Form	990-T		empt Orga) and)			der section			001	OMB N	lo 1545-0687
		For caler	ndar year 2018 or oth				•	,,	20 1 9	න	ก 12
epartr	ment of the Treasury		► Go to www in	s.gov/Form990	T for i	nstructions and	the latest	information.		اک	9 10
nternat	Revenue Service	▶Do	not enter SSN numbe						(c)(3)	Open to Pt 501(c)(3) C	ablic Inspection for Organizations Only
	Check box if address changed		Name of organization	(Check b	ox if na	me changed and se	e instruction	s)		loyer identific loyees' trust, see	ation number instructions)
	mpt under section]]	<u>LAKE</u> VIEW C	ENTER, IN	ic.						
<u> </u>	501(C (1)3 ->	Print or	Number, street, and	room or suite no	If a P O	box, see instruction	ns			737872	
٠	408(e) 220(e)	Туре	1001							lated busines nstructions)	ss activity code
٠	408A530(a)		1221 W. LA						(0.5)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
_	529(a)		City or town, state or				code				
	k value of all assets nd of year		PENSACOLA,						5610	100	
21	3,917,689.		up exemption numb						1		12
	-		ck organization type				501(c		401(a)		Other tru
		-	nization's unrelated t	rades or busine	esses					y (or first) ur	
	de or business her			 			-	complete Parts		-	describe the
			end of the previous	s sentence, co	mplete	Parts I and II, co	mplete a S	chedule M for ea	ach additio	onal	
	de or business, th] [v]
			corporation a subsider	•	-		subsidiary o	controlled group?	· · · · ·	▶ ∟	Yes X
			Identifying number	or the parent co	orporati	on 🕨	Tolonhon	e number ▶ 85	50-469	-3700	
	_		or Business Inc	nme		(A) Inco					(C) Not
	Gross receipts or		n profiless ille	Jille	Т	(A) Inco	iiie	(B) Expe	ises	+ '	(C) Net
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			ule A, line 7)		1c 2	-				-	_/_
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6	Rent income (Sch	edule A	18 2 4 2020 s		6	 -					
			come (Schedule E)		7						
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		. •	1(c)(7), (9) or (17) organi					/		+	
0	Exploited exemple	activitor	reome (Schedule I)	(ocueans G)	10					+	
		-	lule J)						-	 	
			tions, attach schedul		12	29	1,053.	ATCH 2	<u> </u>		294,05
			ough 12		13		1,053.		-	 	294,05
			Taken Elsewhei					eductions) (Except	for contrib	
			be directly conr						LXCCPI	ioi comuni	rations,
4			directors, and trustee						14		
					/						
										1	
8	Interest (attach so	chedule) ((see instructions).	Z					18		
9	Taxes and license	S					• • • • • • • • • • • • • • • • • • •	· • • • • • • • •	. 19		
			See instructions for I								
						1			- 20	†	
)	Depreciation (atta		an Sahadula A and	elsewhere on re	eturn		2a		22b	.	
0 1	Depreciation (atta Less depreciation	claimed	on ochequie A ann								
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0 1 2 3 4 5 6 7 8 9	Less depreciation Depletion Contributions to c Employee benefit Excess exempt ex Excess readership Other deductions Total deductions Unrelated busine	deferred of programs (So costs (So (attach so Add lines ss taxable)	compensation plans Schedule I)			deduction Subl	ract line		24 25 26 27 28 29		

93 33	TALLY LAND TO THE TALLY			
33	Total Unrelated Business Taxable Income			
	Total of unrelated business taxable income computed from all unrelated trades or businesses (see	į	į	
	instructions)	33		
34	Amounts paid for disallowed fringes	34		
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see	ı	ĺ	
	instructions),	35		
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum			
	of lines 33 and 34	36	1	
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	21		1,000
38	Unrelated business taxable income Subtract line 37 from line 36. If line 37 is greater than line 36.			
	enter the smaller of zero or line 36	38		C
Par	tw \ Tax Computation	ا خرجہ		
39	Organizations Taxable as Corporations Multiply line 38 by 21% (0.21),	39		
40	Trusts Taxable at Trust Rates See instructions for tax computation income tax on			
	the amount on line 38 from Tax rate schedule or Schedule D (Form 1041)	40	İ	
41	Proxy tax. See instructions	41		
42	Alternative minimum tax (trusts only)	42		
43	Tax on Noncompliant Facility Income See instructions	$\overline{}$		
44	Total. (Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	 	
Par			L	
			[
	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)		1	
	Other credits (see instructions)	Ì		
	General business credit Attach Form 3800 (see instructions)			
	Credit for prior year minimum tax (attach Form 8801 or 8827)	45-		
		45e		
46	Subtract line 45e from line 44.	46		
47	Other taxes Check if from Form 4255 Form 8811 Form 8697 Form 8866 Other (attach schedule)	47		
48	Total tax. Add lines 46 and 47 (see instructions)	48		
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	 	
50 a	Payments A 2017 overpayment credited to 2018 50a 2018 estimated tax payments 4,750			
	· · · · · · · · · · · · · · · · · · ·			
C	Tax deposited with Form 8868			
d	Foreign organizations Tax paid or withheld at source (see instructions)			
	Backup withholding (see instructions)	1	}	
	Credit for small employer health insurance pierniums (attach Form 8941)	1		
а	Other credits, adjustments, and payments. Form 2439	- 1	ĺ	
-		,	1	
9	Form 4136 Other Total ▶ 50g	ļ		
51	Form 4136 Other Total ▶ 50g Total payments Add lines 50a through 50g	51		4,750
	Total payments Add lines 50a through 50g	51 52		4,750
51	Total payments Add lines 50a through 50g			
51 52	Total payments Add lines 50a through 50g			4,750
51 52 53	Total payments Add lines 50a through 50g			
51 52 53 54 55	Total payments Add lines 50a through 50g	52 53 54 56		4,750
51 52 53 54 55	Total payments Add lines 50a through 50g	52 53 54 56	authority	4,750
51 52 53 54 55 Pa	Total payments Add lines 50a through 50g	52 53 54 55 other		4,750 4,750
51 52 53 54 55 Pa	Total payments Add lines 50a through 50g Estimated tax penalty (see instructions) Check if Form 2220 is attached Tax due If line 51 is less than the total of lines 48, 49, and 52, enter amount owed Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid Enter the amount of line 54 you want. Credited to 2019 estimated tax. **Refunded*** TVI Statements Regarding Certain Activities and Other Information (see instructions At any time during the 2018 calendar year, did the organization have an interest in or a signature or	52 53 54 55 other	ve to file	4,750 4,750
51 52 53 54 55 Pa	Total payments Add lines 50a through 50g. Estimated tax penalty (see instructions) Check if Form 2220 is attached. Tax due If line 51 is less than the total of lines 48, 49, and 52, enter amount owed. Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid. Enter the amount of line 54 you want. Credited to 2019 estimated tax. Refunded TVI Statements Regarding Certain Activities and Other Information (see instructions At any time during the 2018 calendar year, did the organization have an interest in or a signature or over a financial account (bank securities, or other) in a foreign country? If "Yes" the organization may	52 53 54 55 other	ve to file	4,750 4,750
51 52 53 54 55 Pa	Total payments Add lines 50a through 50g. Estimated tax penalty (see instructions) Check if Form 2220 is attached. Tax due if line 51 is less than the total of lines 48, 49, and 52, enter amount owed. Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid. Enter the amount of line 54 you want. Credited to 2019 estimated tax. **Refunded*** TVI Statements Regarding Certain Activities and Other Information (see instructions At any time during the 2018 calendar year, did the organization have an interest in or a signature or over a financial account (bank secunlies, or other) in a foreign country? If "Yes" the organization may FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the there	52 53 54 55 other by hav	ve to file n country	4,750 4,750 Yes No
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51 52 53 54 55 Par 56	Total payments Add lines 50a through 50g. Estimated tax penalty (see instructions) Check if Form 2220 is attached. Tax due if line 51 is less than the total of lines 48, 49, and 52, enter amount owed. Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid. Enter the amount of line 54 you want. Credited to 2019 estimated tax. At any time during the 2018 calendar year, did the organization have an interest in or a signature or over a financial account (bank securities, or other) in a foreign country? If "Yes" the organization ma FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the here. During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign if "Yes," see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year. Under penalties of penjury it declare that I have examined this return including accompanying schedules and statements and to the betwee correct and complete Declaration of preparer (other than tax-exempt) is based on all information of which preparer has any knowledge. Print/Type preparer's name. Preparer's signature.	\$2 \$3 \$4 \$5 \$5 \$5 \$6 \$6 \$7 \$7 \$7 \$7 \$7 \$7 \$7 \$7 \$7 \$7 \$7 \$7 \$7	ve to file n country st?	4,750 4,750 Yes No X X and belief this return own below
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51 52 53 54 55 Pat 56 57 58 Sig Her	Estimated tax penalty (see instructions) Check if Form 2220 is attached. Tax due If line 51 is less than the total of lines 48, 49, and 52, enter amount owed. Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid. Enter the amount of line 54 you want. Credited to 2019 estimated tax. Refunded. Tax due If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid. Enter the amount of line 54 you want. Credited to 2019 estimated tax. Refunded. Tax due If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid. Refunded. Tax due If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid. Refunded. Tax due If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid. Refunded. Tax due If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid. Refunded. Refunded. Tax due If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid. Refunded. Refunded. Refunded. Tax due If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid. Refunded. Refu	\$2 \$3 \$4 \$5 \$5 \$5 \$6 \$6 \$7 \$7 \$7 \$7 \$7 \$7 \$7 \$7 \$7 \$7 \$7 \$7 \$7	we to file in country st? The property is the property of the property o	4,750 Yes No X X And belief, this return own below s No

•	LAKEVI	EW CENTER,	INC.			59-0737872	
Form 990-T (2018)			-			Р	
Schedule A - Cost of G	ioods Sold. Er	nter method of in	ventory valuation	>			
1 Inventory at beginning of	year 1		6 Inventory	at end of year	ar	. 6	
2 Purchases					ld Subtract line		
3 Cost of labor	3		6 from	line 5 Er	ter here and in		
4a Additional section 263A of	costs		Part I, lin	e2		. 7	
(attach schedule)	4a		8 Do the	rules of	section 263A (with respect to Yes	
b Other costs (attach sched	ule) . 4b		property	produced	or acquired fo	or resale) apply	
5 Total Add lines 1 through			to the org	ganization? .		,	
Schedule C - Rent Incom	e (From Real F	roperty and Pe	ersonal Property	/ Leased V	Vith Real Prope	erty)	
(see instructions)							
1 Description of property							
(1)							
(2)							
(3)							
(4)							
	2 Rent recei	ved or accrued					
(a) From personal property (if the	e percentage of rent	(b) From rea	al and personal property	/ (if the	3(a) Deductions	directly connected with the inco	
for personal property is more t more than 50%		percentage of r	rent for personal proper rent is based on profit o	ly exceeds		(a) and 2(b) (attach schedule)	
(1)				.			
(2)							
(3)							
(4)							
Total		Total					
(c) Total income. Add totals of c	columns 2(a) and 2	-			(b) Total deducti	ons	
here and on page 1, Part I, line 6		•			Enter here and o Part I, line 6, colu		
Schedule E - Unrelated D			tructions)			(5)	
		, 1		3 [eductions directly co	onnected with or allocable to	
1 Description of de	bt-financed property		Gross income from or cable to debt-financed			ced property	
	, ,		property		it line depreciation ch schedule)	(b) Other deductions (attach schedule)	
(1)				(4.1.2	on deficatio,	(attaut sureduic)	
(2)				 			
(=)		+		 			
(3)							
<u></u>		ı		 		-	
(4)	5 Average adu	sted hasis		1	ncomo ronadablo	8 Allocable deductions	
i =	5 Average adju of or alloca debt-financed (attach scho	ble to property	6 Column 4 divided by column 5	7 Gross (column	2 x column 6)	3(a) and 3(b))	
(4) 4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or alloca debt-financed	ble to property	4 divided	(columi			
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or alloca debt-financed	ble to property	4 divided by column 5	(columi			
acquisition debt on or allocable to debt-financed property (attach schedule) (1)	of or alloca debt-financed	ble to property	4 divided by column 5	(columi			
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) (1) (2)	of or alloca debt-financed	ble to property	4 divided by column 5 %	(columi			
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) (1)	of or alloca debt-financed	ble to property	4 divided by column 5 %	(columi		(column 6 x total of column 3(a) and 3(b))	

Form **990-T** (2018)

Schedule F—Interest, Annu	inies, Royanie			ontrolled Or			ations	1360	· mstructio	1113)		
Name of controlled organization	2 Employer identification numb	ן ופּכ	3 Net unrelated income (loss) (see instructions)		4 Total of specified payments made		fied in	5 Part of column 4 that is included in the controlling organization's gross income		olling	6 Deductions directly connected with income in column 5	
(1)												
(2)												
(3)												
(4)												
Nonexempt Controlled Organiz	zations					1						
7 Taxable Income	8 Net unrelated ii (loss) (see instruc			Total of specifical payments made		inc	luded in	the co	9 that is ntrolling s income		Deductions directly nected with income in column 10	
(1)												
(2)	_											
(3)		_										
(4)					–							
Totals	come of a Sec	 ction 501(c)(7),	(9), or (17		Pa	ter here a art I, line On (Se	8, colu	mn (A)		er here and on page 1, rt I, line 8, column (B)	
1 Description of income	2 Amount o	f income		3 Deduction directly con (attach sch	nnected		4 Set-asides (attach schedule)			5 Total deductions and set-asides (col. 3 plus col. 4)		
(1)												
(2)			- -									
(3)												
(4)	Enter here and Part I, line 9, c	column (A)	,								Enter here and on page 1 Part I, line 9, column (B)	
Schedule I – Exploited Exe	mpt Activity In	come, Oth	er Th	an Advert	ising Ir	come	e (see	ınstru	ctions)		· · · · · · · · · · · · · · · · · · ·	
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expension directly connected production unrelated business in	y I with in of ed	4 Net incor from unrelat or business 2 minus col if a gain, co cols 5 thro	ted trade (column lumn 3) ompute	from	ross inco activity ot unrela ness inco	that ted	6 Expe attributa colum	ble to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)							_					
(2)												
(3)				İ								
(4)												
Totals	Enter here and on page 1, Part I, line 10, col (A)	Enter here a page 1, Pa line 10, col	art I,	-		,			<u> </u>		Enter here and on page 1, Part II, line 26	
Schedule J-Advertising In	come (see instr	uctions)		<u> </u>								
Part I Income From Peri			onsol	idated Rac	eie							
Part Income From Feri	•	led on a C	UIISUI	4 Advert	lising						7 Excess readership	
1 Name of periodical	2 Gross advertising income	3 Directary advertising		gain or (los 2 minus co a gain, co cols 5 thro	ol 3) If mpute		Circulatio income	on	6. Readership costs		costs (column 6 minus column 5, but not more than column 4)	
(1)												
(2)											7	
(3)			_]					-		7	
(4)											7	
	-			1								
Totals (carry to Part II, line (5))											Form 990-T (2018	

Part II 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)

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)				<u>-</u>		
(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 of Officers, Directors, and Trustees (see instructions)

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

Form 990-T (2018)

ATTACHMENT	2

PART I - LINE 12 - OTHER INCOME
MANAGEMENT FEE INCOME

294,053.

PART I - LINE 12 - OTHER INCOME

294,053.

ATTACHMENT 3

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

DIRECT EXPENSE ALLOCATION

294,053.

PART II - LINE 28 - OTHER DEDUCTIONS

294,053.

ATTACHMENT 4

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

NAME AND ADDRESS	TITLE	BUSINESS PERCENT	COMPENSATION
REV. DR. HUGH HAMILTON, III 1221 W. LAKEVIEW AVENUE PENSACOLA, FL 32501-1836	SECRETARY/MEMBER	0	0.
CHARLES F. BEALL, JR. 1221 W. LAKEVIEW AVENUE PENSACOLA, FL 32501-1836	MEMBER	0	0.
VINCENT CURRIE, JR. 1221 W. LAKEVIEW AVENUE PENSACOLA, FL 32501-1836	CHAIRMAN/MEMBER	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	TREASURER/MEMBER	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.
CHIP SIMMONS 1221 W. LAKEVIEW AVENUE PENSACOLA, FL 32501-1836	MEMBER (TERM END 3/31/19)	0	0.

ATTACHMENT 4 (CONT'D)

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

NAME AND ADDRESS	TITLE	BUSINESS PERCENT	COMPENSATION
ADRIANNA SPAIN 1221 W. LAKEVIEW AVENUE PENSACOLA, FL 32501-1836	MEMBER	0	0.
DAVID STAFFORD 1221 W. LAKEVIEW AVENUE PENSACOLA, FL 32501-1836	VICE CHAIRMAN/MEMBER	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 PRESIDENT	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.
BURTON E. WILLIAMS, III 1221 W. LAKEVIEW AVENUE PENSACOLA, FL 32501-1836	VICE PRESIDENT	0	0.

ATTACHMENT 4 (CONT'D)

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

NAME AND ADDRESS	TITLE	BUSINESS PERCENT	COMPENSATION
ANDREW MAXWELL 1221 W. LAKEVIEW AVENUE PENSACOLA, FL 32501-1836	MEMBER (TERM START 4/1/19)	0	0.
FRANK WHITE 1221 W. LAKEVIEW AVENUE PENSACOLA, FL 32501-1836	MEMBER (TERM START 4/1/19)	0	0.
MARK JONES 1221 W. LAKEVIEW AVENUE PENSACOLA, FL 32501-1836	VICE PRES.(STARTED 7/1/19)	0	0.
TOTAL COMPENSATION			0.