•			E>	cempt Organi	zation E	3us	siness Income	Tax Retui	n,	OMB No 1545-0687
	Form	990-T					der section 6033(
			For cale	ndar year 2017 or other ta	ıx year beginni	ıng _	10/01 , 2017, and end	_{ing} 09/30, ₂	018	2017
-	Depar	tment of the Treasury		► Go to www irs go	v/Form990T	for ı	nstructions and the latest	tinformation		
	Intern	al Revenue Service	▶ Do		1		y be made public if your org			Open to Public Inspection for 501(c)(3) Organizations Only
	A _	Check box if address changed		Name of organization (Check box	r if na	me changed and see instruction	ns)		yer (dentification number yees' trust, see instructions)
		empt under section	D-:-4	LAKEVIEW CEN						202020
	X	501(C) 0 3	Print	Number, street, and room	n or suite no If a	a P O	box, see instructions			737872
		408(e) 220(e)	Туре	1001						ated business activity codes structions)
		408A530(a)	}	1221 W. LAKE						
	<u>_</u>	529(a)		City or town, state or pro					F C 1 O /	2.0
		ok value of all assets end of year	<u> </u>	PENSACOLA, F					56100	
	2	41 260 051		up exemption number (· · ·	1.044	
		11,368,951.		eck organization type				c) trust	401(a)	trust Other trust
				rimary unrelated busine			ATTACHM			▶ Yes X No
		, ,		•	•	_	roup or a parent-subsidiary	controlled group?		▶ Yes X No
		· · · · · · · · · · · · · · · · · · ·		identifying number of the TIMOTHY SMITH	ie parent corp	orati	UII P	ne number ▶ 85	0-437-	-8979
				or Business Incom	<u> </u>		(A) Income	(B) Expen		(C) Net
				Duamesa mcom	1		(A) income	(B) Expen	Je3	(C) Net
	1a b	Gross receipts or s Less returns and allowa			c Balance ▶	1 c				
	2			ule A, line 7)	· · · · · · -	2				*4 }
	3	_	•	2 from line 1c		3		1		- '
	4a	•		attach Schedule D)		4a				
	b	, •	•	Part II, line 17) (attach For		4b				
	c			trusts	–	4c				
	5			ps and S corporations (attac		5	_			
	6					6	-			
	7			come (Schedule E)		7				
	8			nts from controlled organization	· · · · · · · · · · · · · · · ·	8			-	
	9	Investment income of a	section 50	1(c)(7), (9), or (17) organizatio	n (Schedule G)	9				
_	10	Exploited exempt	activity ii	ncome (Schedule I)	[10				
5	11	Advertising incom	ne (Sched	dule J)	[11				
~	12	Other income (Se	ee instruc	ctions, attach schedule)		12	510,003.	ATCH 2		510,003.
1	13			ough 12		13	510,003.			510,003.
	Pai						ons for limitations on o		except f	or contributions,
5					1		nrelate() pusiness inco			
	14			directors, and trustees (_ښ ۲	[[A]U[G] 2 [1] 2019	ပ္ကြု	14	
Ω	15	Salaries and wage	es			X	VIIC. 3 .1. 2010	ŏ ·····	15	
y	16	Repairs and main	tenance			ပ်		& ·····	16	
Z	17 40	Bad debts	د د دماه			. !_]≝	17	+
SCANNE	18 40	Interest (attach so	cnedule)	• • • • • • • • • • •		• •	OGDEN; UT-	<u>)</u>	18	1,926.
Š	19 20			See instructions for limit			ACHMENT 3			3,809.
	20 21		-	4562)	•		1 1		20	3,003.
	22			on Schedule A and elsi						•
	23	•								
	24									
	25									
	26									
	27									
	28						ATTACHM			469,984.
	29								(475,719.
	30			=			deduction Subtract line			34,284.
	31	Net operating loss	s deducti	on (limited to the amou	int on line 30)				31	
	32	Unrelated busines	ss taxable	e income before specif	c deduction	Subt	ract line 31 from line 30 .		32	34,284.
	33	•	•				or exceptions)		_	1,000.
	34						ne 32 If line 33 is grea			
		enter the smaller of	of zero or	line 32			<u> </u>	<u> </u>	D. 34	33,284.
	ror F 7X274	'aperwork Reducti ^{0 2} 10940W K92	ion Act N	lotice, see instructions.		., -	7 7 10			Form 990-T (2017)
		10940W K92			,	v T	7-7.10			

Par	t III	Tax Computation					
35	Organ	izations Taxable as Corporations. See instructions for tax computation Controlle	ed group				
	_	ers (sections 1561 and 1563) check here See instructions and					
а		your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that or	der\				
_	(1) \$	(2) \$ (3) \$	uu.,				
h		organization's share of (1) Additional 5% tax (not more than \$11,750) \$					
Ü		ditional 3% tax (not more than \$100,000)		1			
_		e tax on the amount on line 34		35c		6.4	187
36	Trusts		tax on				
		ount on line 34 from Tax rate schedule or Schedule D (Form 1041)		36			
37		tax. See instructions		37			
38	-	tive minimum tax		38			
39	Tayon	Non-Compliant Facility Income. See instructions	·	,39			
40	Total A	Add lines 37, 38 and 39 to line 35c or 36, whichever applies	. MM.	30		6.4	187
		Tax and Payments		1-4			
		n tax credit (corporations attach Form 1118, trusts attach Form 1116) 41a		ТТ		· ·	
41a	-		···· · · ·	-			
		credits (see instructions)		1 1			
		al business credit Attach Form 3800 (see instructions)		-			
		for prior year minimum tax (attach Form 8801 or 8827)		1			
		redits Add lines 41a through 41d		41e			107
42		ct line 41e from line 40		42		0,4	187
43		exes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (atlach	schedule).	43			107
44		ax. Add lines 42 and 43	Y.\.V.	44		0,4	187.
	-	nts A 2016 overpayment credited to 2017		-			
ь	2017 es	posited with Form 8868	3,000	-			
С	Tax dep		3,000	-			
d	_	organizations Tax paid or withheld at source (see instructions)		4 1			
е		withholding (see instructions)		4			
f	Credit f	for small employer health insurance premiums (Attach Form 8941) 45f		4			
9		credits and payments Form 2439					
		Form 4136 Other Total ▶ 45g		↓ .		<u> </u>	200
46		payments. Add lines 45a through 45g		46		، د	000
47	Estimat	ted tax penalty (see instructions) Check if Form 2220 is attached	لـــلِح ر ·	47			407
48	Tax due	e. If line 46 is less than the total of lines 44 and 47, enter amount owed	りつ♪	48		3,4	<u> 187.</u>
49		syment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid		49			
50			funded P				
		Statements Regarding Certain Activities and Other Information (see				T V	
51	-	time during the 2017 calendar year, did the organization have an interest in or a si	-		-	Yes	No
		financial account (bank, securities, or other) in a foreign country? If YES, the organ		-			
		Form 114, Report of Foreign Bank and Financial Accounts If YES, enter the name	e of the	toreign	country		
	here >						X
52	_	the tax year, did the organization receive a distribution from, or was it the grantor of, or transfero	or to, a fore	ign trust	·		X
	•	see instructions for other forms the organization may have to file					
53		he amount of tax-exempt interest received or accrued during the tax year \$	and to the	bast of	. kasudadan		100 110
~ !	l tri	inder penalties of perjury. I declare that I have examined this return including accompanying schedules and statements, rue, correct and co <u>mplete. Declaration of prepare (other t</u> han taxpayer) is based on all information of which preparer has any known		Desi of my	Knowledge	and bei	iei, il
Sign		08/15/2019 VICE PRESIDENT,	/000		RS discuss		r break
Her	- 11				preparer si		7 i
		Granture of officer Date Title	(S	ee instructio		es	No
Paid		Print/Type preparer's name MICHAEL J ENGLE Reparer's signature AUG 13 2	nta Cher		PTIN	000-	
	arer			employed	P004		4
	Only	Firm's name BKD, LLP			4-0160		
		Firm's address ▶ 1201 WALNUT, SUITE 1700, KANSAS CITY, MO 64106-2	246 Phor	ne no 8	16-221		
					⊢om 4	411. I	120171

Form 330-1 (2017

Form 990-T (2017)									Page 3
Schedule A - Cost of Go	ods Sold. En	ter method				,	,		
1 Inventory at beginning of ye	ear . 1		6 Inventory	at end of yea	ar	6			
2 Purchases	2		7 Cost of	goods so	ld Subtract line	1			
3 Cost of labor	3		6 from	6 from line 5 Enter here and in					
4a Additional section 263A co	osts		Part I, line	Part I, line 2					
(attach schedule)	4a		8 Do the	rules of	section 263A (v	vith re	espect to	Yes	No
b Other costs (attach schedu	le) 4b		property	produced	or acquired for	resa	le) apply		
5 Total Add lines 1 through	4b - 5				<u> </u>				Х
Schedule C - Rent Income	(From Real P	roperty a	nd Personal Property	Leased V	Vith Real Prope	rty)			
(see instructions)									
1 Description of property									
(1)					· · · · · · · · · · · · · · · · · · ·				
(2)									
(3)									
(4)									
	2. Rent recei	ved or accrue	ed					_	
(a) From personal property (if the	percentage of rent		rom real and personal properly		3(a) Deductions d				ome
for personal property is more than 10% but not percentage of			age of rent for personal property of the rent is based on profit or	for personal property exceeds in columns 2(a) and 2(b) (attach so			(b) (attach sch	edule)	
(1)									
(2)									
(3)									
(4)									
Total		Total							
(c) Total income Add totals of co	olumns 2(a) and 2(b) Enter	, ,		(b) Total deduction Enter here and or				
here and on page 1, Part I, line 6,	, column (A)	. , ▶			Part I, line 6, colui				
Schedule E - Unrelated De	ebt-Financed li	ncome (se	e instructions)						
1 Description of deb	I financed arounds		2 Gross income from or allocable to debt-financed	3 [Deductions directly co debt-financ			le to	
i bescription of deb	r-imanced property		property	(a) Straigh (atta	nt line depreciation ch schedule)	(b) Other deductions (attach schedule)			
(1)									
(2)									
(3)									
(4)									
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjust of or allocal debt-financed (attach sche	ble to property	6 Column 4 divided by column 5		ncome reportable n 2 x column 6)		Allocable ded mn 6 x total o 3(a) and 3(f colum	
(1)	(attach solle		%						
(2)			%						
(3)		-	%						
(4)	 · ·		%						
<u>\(\cdot \) \</u>			1 /0		e and on page 1,		r here and o		
Totals				Part I, lin	e 7, column (A)	Part ———	: I, line 7, coli	ımn (E	5)

Form **990-T** (2017)

Page 4

Schedule F - Interest, Annu	ities, Royalties	, and Ren	ts Fro	m Contro	lled Or	ganiza	tions (see	instruction	ons)	
•		Exem	ipt Co	ntrolled Or	ganızatı	ons				
Name of controlled organization	2 Employer identification number	5)		ated income nstructions)	ľ	of specifie	d included	5 Part of column 4 th included in the contro organization's gross in		6 Deductions directly connected with income in column 5
(1)							-			
(2)										
(3)										
(4)										
Nonexempt Controlled Organiz	zations			,				···.		
7 Taxable Income	8 Net unrelated in (loss) (see instruct	l l		Total of specific ayments made		ınclu-	art of column ded in the co ization's gros	ntrolling		Deductions directly nected with income in column 10
(1)										
(2)									ļ	,,, - ···
(3)						ļ	•••••		ļ	
(4)									<u> </u>	
Totals					▶	Ente Part	columns 5 a here and on I, line 8, colu	page 1, mn (A)	Ent	dd columns 6 and 11 ler here and on page 1, irt I, line 8, column (B)
Schedule G - Investment In	come of a Sec	tion 501(:)(7),	(9), or (17) Orga	nizatio	1 (see ins	tructions)		
1 Description of income	2 Amount of	income		3 Deduction of the 3 directly cor (attach school)	nected			t-asides schedule)		5 Total deductions and set-asides (col 3 plus col 4)
(1)		•								
(2)										
(3)										
(4)	Enter here and c Part I, line 9, co									Enter here and on page 1, Part I, line 9, column (R)
Totals ▶										
Schedule I - Exploited Exe	mpt Activity Inc	ome, Oth	er Th	an Adverti	sing In	come	see instru	ictions)		
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expens directly connected productio unrelate business in	/ with n of ed	4 Net incorfrom unrelated or business 2 minus coll fagain, cocols 5 three	ed tradé (column umn 3) ompute	from a	ss income ctivity that unrelated ss income	6 Expe attributa colum	able to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)										
(2)										
(3)										
(4)										
	Enter here and on page 1, Part I, line 10, col (A)	Enter here a page 1, Page 10, col	art I,				-			Enter here and on page 1, Part II, line 26
Totals ► Schedule J - Advertising In	como (ana izatzi	ictions)		<u> </u>						ı
			ncoli	idated Bas	·ic					
Part I Income From Per		ed on a C	JIISOII	luateu bas	515	I 				
1 Name of periodical	2 Gross advertising income	3 Directions		4 Adverting gain or (los 2 minus co a gain, co cols 5 thro	s) (col of 3) If mpute	į.	rculation come	6 Read cos	•	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)										
(2)										
(3)								<u> </u>		_
(4)				ļ						
Totals (carry to Part II, line (5))		•								Form 990-T (2017)

Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis) Part II

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)	,					
(4)						
Totals from Part I ▶		·-				
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)						
Schedule K - Compensation	n of Officers, D	irectors, and Tr	ustees (see instr	uctions)		

1 Name	2 Title .	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
(1)		%	· · · · · · · · · · · · · · · · · · ·
(2) ATTACHMENT 6		%	
(3)		%	
(4)		%	
Total Enter here and on page 1, Part II, line 14			

Form **990-T** (2017)

ATTACHMENT 2

PART I - LINE 12 - OTHER INCOME

MANAGEMENT FEE INCOME DISALLOWED PARKING EXPENSES 469,984. 40,019.

PART I - LINE 12 - OTHER INCOME

510,003.

ATTACHMENT	3	

FORM 990T - PART II - LINE 20 - CHARITABLE CONTRIBUTIONS

UNRELATED TRADE OR BUSINESS INCOME ADD: DOMESTIC PRODUCTION ACTIVITIES DEDUCTION LESS. DEDUCTIONS WITHOUT CHARITABLE CONTRIBUTIONS AND DPAD CHARITABLE CONTRIBUTION LIMITATION (10%)	510,003. 0. 471,910. * 10% 3,809.
CHARITABLE CONTRIBUTION	3,902,202.
CHARITABLE CONTRIBUTION DEDUCTION (SMALLER OF THE ABOVE TWO)	3,809.

ATTACHMENT 4

FORM 990T - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

DOMESTIC PRODUCTION ACTIVITIES DEDUCTION UNDER SECTION 199

DIRECT EXPENSE ALLOCATION

469,984.

PART II - LINE 28 - OTHER DEDUCTIONS

469,984.

59-0737872 ATTACHMENT 5

FORM 990-T: FISCAL YEAR CORPORATION TAX COMPUTATION APPLYING BL	ENDED TAX RATE
1 UNRELATED BUSINESS TAXABLE INCOME (PAGE1, PART II, LINE 34). 2 TAX ON LINE 1 FIGURED USING THE TAX RATE SCHEDULE OR TAX	33,284.
COMPUTATION WORKSHEET FOR MEMBERS OF A CONTROLLED GROUP 3 TAX ON LINE 1 FIGURED USING THE 21% RATE	4,993. 6,990.
4 MULTIPLY LINE 2 BY THE NUMBER OF DAYS 92 IN THE CORPORATION'S TAX YEAR BEFORE 01/01/2018	459,356.
5 MULTIPLY LINE 3 BY THE NUMBER OF DAYS 273 IN THE CORPORATION'S TAX YEAR AFTER 12/31/2017	1,908,270.
6 DIVIDE LINE 4 BY THE TOTAL NUMBER OF DAYS 365 IN THE CORPORATION'S TAX YEAR	1,259.
7 DIVIDE LINE 5 BY THE TOTAL NUMBER OF DAYS 365 IN THE CORPORATION'S TAX YEAR	•
8 ADD LINES 6 AND 7: THE TOTAL TAX FOR THE FISCAL YEAR	

ATTACHMENT 6

SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

NAME AND ADDRESS	TITLE_	BUSINESS PERCENT	COMPENSATION
JARL T. "JT" YOUNG 1221 W. LAKEVIEW AVENUE PENSACOLA, FL 32501-1836	CHAIRMAN-TERM END 03/18	0	0.
REV. DR. HUGH HAMILTON, III 1221 W. LAKEVIEW AVENUE PENSACOLA, FL 32501-1836	VICE CHAIRMAN/SECRETARY	0	0.
CHARLES F. BEALL, JR. 1221 W. LAKEVIEW AVENUE PENSACOLA, FL 32501-1836	SECRETARY/MEMBER	0	0.
VINCENT CURRIE, JR. 1221 W. LAKEVIEW AVENUE PENSACOLA, FL 32501-1836	TREASURER/CHAIRMAN	0	0.
PAM CHILDERS 1221 W. LAKEVIEW AVENUE PENSACOLA, FL 32501-1836	MEMBER	0	0.
LISA IHNS 1221 W. LAKEVIEW AVENUE PENSACOLA, FL 32501-1836	MEMBER	0	0.
BARKSDALE "DALE" JORDAN, JR. 1221 W. LAKEVIEW AVENUE PENSACOLA, FL 32501-1836	MEMBER/TREASURER	0	0.
DAVID MAYO, JR. 1221 W. LAKEVIEW AVENUE PENSACOLA, FL 32501-1836	MEMBER	0	0.
RUTH MCKINON 1221 W. LAKEVIEW AVENUE PENSACOLA, FL 32501-1836	MEMBER	0	0.
STEPHANIE POWELL 1221 W. LAKEVIEW AVENUE PENSACOLA, FL 32501-1836	MEMBER	0	0.

ATTACHMENT 6 (CONT'D)

SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

NAME AND ADDRESS	TITLE	BUSINESS PERCENT	COMPENSATION
CHIP SIMMONS 1221 W. LAKEVIEW AVENUE PENSACOLA, FL 32501-1836	MEMBER	0	0.
ADRIANNA SPAIN 1221 W. LAKEVIEW AVENUE PENSACOLA, FL 32501-1836	MEMBER	0	0.
DAVID STAFFORD 1221 W. LAKEVIEW AVENUE PENSACOLA, FL 32501-1836	MEMBER/VICE CHAIRMAN	0	0.
RICHARD GILMARTIN 1221 W. LAKEVIEW AVENUE PENSACOLA, FL 32501-1836	VICE PRESIDENT	0	0.
DENNIS GOODSPEED 1221 W. LAKEVIEW AVENUE PENSACOLA, FL 32501-1836	VICE PRESIDENT	0	0.
M. ALLISON HILL 1221 W. LAKEVIEW AVENUE PENSACOLA, FL 32501-1836	PRESIDENT/CEO	0	0.
JEFF READ 1221 W. LAKEVIEW AVENUE PENSACOLA, FL 32501-1836	VICE PRESSTART DATE 02/22/18	0	0.
DOMINIC "SHAWN" SALAMIDA 1221 W. LAKEVIEW AVENUE PENSACOLA, FL 32501-1836	VICE PRESIDENT	0	0.
TIMOTHY SMITH 1221 W. LAKEVIEW AVENUE PENSACOLA, FL 32501-1836	VICE PRESIDENT/CFO	0	0.
SANDRA WHITAKER 1221 W. LAKEVIEW AVENUE PENSACOLA, FL 32501-1836	VICE PRESIDENT	0	0.

ATTACHMENT 6 (CONT'D)

SCHD.	Κ.	FORM	990-T.	COMPENSATION	OF	OFFICERS.	DIRECTORS.	٦,	TRUSTEES

NAME AND ADDRESS	TITLE	BUSINESS PERCENT CO	DMPENSATION
BURTON E. WILLIAMS, III 1221 W. LAKEVIEW AVENUE PENSACOLA, FL 32501-1836	VICE PRESIDENT	0	0.
TOTAL COMPENSATION		_	0.