributions of participant loans (see instructions) .....	2g		
h Interest expense .....	2h		
i Administrative expenses: (1) Professional fees .....	2i(1)		
(2) Contract administrator fees .....	2i(2)		
(3) Investment advisory and management fees .....	2i(3)		
(4) Other .....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4) .....	2i(5)		
j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	2j		1061628

**Net Income and Reconciliation**

k Net income (loss). Subtract line 2j from line 2d .....	2k		1598147
l Transfers of assets:			
(1) To this plan .....	2l(1)		
(2) From this plan .....	2l(2)		

**Part III Accountant's Opinion**

**3** Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

**a** The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unmodified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

**b** Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☒ Yes ☐ No

**c** Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: **PURVIS GRAY AND COMPANY**

(2) EIN: **59-0548468**

**d** The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

**Part IV Compliance Questions**

**4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

**a** Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) .....

**b** Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) .....

	Yes	No	Amount
4a	X		44788
4b		X	

	Yes	No	Amount
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
<b>4c</b>		X	
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
<b>4d</b>		X	
<b>e</b> Was this plan covered by a fidelity bond?	X		1000000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>4f</b>		X	
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>4g</b>		X	
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>4h</b>		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>4i</b>	X		
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)		X	
<b>4j</b>		X	
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>4k</b>		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>4l</b>		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
<b>4m</b>		X	
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
<b>4n</b>			

**5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☐ No  
If "Yes," enter the amount of any plan assets that reverted to the employer this year \_\_\_\_\_.

**5b** If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

**5c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☐ Yes ☐ No ☐ Not determined  
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year \_\_\_\_\_. (See instructions.)

<b>SCHEDULE R</b> <b>(Form 5500)</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Retirement Plan Information</b>  This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).  ▶ <b>File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2019</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

<b>A</b> Name of plan <u>LIFESTREAM BEHAVIORAL CENTER EMPLOYEE PENSION PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶ <u>002</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>LIFESTREAM BEHAVIORAL CENTER</u>	<b>D</b> Employer Identification Number (EIN) <u>59-1561501</u>

<b>Part I</b>	<b>Distributions</b>
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All references to distributions relate only to payments of benefits during the plan year.

<b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions .....	<b>1</b>	
<b>2</b> Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):  EIN(s): <u>76-0519990</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
<b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....	<b>3</b>	

<b>Part II</b>	<b>Funding Information</b> (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
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<b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
If the plan is a defined benefit plan, go to line 8.			
<b>5</b> If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....	<b>6a</b>		
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....	<b>6b</b>		
<b>c</b> Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) .....	<b>6c</b>		
If you completed line 6c, skip lines 8 and 9.			
<b>7</b> Will the minimum funding amount reported on line 6c be met by the funding deadline? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<b>8</b> If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

<b>Part III</b>	<b>Amendments</b>
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<b>9</b> If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box .....	<input type="checkbox"/> Increase	<input type="checkbox"/> Decrease	<input type="checkbox"/> Both	<input type="checkbox"/> No
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<b>Part IV</b>	<b>ESOPs</b> (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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<b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>11 a</b> Does the ESOP hold any preferred stock? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>b</b> If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Schedule R (Form 5500) 2019  
v. 190130

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

**13** Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

- 14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

<b>a</b> The current year .....	<b>14a</b>	
<b>b</b> The plan year immediately preceding the current plan year .....	<b>14b</b>	
<b>c</b> The second preceding plan year .....	<b>14c</b>	

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

<b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....	<b>15a</b>	
<b>b</b> The corresponding number for the second preceding plan year .....	<b>15b</b>	

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

<b>a</b> Enter the number of employers who withdrew during the preceding plan year .....	<b>16a</b>	
<b>b</b> If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers .....	<b>16b</b>	

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

**Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans**

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

- 19** If the total number of participants is 1,000 or more, complete lines (a) through (c)

**a** Enter the percentage of plan assets held as:  
 Stock: \_\_\_\_\_% Investment-Grade Debt: \_\_\_\_\_% High-Yield Debt: \_\_\_\_\_% Real Estate: \_\_\_\_\_% Other: \_\_\_\_\_%

**b** Provide the average duration of the combined investment-grade and high-yield debt:  
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

**c** What duration measure was used to calculate line 19(b)?  
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): \_\_\_\_\_

- 20 PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

**a** Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

**b** If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:  
☐ Yes.  
☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.  
☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.  
☐ No. Other. Provide explanation \_\_\_\_\_

# 2019

Lifestream Behavioral Center Employee Pension Plan

Financial Statements and  
Independent Auditor's Report

December 31, 2019

**FINANCIAL STATEMENTS  
AND  
INDEPENDENT AUDITOR’S REPORT**

**LIFESTREAM BEHAVIORAL CENTER  
EMPLOYEE PENSION PLAN  
LEESBURG, FLORIDA**

**DECEMBER 31, 2019**

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## INDEPENDENT AUDITOR'S REPORT

Plan Administrator  
Lifestream Behavioral Center  
Employee Pension Plan  
Leesburg, Florida

### Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Lifestream Behavioral Center Employee Pension Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2019 and 2018, the related statement of changes in net assets available for benefits for the year then ended December 31, 2019, and the related notes to the financial statements.

### Management's Responsibility for the Financial Statements

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

### Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

### Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note E, which was certified by Variable Annuity Life Insurance Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the Plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the trustee, as of and for the years ended December 31, 2019 and 2018, that the information provided to the Plan administrator by the trustee is complete and accurate.

## CERTIFIED PUBLIC ACCOUNTANTS

*Gainesville | Ocala | Tallahassee | Sarasota | Orlando | Lakeland*  
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Members of American and Florida Institutes of Certified Public Accountants

An Independent Member of the BDO Alliance USA



Plan Administrator  
Lifestream Behavioral Center  
Employee Pension Plan  
Leesburg, Florida

## **INDEPENDENT AUDITOR'S REPORT**

### **Disclaimer of Opinion**

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

### **Other Matter**

The supplemental schedule of assets held at end of year as of December 31, 2019, is required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule referred to above.

### **Report on Form and Content in Compliance with DOL's Rules and Regulations**

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure ERISA.



August 11, 2021  
Ocala, Florida

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**  
**DECEMBER 31, 2019 AND 2018**  
**LIFESTREAM BEHAVIORAL CENTER**  
**EMPLOYEE PENSION PLAN**  
**LEESBURG, FLORIDA**

	<u>2019</u>	<u>2018</u>
<b>Assets</b>		
Investments, at Fair Value:		
Mutual Funds	\$ 6,891,302	\$ 5,647,645
Investments at Contract Value:		
Funds Held in Insurance Company General Account	3,250,562	3,279,981
Total Investments	<u>10,141,864</u>	<u>8,927,626</u>
Receivables:		
Employee Contribution	188,669	-
Employer Contribution	232,229	36,989
Total Other Assets	<u>420,898</u>	<u>36,989</u>
<b>Total Assets</b>	<u>10,562,762</u>	<u>8,964,615</u>
<b>Total Liabilities</b>	<u>-</u>	<u>-</u>
<b>Net Assets Available for Benefits</b>	<u><u>\$ 10,562,762</u></u>	<u><u>\$ 8,964,615</u></u>

See accompanying notes.

**STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**  
**FOR THE YEAR ENDED DECEMBER 31, 2019**  
**LIFESTREAM BEHAVIORAL CENTER**  
**EMPLOYEE PENSION PLAN**  
**LEESBURG, FLORIDA**

	<u>2019</u>
<b>Additions</b>	
Investment Income:	
Interest	\$ 85,805
Net Appreciation in Fair Value of Investments	1,376,130
Net Investment Income	<u>1,461,935</u>
Contributions:	
Employer	1,003,252
Employee	194,588
Net Contributions	<u>1,197,840</u>
<b>Total Additions</b>	<u>2,659,775</u>
<b>Deductions from Net Assets Attributed to</b>	
Benefits Paid to Participants	1,013,690
Corrective Distributions	47,938
<b>(Total Deductions)</b>	<u>(1,061,628)</u>
<b>Appreciation in Net Assets Available for Plan Benefits</b>	1,598,147
<b>Net Assets Available for Plan Benefits, Beginning of Year</b>	<u>8,964,615</u>
<b>Net Assets Available for Plan Benefits, End of Year</b>	<u><u>\$ 10,562,762</u></u>

See accompanying notes.

**NOTES TO FINANCIAL STATEMENTS**  
**LIFESTREAM BEHAVIORAL CENTER**  
**EMPLOYEE PENSION PLAN**  
**LEESBURG, FLORIDA**

**A. Description of the Plan**

The following description of the LifeStream Behavioral Center Employee Pension Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

*General*—The Plan is a defined contribution 403(b) plan established July 1, 1993, amended and effectively restated as of January 1, 2005. The Plan covers employees of LifeStream Behavioral Center, Inc. (employer) who work at least one thousand hours per year, have one year of service, and have attained the age of 21. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan consists of fixed accounts backed by the general assets of the Variable Annuity Life Insurance Company (VALIC) and separate accounts, which invest in mutual funds.

On July 1, 2019, the employer adopted an amendment to the Plan, "New Option". The eligibility requirements remain the same; however, all participants hired on or after July 1, 2019, are only eligible to participate in the New Option of the Plan. All employees participating in the original Plan can elect to leave the original Plan and begin participating in the New Option.

*Contributions*—For the original Plan, the employer contributed 5% of employees' compensation to the Plan during the year. The percentage contribution is discretionary as determined by the employer. Employees make no contributions under the original Plan. For the New Option, employees can make contributions to the New Option and are matched by the employer based on a percentage election noted below:

<u>Description</u>	<u>Original Option</u>	<u>New Option</u>
Contribution %	5%	3%, Plus 1% D – 4% 2% of Elective – 5% 3% of Elective – 6%
Elective Contributions	Contributions will continue to be remitted to the existing 403(b) Plan, which is not subject to ERISA.	A new account for employees was created for contributions under this Plan. Contributions in the existing 403(b) Plan will be suspended and all new contributions will be remitted under this Plan, if the participant elects to change to the newly amended Plan.

*Participant Accounts*—Participants direct the investment of their contributions into various investment options offered by the Plan. Each participant's account is credited with the allocations of the employer's contribution. Plan earnings are allocated based on participant account balances. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account.

*Vesting*—Employer contributions do not vest until after three years of service, at which time they become 100% vested.

**NOTES TO FINANCIAL STATEMENTS**  
**LIFESTREAM BEHAVIORAL CENTER**  
**EMPLOYEE PENSION PLAN**  
**LEESBURG, FLORIDA**

*Forfeited Accounts*—Plan forfeitures are created when participants terminate employment before becoming entitled to their full benefits under the Plan. Forfeitures are credited to a forfeiture account to be offset against future employer contributions. Forfeitures were \$130,483 during the December 31, 2019, Plan year. As of December 31, 2019, the balance of forfeited non-vested amount was \$114,997.

*Participant Loans*—The Plan does not allow participants to borrow funds, whether vested or not.

*Payment of Benefits*—Upon retirement (with normal retirement age of 65 for the original Plan or, for the New Option, the later of age 65 or the 5<sup>th</sup> anniversary of participation in the New Option), participants may elect to receive either a single lump-sum payment equal to the value of their account or installments. Upon termination of service, a participant with less than \$1,000 vested will receive a cash distribution. Participants with more than \$1,000 and less than \$5,000 vested have the option of a cash distribution or a direct rollover. If the account's value, excluding any rollovers, exceeds \$5,000, the participant may elect to continue in the Plan with the existing balance.

**B. Summary of Accounting Policies**

*Basis of Accounting*—The financial statements of the Plan are prepared under the accrual method of accounting.

*Estimates*—The preparation of the financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

*Payment of Benefits*—A participant may take a lump sum distribution, installment distributions, or annuity distributions. However, participants are not eligible to receive in-service distributions. Benefits are recorded when paid.

*Plan Expenses*—Certain expenses of maintaining the Plan are paid directly by the Plan sponsor and are excluded from these financial statements.

*Investment Valuation and Income Recognition*—Investments are reported at fair value (except for the fully benefit-responsive investment contract, which is reported at contract value). Fair Value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold, as well as held during the year.

**NOTES TO FINANCIAL STATEMENTS**  
**LIFESTREAM BEHAVIORAL CENTER**  
**EMPLOYEE PENSION PLAN**  
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*Investment Transactions and Related Investment Income*—Purchases and sales of shares of the funds are made at the net asset values of such funds. Transactions are recorded on a trade date basis. Realized gains and losses on the sales of investments are recognized at the date of sale. The cost basis to calculate the realized gains and losses is determined by recording purchases and subsequent sales on a first-in, first-out basis. Dividends and capital gain distributions from the funds are recorded on the ex-dividend date and reinvested upon receipt.

*Date of Management's Review*—Subsequent events were evaluated through August 11, 2021, which is the date the financial statements were available to be issued.

**C. Fair Value Measurements**

Financial Accounting Standards Board (FASB) *Accounting Standards Codification* (ASC) Topic 820, *Fair Value Measurements and Disclosures*, defines fair value, requires expanded disclosures about fair value measurements, and establishes a three-level hierarchy for fair value measurements based on the observable inputs to the valuation of an asset or liability at the measurement date. Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. FASB ASC Topic 820 prioritizes the inputs to the valuation techniques used to measure fair value by giving the highest priority to unadjusted quoted prices in active markets for identical assets (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under FASB ASC Topic 820 are described as follows:

- **Level 1**—Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
- **Level 2**—Quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; inputs that are derived principally from, or corroborated by, observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.
- **Level 3**—Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value relevant to the Plan. There have been no changes in methodologies used as of December 31, 2019 and 2018.

**NOTES TO FINANCIAL STATEMENTS  
LIFESTREAM BEHAVIORAL CENTER  
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**Mutual Funds**—Value is determined by quoted market prices, which represent the net asset value (NAV) of shares held by the Plan at year-end. Mutual funds held by the Plan are open-ended mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily NAV and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded and disclosed as a Level 1 investment.

The preceding method described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair value. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methods or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following tables sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2019 and 2018:

		<u>Fair Value Measurements at Reporting Date Using</u>		
		<u>Quoted Prices</u>		
		<u>In Active</u>	<u>Other</u>	<u>Significant</u>
		<u>Markets for</u>	<u>Observable</u>	<u>Unobservable</u>
		<u>Identical</u>	<u>Inputs</u>	<u>Inputs</u>
		<u>Assets</u>	<u>(Level 2)</u>	<u>(Level 3)</u>
		<u>(Level 1)</u>		
<u>December 31, 2019</u>	<u>Fair Value</u>			
Mutual Funds	\$ 6,891,302	\$ 6,891,302	\$ -	\$ -
<u>December 31, 2018</u>	<u>Fair Value</u>	<u>(Level 1)</u>	<u>(Level 2)</u>	<u>(Level 3)</u>
Mutual Funds	\$ 5,647,645	\$ 5,647,645	\$ -	\$ -

\* Investments are measured at fair value using the NAV per share (or its equivalent), practical expedient has been removed from the total investments in the fair value hierarchy. Investments in the separate account are valued at the NAV per share at the close of each business day as reported by each fund, which is then adjusted for dividends and separate account fees.

**D. Fully Benefit-Responsive Investments**

The Plan has entered into Portfolio Director Group Fixed and Variable Deferred Annuity Contract, Independence Plus Group Fixed and Variable Annuity Contract, and V-Plan Group Fixed Annuity Contract (Fixed Accounts). These Fixed Accounts with VALIC are fully benefit-responsive contracts issued by VALIC, the custodian, with the backing of their guaranteed interest account totaling \$3,250,562 for 2019 and \$3,279,981 for 2018. The Plan's ability to receive amounts due in accordance with fully benefit-responsive investment contracts is dependent on the third party issuer's ability to meet its financial obligations. However, if an event should ever occur such that realization of full contract value for a particular investment contract is no longer probable, like a significant decline in creditworthiness of VALIC, the Fixed Accounts investment choice may no longer be considered fully benefit-responsive. The occurrence of an event that limits the ability of the investment to transact at contract value between VALIC and a participant holding the investment is not probable. The terms of the contract require all permitted

**NOTES TO FINANCIAL STATEMENTS  
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EMPLOYEE PENSION PLAN  
LEESBURG, FLORIDA**

participant-initiated transactions involved in the investment to occur at contract value with no conditions, limits, or restrictions. Permitted participant-initiated transactions are those allowed by the underlying defined contribution plan, such as withdrawals for benefits or transfers to other investment choices within the Plan. The Fixed Accounts investment choice allows a participant reasonable access to their assets.

The average yields earned by the fixed account options were as follows at December 31:

	<u>2019</u>	<u>2018</u>
<b><u>Fixed Account</u></b>		
Guaranteed Average Yields	1.63%	1.49%
Current Average Yields	1.64%	1.49%
<b><u>Short-Term Fixed Account</u></b>		
Average Yields	1.00%	1.00%

The “current average yield” projects the cash flow assuming rates continue to apply in accordance with standard policy. This policy guarantees the rate through the end of the calendar year of deposit, and intends to continue these rates for a second calendar year before they are added to the “pool”.

The “guaranteed average yield” projects the cash flow assuming group contract minimum rates, according to stated guarantees. The rate at time of deposit is only guaranteed through the deposit calendar year, with the remaining guarantee being the contract minimum.

The interest credit rating for the Fixed Account Option is determined as follows:

VALIC declares a “current” interest rate at the beginning of each month applicable to contributions received during that month. The current rate declared is guaranteed until the end of that calendar year for contributions received that month. It is the intent of VALIC, though not guaranteed, to continue to credit interest at that same rate for such contributions for an additional calendar year. At the beginning of the third calendar year, such contributions will earn interest at a new declared pool rate. This rate is established January 1 of each calendar year and guaranteed for that entire calendar year. The contractually guaranteed minimum interest rate is applicable for the lifetime of the contract.

**E. Information Certified by Trustee**

Under the Department of Labor’s Rules and Regulations, certain assets and related information held by a bank, trust company or similar institution, or an insurance company, that is regulated and subject to periodic examination by a state or federal agency does not have to be audited, provided the Plan administrator exercises this option and the institution holding the assets certifies the required information. VALIC has provided certification as to the completeness and accuracy of the investments presented in the accompanying statements of net assets available for benefits as of December 31, 2019 and 2018, and in the statement of changes in net assets available for benefits for the year ended



**NOTES TO FINANCIAL STATEMENTS**  
**LIFESTREAM BEHAVIORAL CENTER**  
**EMPLOYEE PENSION PLAN**  
**LEESBURG, FLORIDA**

December 31, 2019. The accompanying supplemental schedule also includes investment information certified by VALIC as being complete and accurate in accordance with Section 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

The certified information consistent with fair value of investments and other investment income as of December 31, 2019 and 2018.

	<u>2019</u>	<u>2018</u>
Investments at Fair Market Value	\$ 10,141,864	\$ 8,927,626
Net Appreciation in Fair Value of Investments	1,376,130	
Interest and Dividends	85,805	

**F. Plan Termination**

Although it has not expressed any intent to do so, the employer has the right under the Plan to discontinue their contributions at any time, and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their account balances.

**G. Tax Status**

The Plan operates under a Volume Submitter plan designed by VALIC. The Plan does not have a determination letter from the Internal Revenue Service (IRS); however, VALIC and management believe that the Plan has been designed and is currently being operated in compliance with the applicable requirements of the Internal Revenue Code (IRC). Therefore, no provision for income taxes has been included in the Plan's financial statement.

**H. Uncertain Tax Provisions**

The Plan follows the reporting and disclosure guidance for uncertainty in income taxes as defined in FASB ASC Topic 740, *Income Tax*. The financial statement effects of a tax position taken or expected to be taken are recognized in the financial statements when it is more-likely-than-not, based on the technical merit, that the position will be sustained upon examination. As of December 31, 2019, the Plan had no uncertain tax positions that qualify for disclosure in the financial statements. Generally, the IRS may review tax returns for the past three years.

**I. Party-In-Interest**

Plan annuity contracts are issued and managed by VALIC through their retirement services program. VALIC was the custodian during the Plan year, as defined by the Plan and, therefore, these transactions

**NOTES TO FINANCIAL STATEMENTS**  
**LIFESTREAM BEHAVIORAL CENTER**  
**EMPLOYEE PENSION PLAN**  
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qualify as party-in-interest transactions. However, these transactions are exempt from the ERISA prohibited transaction rules.

**J. Risks and Uncertainties**

*Investments*

The Plan invests in various securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of the investment securities will occur in the *near-term* and those changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

*Employee Contributions*

Subsequent to year-end, it was discovered that employee contributions were being made to the incorrect plan number, between the original option non-ERISA Plan and the New Option. The Plan Sponsor and the custodian subsequently performed a complete review of all participant accounts to ensure that each employee was properly credited, and any necessary corrections were made. The review resulted in recognition of receivable amounts that should have been recorded for each participant under the New Option. The Plan Sponsor believes that all employee accounts have been restored to their full position through inter-plan transfers and contributions subsequent to year-end.

**K. Subsequent Events**

**COVID-19**

The COVID-19 pandemic has created economic disruptions throughout the country as of the date of our report causing significant declines in the financial markets and economic activity overall. The ultimate effect of these items is expected to be significant but not quantifiable at this time.

**REQUIRED SUPPLEMENTAL SCHEDULE**

**SCHEDULE H, LINE 4a - SCHEDULE OF DELIQUENT PARTICIPANT CONTRIBUTIONS**  
**LIFESTREAM BEHAVIORAL CENTER EMPLOYEE PENSION PLAN**  
**PLAN YEAR ENDED DECEMBER 31, 2019**

Participant Contributions Transferred Late to Plan	Total that Constitute Non-Exempt Prohibited Transactions			Total Fully Corrected Under CFCP and PTE 2002-51
	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VCFP	
<input type="checkbox"/> Check Here if Late Participant Loan Repayments are Included:	\$ 47,788	\$ -	\$ -	\$ -

**SCHEDULE H, LINE 4i**  
**SCHEDULE OF ASSETS HELD AT END OF YEAR**  
**DECEMBER 31, 2019**  
**LIFESTREAM BEHAVIORAL CENTER**  
**EMPLOYEE PENSION PLAN**  
**LEESBURG, FLORIDA**

(a) (1)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost (2)	(e) Current Value
*	VALIC GENERAL ACCOUNT	FIXED ACCOUNT PLUS	-	\$ 2,679,713
*	VALIC GENERAL ACCOUNT	SHORT-TERM FIXED ACCOUNT	-	570,849
*	VALIC SEPARATE ACCOUNT	AGGRESSIVE GROWTH LIFESTYLE	-	7,001
*	VALIC SEPARATE ACCOUNT	ARIEL APPRECIATION FUND	-	43,118
*	VALIC SEPARATE ACCOUNT	ARIEL FUND	-	96,785
*	VALIC SEPARATE ACCOUNT	BLUE CHIP GROWTH FUND	-	32,637
*	VALIC SEPARATE ACCOUNT	CAPITAL APPRECIATION FUND	-	8,271
*	VALIC SEPARATE ACCOUNT	CAPITAL CONSERVATION	-	1,022
*	VALIC SEPARATE ACCOUNT	CONSERVATIVE GROWTH LIFESTYLE	-	322
*	VALIC SEPARATE ACCOUNT	DIVIDEND VALUE	-	59,057
*	VALIC SEPARATE ACCOUNT	DYNAMIC ALLOCATION FUND	-	853
*	VALIC SEPARATE ACCOUNT	EMERGING ECONOMIES	-	37,965
*	VALIC SEPARATE ACCOUNT	GLOBAL STRATEGY	-	17,385
*	VALIC SEPARATE ACCOUNT	GOVERNMENT MONEY MARKET I	-	208,496
*	VALIC SEPARATE ACCOUNT	GOVERNMENT SECURITIES FUND	-	1,030
*	VALIC SEPARATE ACCOUNT	GROWTH FUND	-	73,457
*	VALIC SEPARATE ACCOUNT	GROWTH & INCOME FUND	-	5,977
*	VALIC SEPARATE ACCOUNT	HEALTH SCIENCES FUND	-	127,493
*	VALIC SEPARATE ACCOUNT	HIGH YIELD BOND FUND	-	14,096
*	VALIC SEPARATE ACCOUNT	INFLATION PROTECTED FUND	-	7,388
*	VALIC SEPARATE ACCOUNT	INTERNATIONAL GOVERNMENT BOND	-	2,674
*	VALIC SEPARATE ACCOUNT	INTERNATIONAL GROWTH FUND	-	7,805
*	VALIC SEPARATE ACCOUNT	INTERNATIONAL VALUE FUND	-	783
*	VALIC SEPARATE ACCOUNT	INTERNATL EQUITIES INDEX FUND	-	557
*	VALIC SEPARATE ACCOUNT	LARGE CAP CORE	-	33,612
*	VALIC SEPARATE ACCOUNT	LARGE CAP VALUE FUND	-	81,307
*	VALIC SEPARATE ACCOUNT	LARGE CAPITAL GROWTH	-	402,427
*	VALIC SEPARATE ACCOUNT	MID CAP INDEX FUND	-	54,576
*	VALIC SEPARATE ACCOUNT	MID CAP STRATEGIC GWTH	-	443,026
*	VALIC SEPARATE ACCOUNT	MID CAP VALUE FUND	-	30,005
*	VALIC SEPARATE ACCOUNT	MODERATE GROWTH LIFESTYLE	-	15,885
*	VALIC SEPARATE ACCOUNT	NASDAQ-100(R) INDEX FUND	-	243,794
*	VALIC SEPARATE ACCOUNT	SCIENCE AND TECHNOLOGY FUND	-	400,183
*	VALIC SEPARATE ACCOUNT	SM CAP AGGRESSIVE GWTH	-	5,232
*	VALIC SEPARATE ACCOUNT	SMALL CAP GROWTH FUND	-	1,010
*	VALIC SEPARATE ACCOUNT	SMALL CAP INDEX FUND	-	8,797
*	VALIC SEPARATE ACCOUNT	SMALL CAP SPECIAL VALUE FUND	-	102,194
*	VALIC SEPARATE ACCOUNT	STOCK INDEX FUND	-	224,286
*	VALIC SEPARATE ACCOUNT	STRATEGIC BOND FUND	-	54,925

**SCHEDULE H, LINE 4i**  
**SCHEDULE OF ASSETS HELD AT END OF YEAR**  
**DECEMBER 31, 2019**  
**LIFESTREAM BEHAVIORAL CENTER**  
**EMPLOYEE PENSION PLAN**  
**LEESBURG, FLORIDA**

		(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost (2)	(e) Current Value
(a) (1)	(b) Identity of Issue, Borrower, Lessor, or Similar Party			
*	VALIC SEPARATE ACCOUNT	US SOCIALLY RESPONSIBLE FUND	-	\$ 51,293
*	VALIC SEPARATE ACCOUNT	VALUE FUND	-	3,870
*	VALIC SEPARATE ACCOUNT	VANGUARD LIFESTRATEGY CONSER	-	14,194
*	VALIC SEPARATE ACCOUNT	VANGUARD LIFESTRATEGY GROWTH	-	41,888
*	VALIC SEPARATE ACCOUNT	VANGUARD LIFESTRATEGY MODERA	-	1,478
*	VALIC SEPARATE ACCOUNT	VANGUARD LONG-TERM TREASURY	-	255,336
*	VALIC SEPARATE ACCOUNT	VANGUARD LT INV-GRADE FUND	-	1,193
*	VALIC SEPARATE ACCOUNT	VANGUARD WELLINGTON FUND INC	-	3,637,254
*	VALIC SEPARATE ACCOUNT	VANGUARD WINDSOR II	-	29,365
<b>Total</b>				<u>\$ 10,141,864</u>

**Other Required Information**

Plan Sponsor's Employer  
Identification Number (EIN) 59-1561501  
Plan Number (PN) 002

**Notations:**

- (1) \* Indicates balance with party-in-interest.  
(2) Cost information may be omitted for participant directed assets.

## Form 5500 - 2019

Attachment

## Schedule H, line 4i--Schedule of Assets (Held at End of Year)

Name of plan		Three-Digit	
Lifestream Behavioral Center Employee Pension Plan		Plan Number	002
Name of plan sponsor as shown on line 2a of Form 5500		Employer Identification Number	
Lifestream Behavioral Center		59-1561501	
Contract Number: 49583 Plan Number: 002			
	(c) Description of investment including maturity date,		
(a)	(b) Identity of Issue, borrower, lessor, or similar party	rate of interest, collateral, par, or maturity value	(d) Cost (e) Current value
	VALIC GENERAL ACCOUNT	FIXED ACCOUNT PLUS	2,679,713
	VALIC GENERAL ACCOUNT	SHORT TERM FIXED ACCOUNT	570,849
	VALIC SEPARATE ACCOUNT A	AGGRESSIVE GROWTH LIFESTYLE	7,001
	VALIC SEPARATE ACCOUNT A	ARIEL APPRECIATION FUND	43,118
	VALIC SEPARATE ACCOUNT A	ARIEL FUND	96,785
	VALIC SEPARATE ACCOUNT A	BLUE CHIP GROWTH FUND	32,637
	VALIC SEPARATE ACCOUNT A	CAPITAL APPRECIATION FUND	8,271
	VALIC SEPARATE ACCOUNT A	CAPITAL CONSERVATION	1,022
	VALIC SEPARATE ACCOUNT A	CONSERVATIVE GROWTH LIFESTYLE	322
	VALIC SEPARATE ACCOUNT A	DIVIDEND VALUE	59,057
	VALIC SEPARATE ACCOUNT A	DYNAMIC ALLOCATION FUND	853
	VALIC SEPARATE ACCOUNT A	EMERGING ECONOMIES	37,965
	VALIC SEPARATE ACCOUNT A	GLOBAL STRATEGY	17,385
	VALIC SEPARATE ACCOUNT A	GOVERNMENT MONEY MARKET I	208,496
	VALIC SEPARATE ACCOUNT A	GOVERNMENT SECURITIES FUND	1,030
	VALIC SEPARATE ACCOUNT A	GROWTH & INCOME FUND	5,977
	VALIC SEPARATE ACCOUNT A	GROWTH FUND	73,457
	VALIC SEPARATE ACCOUNT A	HEALTH SCIENCES FUND	127,493
	VALIC SEPARATE ACCOUNT A	HIGH YIELD BOND FUND	14,096
	VALIC SEPARATE ACCOUNT A	INFLATION PROTECTED FUND	7,388
	VALIC SEPARATE ACCOUNT A	INTERNATIONAL GOVERNMENT BOND	2,674
	VALIC SEPARATE ACCOUNT A	INTERNATIONAL GROWTH FUND	7,805
	VALIC SEPARATE ACCOUNT A	INTERNATIONAL VALUE FUND	783
	VALIC SEPARATE ACCOUNT A	INTERNATL EQUITIES INDEX FUND	557
	VALIC SEPARATE ACCOUNT A	LARGE CAP CORE	33,612
	VALIC SEPARATE ACCOUNT A	LARGE CAP VALUE FUND	81,307
	VALIC SEPARATE ACCOUNT A	LARGE CAPITAL GROWTH	402,427
	VALIC SEPARATE ACCOUNT A	MID CAP INDEX FUND	54,576
	VALIC SEPARATE ACCOUNT A	MID CAP STRATEGIC GWTH	443,026
	VALIC SEPARATE ACCOUNT A	MID CAP VALUE FUND	30,005
	VALIC SEPARATE ACCOUNT A	MODERATE GROWTH LIFESTYLE	15,885
	VALIC SEPARATE ACCOUNT A	NASDAQ-100(R) INDEX FUND	243,794
	VALIC SEPARATE ACCOUNT A	SCIENCE & TECHNOLOGY FUND	400,183
	VALIC SEPARATE ACCOUNT A	SM CAP AGGRESSIVE GWTH	5,232
	VALIC SEPARATE ACCOUNT A	SMALL CAP GROWTH FUND	1,010
	VALIC SEPARATE ACCOUNT A	SMALL CAP INDEX FUND	8,797
	VALIC SEPARATE ACCOUNT A	SMALL CAP SPECIAL VALUE FUND	102,194
	VALIC SEPARATE ACCOUNT A	STOCK INDEX FUND	224,286
	VALIC SEPARATE ACCOUNT A	STRATEGIC BOND FUND	54,925
	VALIC SEPARATE ACCOUNT A	US SOCIALLY RESPONSIBLE FUND	51,293
	VALIC SEPARATE ACCOUNT A	VALUE FUND	3,870
	VALIC SEPARATE ACCOUNT A	VANGUARD LIFESTRATEGY CONSER	14,194
	VALIC SEPARATE ACCOUNT A	VANGUARD LIFESTRATEGY GROWTH	41,888
	VALIC SEPARATE ACCOUNT A	VANGUARD LIFESTRATEGY MODERA	1,478
	VALIC SEPARATE ACCOUNT A	VANGUARD LONG-TERM TREASURY	255,336
	VALIC SEPARATE ACCOUNT A	VANGUARD LT INV-GRADE FUND	1,193
	VALIC SEPARATE ACCOUNT A	VANGUARD WELLINGTON FUND INC	3,637,254
	VALIC SEPARATE ACCOUNT A	VANGUARD WINDSOR II	29,365