

Executive Compensation Annual Report

Instructions: Upon entering into a contract with the Department of Children and Families (Department), and annually by May 1 of each year, providers in a contract with the Department must complete Sections 1 and 2 of this form, and Section 3 if required. Completion of this document is required to comply with the Federal Funding Accountability and Transparency Act (FFATA) and Executive Order 20-44. All references to entity or contract(s) in Sections 2 and 3 shall refer to the Entity and Contract(s) identified in Section 1. Upon completion submit this form to the relevant Department Contract manager(s).

Section 1: Attestation

I swear (or affirm) to my authority to make binding representations on behalf of the entity listed below, the information contained in this document is accurate and complete to the best of the below-listed entity's knowledge, and both I and the below-listed entity intend the Department rely upon the information contained in this document.

Lutheran Services Florida, Inc. d/b/a LSF Health Systems

Entity Name

EH003

139676936

Department Contract Numbers

DUNS Number

Dr. Christine Cauffield

Printed Name of Authorized Person

Dr. Christine Cauffield

4/29/22

Signature of Authorized Person

Date

STATE OF FLORIDA
COUNTY OF

Duval

Sworn to (or affirmed) before me by means of physical presence or online notarization, this *29th* day of *April*, 20*22* by _____



Roxanne L. Garcia
Signature of Notary Public- State of Florida

Personally Known OR Produced Identification
Type of Identification Produced: _____

Section 2: Qualifying Questions

- 1) Did one or more of the contract(s) result from the Entity being named in federal law or Florida Statutes (substantive or appropriation) as the required recipient of a single source, public-private agreement?
 Yes No
- 2) Over the past X fiscal years, did the Entity receive 50% or more of its budget from either the State of Florida or from a combination of State and Federal funds?
 Yes No
- 3) During the preceding fiscal year, did the Entity: (a) receive more than \$25 million in total federal funding, (b) the federal funds so received accounted for more than 80% of the Provider's annual gross revenue, and (c) was the compensation of top five executives for the preceding fiscal year not available publicly?
 Yes No

If the answer to **any** question in this section is Yes, you must proceed to and complete **Section 3**. Otherwise, submit this form to your relevant Department Contract Manager.

Section 3: Annual Executive Compensation Report

Attach the latest copy of the Entity's most recent IRS Form 990 and complete the following. If the IRS 990 form is unavailable for the last fiscal year, please explain why:

See attached 990 for Lutheran Services Florida, Inc.

List the Entity's current directors, board members, chief executive officer, chief financial officer, chief operating officer, and any other person performing equivalent functions by their title, total annual compensation, and the percentage of compensation from state (FL%) or federal (Fed%) allocations. If any executive compensation changes prior to the next annual report, the Entity must submit an updated version of this report with those changes, and their total annual compensation. Total annual compensation includes salary, bonuses, cashed-in-leave, cash equivalents, paid personal leave, severance pay, retirement benefits, deferred compensation, real-property gifts, and any other payout [see also 17 CFR 229.402(c)(2)]. Include the percentage of the total compensation directly from the state or federal allocations to the contracted entity. If any of the above-listed persons also receive compensation from organizations that: (a) created or were created by the Entity; (b) that were created by any of the above-listed persons whose compensation therefrom also derives from state or federal allocations; or (c) contract with the Entity, then identify the organization(s), their relationship with the Entity or the above listed person, and that person's annual compensation from each such organization, and the percentage of that compensation from state (FL%) or federal (Fed%) allocations.

Name	Title	FL%	Fed %	Total annual compensation	FL and Fed % (total)
Dawn Gilman – Board Chair	Director, Duval County Homeless Coalition			\$0	0%
Lise Everly	Community Volunteer			\$0	0%
Mike Williams	Duval County Sherriff			\$0	0%
Peggy Schiffers	Community Volunteer			\$0	0%
Melissa Witmeier	Family Member Representative			\$0	0%
Vicky Basra	Pres./CEO Delores Barr Weaver Policy Center			\$0	0%
Dr. Christine Cauffield	LSF Health Systems, CEO/LSF EVP	71.6%	28.4%	\$250,000	100%
Dr. David Clapp	LSF Health Systems, COO	71.6%	28.4%	\$148,526	100%
Anne K. Madsen	LSF Health Systems, CFO	71.6%	28.4%	\$144,200	100%
Dusty Pye	LSF Health Systems, CIO	71.6%	28.4%	\$144,200	100%