DEPARTMIN OF ROOM

Florida Department of Environmental Protection

CITIZEN SUPPORT ORGANIZATION 2019 LEGISLATIVE REPORT

(pursuant to Section 20.058 Florida Statutes)

Citizen Support Orga	anization (CSO) Name:	St George Lighthouse Association, Inc.	_
Mailing Address:	2B East Gulf E	Beach Dr., St. George Island, FL 32328	_
Telephone Number: _	850-927-7745	Website Address (if applicable):stgeorgelight.org	

Statutory Authority:

Section 20.2551, F.S., Citizen support organizations; use of property; audit; public records; partnerships. In summary, the statute specifies the organizational requirements, operational parameters, duties of a CSO to support the Department of Environmental Protection (Department), or individual units of the Department, use of Department property, audit requirements, public records requirements, and authorizes public-private partnerships to enhance lands managed by the Department.

Section 258.015, F.S., Citizen support organizations; use of property; audit. In summary, the statute defines a CSO, requires authorization by the Division of Recreation and Parks, and specifies the use of property. This statute authorizes the Partnerships in Parks (PIP) program for state parks, the program's operational parameters, CSO's operational parameters, and donor recognition.

CSO's Mission: Consistent with Articles and Bylaws The Cape St. George Lighthouse, the Keeper's House Museum, and the St. George Lighthouse Association strive to preserve and explain the historic contributions that the Light and its Keepers have made to Apalachicola and its environs. The Museum works to educate the local community and all visitors to the role the Light Station played in facilitating commerce and nautical travel along the Northwest Florida Gulf Coast. In the process, the Museum strives to preserve and maintain artifacts used during the Cape St. George Light's time in service.

Description of the CSO's Results Obtained: *Expand section as necessary to be complete* In 2018, climbers at the Cape St. George Light totaled 20,716 with thousands more who visited the Museum but did not climb the Lighthouse. Two Lighthouse Keepers recount the history of the Lighthouse to visitors, as do staff in the Lighthouse Gift Shop and docents in the Museum. The Museum includes displays illustrating the history of the Lighthouse, its tragic collapse in 2005, and the community effort to reconstruct it. Artifacts donated by descendants of original Lighthouse Keepers and members of the community are preserved in educational exhibits describing the cotton port of Apalachicola's need for a lighthouse, the construction and reconstructing of the Lighthouse, the home and work likes of the Keepers, and the history of the Lighthouse in the context of a timeline of other events of the period. Also, a display features a replica of the Third Order Fresnel Lens that lighted the Lighthouse from 1857 to 1949. In addition to individual visitors to St. George Island, the Lighthouse and Museum have hosted groups of students from local schools and home-schooled students in the past year.

Description of the CSO's Plans for the Next Three Fiscal Years: *Expand section as necessary to be complete*We continue to pursue the goals aligned with our mission: To continue to serve the public as an educational resource illustrating the rich maritime heritage of Franklin County and the role that the Lighthouse played in that history; to preserve and maintain the Lighthouse, the Keepers House, and Lighthouse Park for the education and enjoyment of community residents and visitors; to seek out and preserve additional historic artifacts related to our maritime history as they become available; to

develop additional educational exhibits and add documents or photographs to our interactive audiovisual archive.

- ☑ CSO's Code of Ethics is attached, and if the CSO has a website the code of ethics is posted conspicuously.
- ☑ CSO has attached the most recent Internal Revenue Service (IRS) Form 990, 990-EZ, or 990-N receipt. If filing the 990-N the Department requires the 990 or 990-EZ as a worksheet. All IRS Form 990's must be complete with Part III Program Service and all appropriate Schedules (See attached instructions).

St. George Lighthouse Association, Inc.

2B East Gulf Beach Drive St. George Island, FL 32328 850-927-7745

CODE OF ETHICS

PREAMBLE

- (1) It is essential to the proper conduct and operation of the St. George Lighthouse Association, Inc. (herein "CSO") that its board members, officers, and employees be independent and impartial and that their position not be used for private gain. Therefore, the Florida Legislature in Section 112.3251, Florida Statute (Fla. Stat.), requires that the law protect against any conflict of interest and establish standards for the conduct of CSO board members, officers, and employees in situations where conflicts may exist.
- (2) It is hereby declared to be the policy of the state that no CSO board member, officer, or employee shall have any interest, financial or otherwise, direct or indirect, or incur any obligation of any nature which is in substantial conflict with the proper discharge of his or her duties for the CSO. To implement this policy and strengthen the faith and confidence of the people in Citizen Support Organizations, there is enacted a Code of Ethics setting forth standards of conduct required of St. George Lighthouse Association board members, officers, and employees in the performance of their official duties.

STANDARDS

The following standards of conduct are enumerated in Chapter 112, Fla. Stat., and are required by Section 112.3251, Fla. Stat., to be observed by CSO board members, officers, and employees.

1. Prohibition of Solicitation or Acceptance of Gifts

No CSO board member, officer, or employee shall solicit or accept anything of value to the recipient, including a gift, loan, reward, promise of future employment, favor, or service, based upon any understanding that the vote, official action, or judgment of the CSO board member, officer, or employee would be influenced thereby.

2. Prohibition of Accepting Compensation Given to Influence a Vote

No CSO board member, officer, or employee shall accept any compensation, payment, or thing of value when the person knows, or, with reasonable care, should know that it was given to influence a vote or other action in which the CSO board member, officer, or employee was expected to participate in his or her official capacity.

3. Salary and Expenses

No CSO board member or officer shall be prohibited from voting on a matter affecting his or her salary, expenses, or other compensation as a CSO board member or officer, as provided by law.

4. Prohibition of Misuse of Position

A CSO board member, officer, or employee shall not corruptly use or attempt to use one's official position or any property or resource which may be within one's trust, or perform official duties, to secure a special privilege, benefit, or exemption.

St. George Lighthouse Association, Inc.

2B East Gulf Beach Drive St. George Island, FL 32328 850-927-7745

CODE OF ETHICS

5. Prohibition of Misuse of Privileged Information

No CSO board member, officer, or employee shall disclose or use information not available to members of the general public and gained by reason of one's official position for one's own personal gain or benefit or for the personal gain or benefit of any other person or business entity.

6. Post-Office/Employment Restrictions

A person who has been elected to any CSO board or office or who is employed by a CSO may not personally represent another person or entity for compensation before the governing body of the CSO of which he or she was a board member, officer, or employee for a period of two years after he or she vacates that office or employment position.

7. Prohibition of Employees Holding Office

No person may be, at one time, both a CSO employee and a CSO board member at the same time.

8. Requirements to Abstain from Voting

A CSO board member or officer shall not vote in official capacity upon any measure which would affect his or her special private gain or loss, or which he or she knows would affect the special gain or any principal by whom the board member or officer is retained. When abstaining, the CSO board member or officer, prior to the vote being taken, shall make every reasonable effort to disclose the nature of his or her interest as a public record in a memorandum filed with the person responsible for recording the minutes of the meeting, who shall incorporate the memorandum in the minutes. If it is not possible for the CSO board member or officer to file a memorandum before the vote, the memorandum must be filed with the person responsible for recording the minutes to the meeting no later than 15 days after the vote.

9. Failure to Observe CSO Code of Ethics

Failure of a CSO board member, officer, or employee may result in the removal of that person from their position. Further, failure of the CSO to observe the Code of Ethics may result in the Florida Department of Environmental Protection terminating its Agreement with the CSO.

St. George Lighthouse Association, Inc. 2B East Gulf Beach Drive St. George Island, FL 32328

850-927-7745 CONFLICT OF INTEREST POLICY

I. Purpose

The purpose of this Conflict of Interest Policy is to protect the interest of the St. George Lighthouse Association, Inc. (SGLA), a tax-exempt organization, when it is contemplating entering into a transaction or arrangement that might benefit the private interest of an officer or director of the SGLA or might result in a possible excess benefit transaction. This policy is intended to supplement but not replace any applicable state and federal laws governing conflict of interest applicable to nonprofit and charitable organizations.

II. Definitions

1. Interested Person

Any director, principal officer, or member of a committee with governing board delegated powers, who has a direct or indirect financial interest, as defined below, is an interested person.

2. Financial Interest

A person has a financial interest if the person has, directly or indirectly, through business, investment, or family:

- a. An ownership or investment interest in any entity with which the SGLA has a transaction or arrangement;
- b. A compensation arrangement with the SGLA or with any entity or individual with which the SGLA has a transaction arrangement; or
- c. A potential ownership or investment interest in, or compensation arrangement with, any entity or individual with which the SGLA is negotiating a transaction or arrangement.

Compensation includes direct and indirect remuneration as well as gifts or favors that are not insubstantial.

A financial interest is not necessarily a conflict of interest. Under Article III Paragraph 2, a person who has a financial interest may have a conflict of interest only if the appropriate governing board or committee decides that a conflict of interest exists.

III. Procedures

1. Duty to Disclose

In connection with any actual or possible conflict of interest, an interested person must disclose the existence of the financial interest and be given the opportunity to disclose all material facts to the directors and members of committees with governing board delegated powers considering the proposed transaction or arrangement.

St. George Lighthouse Association, Inc. 2B East Gulf Beach Drive St. George Island, FL 32328

850-927-7745

CONFLICT OF INTEREST POLICY

2. Determining Whether a Conflict of Interest Exists

After disclosure of the financial interest and all material facts, and after any discussion with the interested person, he/she shall leave the governing board or committee meeting while the determination of a conflict of interest is discussed and voted upon. The remaining board or committee members shall decide if a conflict of interest exists.

3. Procedures for Addressing the Conflict of Interest

- a. An interested person may make a presentation at the governing board or committee meeting, but after the presentation, he/she shall leave the meeting during the discussion of, and the vote on, the transaction or arrangement involving the possible conflict of interest.
- b. The chairperson of the governing board or committee shall, if appropriate, appoint a disinterested person or committee to investigate alternatives to the proposed transaction or arrangement.
- c. After exercising due diligence, the governing board or committee shall determine whether the SGLA can obtain with reasonable efforts a more advantageous transaction or arrangement from a person or entity that would not give rise to a conflict of interest.
- d. If a more advantageous transaction or arrangement is not reasonably possible under circumstances not producing a conflict of interest, the governing board or committee shall determine by a majority vote of the disinterested directors whether the transaction or arrangement is in the SGLA's best interest, for its own benefit, and whether it is fair and reasonable. In conformity with the above determination it shall make its decision as to whether to enter into the transaction or arrangement.

4. Violations of the Conflicts of Interest Policy

- a. If the governing board or committee has reasonable cause to believe a member has failed to disclose actual or possible conflicts of interest, it shall inform the member of the basis for such belief and afford the member an opportunity to explain the alleged failure to disclose.
- b. If, after hearing the member's response and after making further investigation as warranted by the circumstances, the governing board or committee determines the member has failed to disclose an actual or possible conflict of interest, it shall take appropriate disciplinary and corrective action.

IV. Records of Proceedings

The minutes of the governing board and all committees with board delegated powers shall contain:

- a. The names of the persons who disclosed or otherwise were found to have a financial interest in connection with an actual or possible conflict of interest, the nature of the financial interest, any action taken to determine whether a conflict of interest was present, and the governing board's or committee's decision as to whether a conflict of interest in fact existed.
- b. The names of the persons who were present for discussions and votes relating to the transaction or arrangement, the content or the discussion, including any alternatives to the proposed transaction or arrangement, and a record of any votes taken in connection with the proceedings.

St. George Lighthouse Association, Inc.

2B East Gulf Beach Drive St. George Island, FL 32328 850-927-7745

CONFLICT OF INTEREST POLICY

V. Compensation

- a. A voting member of the governing board who receives compensation, directly or indirectly, from the SGLA for services is precluded from voting on matters pertaining to that member's compensation.
- b. A voting member of any committee whose jurisdiction includes compensation matters and who receives compensation, directly or indirectly, from the SGLA for services is precluded from voting on matters pertaining to that member's compensation.
- c. No voting member of the governing board or any committee whose jurisdiction includes compensation matters and who receives compensation, directly or indirectly, from the SGLA, either individually or collectively, is prohibited from providing information to any committee regarding compensation.

VI. Annual Statements

Each director, principal officer and member of a committee with governing board delegated powers shall annually sign a statement which affirms such person:

- a. Has received a copy of the conflicts of interest policy;
- b. Has read and understands the policy;
- c. Has agreed to comply with the policy; and
- d. Understands the SGLA is charitable and in order to maintain its federal tax exemption it must engage primarily in activities which accomplish one or more of its tax-exempt purposes.

VII. Periodic Reviews

To ensure the SGLA operates in a manner consistent with charitable purposes and does not engage in activities that could jeopardize its tax-exempt status, periodic reviews shall be conducted. The periodic reviews shall, at a minimum, include the following subjects:

- a. Whether compensation arrangements and benefits are reasonable, based on competent survey information, and the result of arm's length bargaining;
- b. Whether partnerships, joint ventures, and arrangements with management organizations conform to the SGLA's written policies, are properly recorded, reflect reasonable investment or payments for goods and services, further charitable purposes and do not result in inurement, impermissible private benefit or in an excess benefit transaction.

VIII. Use of Outside Experts

When conducting the periodic reviews as provided for in Article VII, the SGLA may, but need not, use outside advisors. If outside experts are used, their use shall not relieve the governing board of its responsibility for ensuring periodic reviews are conducted.

Form **8868**

(Rev. January 2019)

Department of the Treasury
Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

u File a separate application for each return.
u Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-1709

Electronic filing (*e-file*). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits* .

Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number, see instructions Name of exempt organization or other filer, see instructions. Type or Employer identification number (EIN) or print 20-1905208 St. George Lighthouse Assn, Inc. Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN) 2B East Gulf Beach Drive File by the due date for City, town or post office, state, and ZIP code. For a foreign address, see instructions. filing your return. See St. George Island FL 32328 instructions 01 Enter the Return Code for the return that this application is for (file a separate application for each return) Application Return Application Return Is For Code Is For Code Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07 Form 990-BL 02 Form 1041-A 80 Form 4720 (individual) Form 4720 (other than individual) 03 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 Kate Aguiar 564 E. Bayshore Drive The books are in the care of **u** St. George Island FL 32328 Telephone No. ▶ 850-927-7745 Fax No. ▶ If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)___ for the whole group, check this box _____ **>** _____. If it is for part of the group, check this box _____ and attach a list with the names and EINs of all members the extension is for. I request an automatic 6-month extension of time until 11/15/19, to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 2018 or tax year beginning , and ending , Final return Change in accounting period If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 3a \$

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

using EFTPS (Electronic Federal Tax Payment System). See instructions.

If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and

Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by

estimated tax payments made. Include any prior year overpayment allowed as a credit.

3b | \$

0

0

990 Form

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 2017 Open to Public Inspection

A	For the 2017 (alendar year, or tax year beginning , and ending		
B	Check if applicable:	C Name of organization	D Employ	er identification number
\prod_{i}	Address change	St. George Lighthouse Assn, Inc.		
Ħ.	Name abanca	Doing business as	20-1	1905208
닏	Name change	Number and street (or P.O. box if mail is not delivered to street address) Room/	suite E Telepho	ne number
	Initial return	2B East Gulf Beach Drive	850-	-927-7745
	Final return/	City or town, state or province, country, and ZIP or foreign postal code		
	terminated	St. George Island FL 32328	G Gross re	eceipts \$ 271,241
\square	Amended return	F Name and address of principal officer:		
	Application pending	Kate Aguiar) Is this a group return for	subordinates? Yes No
300			Are all subordinates in	cluded? Yes No
		St. George Island FL 32328	If "No," attach a lis	t. (see instructions)
-	Tax average status	X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527		
	Tax-exempt status:			
			Group exemption num	
-	Form of organization		ormation: 2004	M State of legal domicile: FL
_P		ımmary		
		escribe the organization's mission or most significant activities:		
9		promote, preserve and maintain including the moving the		
au	St.	George Lighthouse, from Little St. George Island, Fran	klin County	T. e
Governance	Flor	rida.		
Š	2 Check th	is box ▶ if the organization discontinued its operations or disposed of more than 25% of i	its net assets.	
	1	of voting members of the governing body (Part VI, line 1a)		9
•ව ග		of independent voting members of the governing body (Part VI, line 1b)		9
itie		mber of individuals employed in calendar year 2017 (Part V, line 2a)		9
Activities	1			0
Ā		mber of volunteers (estimate if necessary)		
		related business revenue from Part VIII, column (C), line 12		
	b Net unre	lated business taxable income from Form 990-T, line 34	Prior Year	Current Year
	0.00	Since and anote (Dad VIII line 4h)	38,579	
e		ions and grants (Part VIII, line 1h)	114,886	
Revenue		service revenue (Part VIII, line 2g)		
è		ent income (Part VIII, column (A), lines 3, 4, and 7d)	611	
ш	11 Other re	venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	78,410	
	12 Total rev	enue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	232,486	223,657
	13 Grants a	nd similar amounts paid (Part IX, column (A), lines 1-3)		0
	14 Benefits	paid to or for members (Part IX, column (A), line 4)		0
t0	4E Calarine	other compensation, employee benefits (Part IX, column (A), lines 5–10)	93,585	124,571
Se	16a Professi			0
Expenses	h Total fur	onal fundraising fees (Part IX, column (A), line 11e) draising expenses (Part IX, column (D), line 25) ▶ 70,512		
Ξ	17 Other ex	penses (Part IX, column (A), lines 11a–11d, 11f–24e)	72,506	79,017
	17 Other ex	penses. Add lines 13–17 (must equal Part IX, column (A), line 25)	166,091	203,588
	The reaction appropriate district		66,395	
_ 0	19 Revenue	e less expenses. Subtract line 18 from line 12	nning of Current Year	End of Year
Net Assets or	30 Total c-		359,450	
SSe	20 Total as	sets (Part X, line 16)	33,592	
et	21 Total lia	pilities (Part X, line 26)	325,858	
707 - N. A.		ets or fund balances. Subtract line 21 from line 20	323,030	31,331
		ignature Block		
U	Inder penalties of	perjury, I declare that I have examined this return, including accompanying schedules and statements, are	nd to the best of my	knowledge and belief, it is
tr	ue, correct, and	complete. Declaration of preparer (other than officer) is based on all information of which preparer has an	Nilowiedge.	0 8 0010
		SIGNUL		9 Jan 2019
Sig	gn	Signature of officer	Da	
He		Kate Aguiar Executiv	e Directo	or
		Type or print name and title		
	Print/Ty	pe preparer's name Preparer's signature	Date Che	ck if PTIN
Pa		ce preparer's name C. Roberson CPA Ralph C. Roberson CPA	01/09/19 self-	employed P00149032
	naror Italpi	C. Roberson C. Accociatos P. A	Firm's EIN	EA 2001016
	e Only	116A Sailors Cove Dr	THITIS EIN	
US	- 1	Post Spint Too ET 32456-1990	Di-	850-653-1090
	Firm's	iddicss / — — —	Phone no.	
Ma	y the IRS disci	uss this return with the preparer shown above? (see instructions)		X Yes No

Form 990 (2017) St. George Lighthouse Assn, Inc. 20-1905208

Part IV Checklist of Required Schedules

1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			- 42
•	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	67		
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	6		х
	Did the organization receive or hold a conservation easement, including easements to preserve open space,		777	
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
3	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D. Part III	8		х
)	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or	140		
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
1	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"		printerpoliti	1000250
a	complete Schedule D. Part VI	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
~	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			1722
•	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d				
•	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D. Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
277	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	ACT AND ACT OF THE PARTY OF THE		X
a	Did the organization maintain an office, employees, or agents outside of the United States?			2
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			1
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		2
;	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		2
5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		2
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	40	v	
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	+
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			3

19? Note. All Form 990 filers are required to complete Schedule O.

Checklist of Required Schedules (continued) Yes No X 20a 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20b b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or X domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on X Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the 23 organization's current and former officers, directors, trustees, key employees, and highest compensated X 23 employees? If "Yes," complete Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b X 24a through 24d and complete Schedule K. If "No," go to line 25a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit X transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? X If "Yes," complete Schedule L, Part I 25b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or X 26 disqualified persons? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, 27 substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled X entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): X A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete X 28b Schedule L, Part IV An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) 28c was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 conservation contributions? If "Yes," complete Schedule M X 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 X 31 Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 complete Schedule N, Part II X 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I X Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 34 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a 35a If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 36 related organization? If "Yes," complete Schedule R, Part V, line 2 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes." complete Schedule R. X 37 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and

	990 (2017) St. George Lighthouse Assn, Inc. 20-1905	208			F	age 5
Pa	ort V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V	,				
	Check is ochedule o contains a response of note to any line in this Part V			 	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	3	200	res	NO
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0	-	4.0	
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			-		
	reportable gaming (gambling) winnings to prize winners?			1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1		10	ROLL.	
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	9		0.578	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	-		2b	X	
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions			. 20		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3)		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule	0		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other		tv	. 55		
	over, a financial account in a foreign country (such as a bank account, securities account, or other fir		.9			
	account)?			4a		х
b	If "Yes," enter the name of the foreign country: ▶					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial	Accour	ts	. 188		
	(FBAR).			672	Mar.	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a	CONCOLUIA.	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?		5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did tr	ne				
	organization solicit any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or				
	gifts were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	goods		7059		
	and services provided to the payor?			7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as				
	required to file Form 8282?			. 7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		?			<u> </u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control			. 7f		<u> </u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			. 7g		-
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			. 7h	I Escapis	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	ed by th	ne	5 6 5		
				. 8	MAGUAN.	
9	Sponsoring organizations maintaining donor advised funds.					
a						-
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			. 9b	langer.	
10	Section 501(c)(7) organizations. Enter:	10-				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			(a)	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		-	2 10	- 10
11	Section 501(c)(12) organizations. Enter:	440	20,000,000	10.00	S. Pa	
a	Gross income from members or shareholders	11a		-		
b	Gross income from other sources (Do not net amounts due or paid to other sources	11h		0.00%		
420	against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	11b	2	12a		BINSTE
12a	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		. 124		
b 13	Section 501(c)(29) qualified nonprofit health insurance issuers.	LIZU				
13	Is the organization licensed to issue qualified health plans in more than one state?			13a		
а	Note. See the instructions for additional information the organization must report on Schedule O.			100	1	
b	Enter the amount of reserves the organization is required to maintain by the states in which					
~	the organization is licensed to issue qualified health plans	13b		17. 20		
С	Enter the amount of reserves on hand	13c			1000	

14a

14a Did the organization receive any payments for indoor tanning services during the tax year?

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Form 990 (2017) St. George Lighthouse Assn, Inc. 20-1905208 Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 9 Enter the number of voting members included in line 1a, above, who are independent b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X 2 any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct 3 X supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X 5 Did the organization become aware during the year of a significant diversion of the organization's assets? X 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint X one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, b X 7b stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 X 8a The governing body? X 8b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes X 10a 10a Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? X 11a 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. X Did the organization have a written conflict of interest policy? If "No," go to line 13 12a 12a 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c describe in Schedule O how this was done 13 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X The organization's CEO, Executive Director, or top management official 15a 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ▶ None
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 - Own website X Another's website X Upon request Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records: ▶

Kate Aguiar

St. George Island

564 E. Bayshore Drive

850-927-7745

32328

DAA

Form 990 (201	7) St.	George	Lighthouse	Assn,	Inc.	20-3	1905208	3		Page 7
Part VII	Compe	nsation of	Officers, Director	s, Truste	es, Key	Employees	, Highest	Compensated	Employees.	and
		ndent Cont			_					
	Check i	f Schedule (O contains a respo	nse or no	te to any	y line in this	Part VII			П

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

K Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (A) (F) Name and Title Average Position Reportable Reportable Estimated compensation from hours per (do not check more than one compensation amount of week box, unless person is both an from related other (list any officer and a director/trustee) the organizations compensation hours for organization (W-2/1099-MISC) from the related (W-2/1099-MISC) ndividual stitutional ghest organization organizations employee and related below dotted organizations compensated trustee trustee (1) James F. Kemp 3.00 President 0.00 X X 0 0 0 (2) Vito Bell 3.00 0.00 X X Vice President 0 0 0 (3) Therese K Kemp 3.00 Secretary 0.00 X X 0 0 0 (4) Phyllis Lewis 3.00 Treasurer 0.00 X X 0 0 0 (5) Bud Hayes 3.00 Director 0.00 X 0 0 0 (6) Fred Stanley 3.00 0.00 X 0 0 0 Director (7) Robert Heide 3.00 0.00 X 0 0 Director 0 (8) Stanley Colvin 3.00 X 0 0.00 0 0 Director (9) Susan Baldino 3.00 Director 0.00 X 0 0 0 (10)(11)

Form 990 (2017)

	(A) Name and title	(B) Average hours per week (list any	box	, unle	ss per	ition more rson i	than o s both or/truste	an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)		(F) Estimated amount of other mpensation from the	of on
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-21 Tuese-Wilder)	a	rganizatio	on ed
222													North Dispersion (IAB) model
	9										×		

1b c	Total from continuation she							•					
<u>d</u> 2	Total (add lines 1b and 1c) Total number of individuals (in reportable compensation from				thos	e lis	ted a	bov	e) who received more than	\$100,000 of	=		• • • • • • • • • • • • • • • • • • • •
3	Did the organization list any for employee on line 1a? If "Yes,"	ormer officer, dir	ector	, or	trust	ee, l	key e	mp	loyee, or highest compensa			3	Yes No
4	For any individual listed on lin organization and related organization individual	e 1a, is the sum nizations greater	of re than	eport \$15	able 50,00	con 00? /	npens If "Ye	satio s," (on and other compensation complete Schedule J for su	from the		4	х
5 Sect	Did any person listed on line for services rendered to the o ion B. Independent Contracto	rganization? If "Y	crue 'es,"	com com	pens plete	Sation Sci	n tror <i>hedui</i>	n ai le J	ny unrelated organization of for such person	r individual	<u>1</u>	5	X
1	Complete this table for your fi compensation from the organi	ve highest comp	ensa ompe	ted i	inder	oend or th	lent one ca	ont	ractors that received more dar year ending with or with	than \$100,000 of nin the organization's tax y	ear.		
	Name and	(A) I business address				-			Descrip	(B) tion of services		Comp	(C) pensation
			V										
		d											
						711							-
2	Total number of independent received more than \$100,000								se listed above) who	0			100 to

Form 990 (2017) St. George Lighthouse Assn, Inc.

Part VIII Statement of Revenue

20-1905208

	Check if Schedule			(A)	(B) Related or	(C)	(D)
	The same of the sa	e production of the second	100 mm (4)	Total revenue	exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514
1a	Federated campaigns	1a					
b	Membership dues	1b	9,475				
C	Fundraising events	1c	6,626				
d	Related organizations	1d				THE RESIDENCE OF THE PARTY OF T	
	Government grants (contributions)	1e	22,000				
T	All other contributions, gifts, grants, and similar amounts not included above		6 010				
~		1f	6,912			TO THE RESIDENCE OF	
	Noncash contributions included in lines 1a Total. Add lines 1a–1f			4F 013		anatomen ophie	
	Total. Add lines 1a-11		100	45,013			
2a	Climbing donations		Busn. Code	91,846	01 046		
b				679	91,846		
С				073	679		the absence of the second
d							
е							
f	All other program service reve	nue					and the second s
	Total. Add lines 2a-2f			92,525			
	Investment income (including	dividends, i	interest,				
	and other similar amounts)		>	252			252
	Income from investment of tax	exempt bo	ond proceeds ▶				
5	Royalties	·····		33			33
	(i) Real		(ii) Personal	11.66.3			Party 1994
	Gross rents						
	Less: rental exps.				The state of	sA set upovies see	
	Rental inc. or (loss)						
d 7a	Gross amount from (i) Securities (ii) Other						
	sales of assets		(ii) Other	ESS 5			
	other than inventory Less: cost or other			\$87.04		Faren.	
	basis & sales exps.		*	1810.20			
	Gain or (loss)			1867 3	are a construction.	37.004	
	Net gain or (loss)		•				
	Gross income from fundraising eve						
	(not including \$ 6,6						
	of contributions reported on line 1c)	.					
	See Part IV, line 18	. a	13,205	1888 1		and the second second	
b	Less: direct expenses	. b					
	Net income or (loss) from fund		nts	13,205			13,205
	Gross income from gaming activitie			662.0		Toms on world	
	See Part IV, line 19	. a		S 150 (85 a.) 8			
	Less: direct expenses						
	Net income or (loss) from gam	ing activitie	s				
	Gross sales of inventory, less returns and allowances		110 993		19 19 19 19 19 19 19 19 19 19 19 19 19 1	Brank College	
	Less: cost of goods sold	. a	119,883 47,584			Free magnetic and	
	Net income or (loss) from sale	s of invento		72,299	72,299	w Zewisselp (A. e.)	
	Miscellaneous Revenue	O OI IIIVEIIIU	Busn. Code	12,233	12,233		
11a	Sales tax collection	allowanc		208			208
110	Miscellaneous			122			122
b							
b c	All other revenue						
b c d	All other revenue			330			

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (C) Management and (A) Total expenses (B) Program service Do not include amounts reported on lines 6b, Fundraising expenses 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 47,027 114,701 55,057 12,617 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 337 77 289 Other employee benefits 703 9 3,759 9,167 4,400 1,008 Payroll taxes 10 Fees for services (non-employees): 11 Management Legal b 1,041 347 347 347 c Accounting Professional fundraising services. See Part IV, line 17 Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column 3,623 1,957 569 1,097 (A) amount, list line 11g expenses on Schedule O.) 2,876 Advertising and promotion 10,922 8,046 12 11,618 4,147 3,369 4,102 Office expenses 13 Information technology 2,189 690 810 689 14 15 Royalties 22,748 20,215 118 2,415 16 Occupancy 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 1,245 1,120 125 Conferences, conventions, and meetings 19 Interest 20 Payments to affiliates 21 10,230 Depreciation, depletion, and amortization 10,230 22 8,120 6,985 240 895 Insurance 23 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 3,075 Freight and shipping 3,075 а 2,868 b Merchant fees 2,868 1,073 Supplies 1,073 265 Taxes paid 265 d e All other expenses 203,588 113,651 19,425 70,512 Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ following SOP 98-2 (ASC 958-720)

20-1905208

	Check if Schedule O contains a response or I		T	(A)		(B)
				Beginning of year		End of year
1	Cash—non-interest bearing			137,248	1	175,068
2	Savings and temporary cash investments			58,243	2	55,320
3	Pledges and grants receivable, net				3	
4	Accounts receivable, net				4	
5	Loans and other receivables from current and form					CONTRACTOR OF THE STATE OF THE
	trustees, key employees, and highest compensated	emplovees.				
	Complete Part II of Schedule L	, , ,			5	
6	Loans and other receivables from other disqualified	persons (as de	efined under section			
	4958(f)(1)), persons described in section 4958(c)(3)		1.00	rakking the beauty		
	sponsoring organizations of section 501(c)(9) volun					
	organizations (see instructions). Complete Part II of			THE TAXABLE PROPERTY OF THE PARTY OF THE PAR	6	
7	Notes and loans receivable, net				7	
8	Inventories for sale or use			57,627	8	64,431
9	Prepaid expenses and deferred charges			-	9	
10a	Land, buildings, and equipment: cost or	· · · · · I · · · · · I · · ·				
	other basis. Complete Part VI of Schedule D	10a	131,947			
b	Less: accumulated depreciation	10b	36,345	105,832	10c	95,602
11	Investments—publicly traded securities				11	
12	Investments—other securities. See Part IV, line 11				12	
13	Investments—program-related. See Part IV, line 11				13	
14	Intangible assets		1		14	
15	Other assets. See Part IV, line 11			500	15	798
16	Total assets. Add lines 1 through 15 (must equal li	ne 34)		359,450	16	391,219
17	Accounts payable and accrued expenses			23,328	17	31,701
18	Grants payable		1		18	
19	Deferred revenue			4,970	19	3,720
20	Tax-exempt bond liabilities				20	
21	Escrow or custodial account liability. Complete Part	IV of Schedule	D		21	
22	Loans and other payables to current and former off			The filtred and the first and the state of the		
	trustees, key employees, highest compensated em					
	disqualified persons. Complete Part II of Schedule			OT TOO BY IN SULT IN S	22	
23	Secured mortgages and notes payable to unrelated				23	
24	Unsecured notes and loans payable to unrelated th				24	
25	Other liabilities (including federal income tax, payab	oles to related the				
	parties, and other liabilities not included on lines 17	-24). Complete	Part X			
	of Schedule D		L	5,294	25	8,447
26	Total liabilities. Add lines 17 through 25			33,592	26	43,868
Π	Organizations that follow SFAS 117 (ASC 958),	check here ▶	and			
	complete lines 27 through 29, and lines 33 and	34.				
27	Unrestricted net assets				27	
28	Temporarily restricted net assets				28	
29	Permanently restricted net assets				29	
	Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC	958), check h	ere ▶ X and			
	complete lines 30 through 34.		_			
30	O in the term of the decision			30		
31	Paid-in or capital surplus, or land, building, or equip				31	
32	Retained earnings, endowment, accumulated incon			325,858	32	347,351
33	500-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0			325,858	33	347,351
34	Total liabilities and net assets/fund balances			359,450	34	391,219

Part X					
1 Tot					
4 Tot	Check if Schedule O contains a response or note to any line in this Part XI		00	2 6	4
	al revenue (must equal Part VIII, column (A), line 12)	1		3,6	
2 Tot	al expenses (must equal Part IX, column (A), line 25)	2		3,5	
	venue less expenses. Subtract line 2 from line 1	3		0,0	
	t assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	32	5,8	58
5 Net	t unrealized gains (losses) on investments	5			
6 Do	nated services and use of facilities	6			
7 Inv	estment expenses	7			
8 Prid	or period adjustments	8		9 A	0.4
	ner changes in net assets or fund balances (explain in Schedule O)	9		1,4	24
10 Ne	t assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line		2.4		
33,	column (B))	10	34	7,3	21
Part >					
	Check if Schedule O contains a response or note to any line in this Part XII		······································		
			THE WORLD	Yes	No
	counting method used to prepare the Form 990: X Cash Accrual Other		_		
If t	he organization changed its method of accounting from a prior year or checked "Other," explain in				
	hedule O.				
2a We	ere the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u> </u>
	Yes," check a box below to indicate whether the financial statements for the year were compiled or				
rev	riewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis			44.20	
b We	ere the organization's financial statements audited by an independent accountant?		2b		X
If "	Yes," check a box below to indicate whether the financial statements for the year were audited on a				
se	parate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
c If "	Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
of	f the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
If t	the organization changed either its oversight process or selection process during the tax year, explain in		30.00		
Sc	hedule O.				
3a As	a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
the	e Single Audit Act and OMB Circular A-133?		3a		
b If	Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	quired audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b		

SCHEDULE A (Form 990 or 990-EZ)

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

Public Charity Status and Public Support

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

St. George Lighthouse Assn, Inc.

Employer identification number 20-1905208

P	art I	Reas	on for Public Charity	Status (All organizations	s must c	omplete	this part.) See instruction	ons.								
The	orga	nization is not	a private foundation becaus	e it is: (For lines 1 through 12,	check onl	y one box.)									
1				ociation of churches described												
2	П			A)(ii). (Attach Schedule E (For			, , , ,									
3	П			ce organization described in s			ii).									
4	П			d in conjunction with a hospital				hospital's name								
		city, and state						,								
5	П	An organizati	on operated for the benefit of	of a college or university owner	d or operat	ed by a go	overnmental unit described in									
		The second secon	(b)(1)(A)(iv). (Complete Part			, 5										
6		A federal, sta	te, or local government or g	overnmental unit described in	section 1	70(b)(1)(A)	(v).									
7			on that normally receives a section 170(b)(1)(A)(vi). (C	substantial part of its support f omplete Part II.)	rom a gov	emmental	unit or from the general publ	ic								
8		A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)														
9		An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land grant college of agriculture (see instructions). Enter the name, city, and state of the college or														
	_	university:	or a non-land grant college (or agriculture (see instructions).	. Enter the	name, city	, and state of the college or	LDC								
10	X) more than 33 1/3% of its su												
				npt functions—subject to certain	Name of the second of the seco											
				nd unrelated business taxable i 0, 1975. See section 509(a)(2												
11	П			exclusively to test for public sa												
12	Н			exclusively for the benefit of, to				oses								
-	ш	of one or mo	re publicly supported organia	zations described in section 5 hat describes the type of support	09(a)(1) or	section 5	09(a)(2). See section 509(a))(3).								
	а			erated, supervised, or controlle				Control of the Contro								
	а			ver to regularly appoint or elect				mig								
				omplete Part IV, Sections A	350	or the dire	socoro or tradicado or tric									
	b			pervised or controlled in connecting organization vested in the												
				Part IV, Sections A and C.	same per	SOIIS IIIAI C	control of manage the suppor	ieu								
	С	Type III	functionally integrated. A s	supporting organization operate structions). You must complet	ed in conne	ection with,	and functionally integrated	with,								
	d			I. A supporting organization op				ion(e)								
	•			e organization generally must s				. ,								
				nust complete Part IV, Section												
	е			eived a written determination fron- In-functionally integrated suppo			a Type I, Type II, Type III									
	f	Enter the nur	nber of supported organizat	ions				and the second second								
	g	Provide the for	ollowing information about the	ne supported organization(s).												
(i) Nam	e of supported	(ii) EIN	(iii) Type of organization	100000000000000000000000000000000000000	organization	(v) Amount of monetary	(vi) Amount of								
	org	ganization		(described on lines 1–10 above (see instructions))	Table Control of the	ur governing ment?	support (see instructions)	other support (see instructions)								
				above (see instructions))	Yes	No	instructions)	instructions)								
(A)					1	"										
(/-1)	38	7														
(B)		7	g ' pakinayan miliki	<u> </u>												
(C)			¥ -				9									
(D)					-											
(D)																
(E)																
							A Company of the Comp									
Tota	al .							1								

Part II	Support Schedule for Or	ganizations D	Lighthouse Described in S	ections 170(b)(1)(A)(iv) and	-1905208 170(b)(1)(A)(vi)	Page 2
	(Complete only if you chec Part III. If the organization	ked the box or fails to qualify	n line 5, 7, or 8 under the tests	of Part I or if the listed below, I	he organization please complet	failed to qualify e Part III.)	under
Section A	A. Public Support						
alendar yea	ar (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
memb	grants, contributions, and ership fees received. (Do not e any "unusual grants.")						
orgar	evenues levied for the nization's benefit and either paid expended on its behalf						
furnish	alue of services or facilities hed by a governmental unit to the ization without charge						
4 Total.	. Add lines 1 through 3					1346	
each	portion of total contributions by person (other than a		Kon to their brone	y en 10 zeus esta 1		67 00 57 00 A	
suppo line 1	nmental unit or publicly orted organization) included on that exceeds 2% of the amount n on line 11, column (f)		tary Part II i Parting April 19 acres			echamic more vitto en in region (81,61	
	support. Subtract line 5 from line 4.						
Section I	B. Total Support						
alendar yea	ar (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amou	unts from line 4	***					
paym rents,	s income from interest, dividends, tents received on securities loans, royalties, and income from ar sources						
activit	ncome from unrelated business ties, whether or not the business gularly carried on						
loss f	r income. Do not include gain or from the sale of capital assets ain in Part VI.)				1.116		
11 Total	support. Add lines 7 through 10			10 Control 2 32	Section (Control of the	and the state of the	
	s receipts from related activities, etc.					12	
3 First	five years. If the Form 990 is for the	organization's fir	st, second, third, fo	ourth, or fifth tax ye	ear as a section 50	01(c)(3)	
orgar	nization, check this box and stop her	e					
	C. Computation of Public So					1	
	c support percentage for 2017 (line 6						%
15 Public	c support percentage from 2016 School	edule A, Part II, li	ne 14			15	%
box a	/3% support test—2017. If the organ and stop here. The organization qual	ifies as a publicly	supported organiz	ation			▶[
b 33 1/	/3% support test-2016. If the organ	ization did not che	eck a box on line 1	3 or 16a, and line	15 is 33 1/3% or i	more, check	

this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test-2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Schedule A (Form 990 or 990-EZ) 2017

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Calen	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership					()	(7)
	fees received. (Do not include any "unusual grants.")	42,113	35,845	39,271	38,579	45,013	200,821
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	124,821	121,120	207,142	237,873	212,408	903,364
3	Gross receipts from activities that are not an unrelated trade or business under section 513			13,230	14,570	13,535	41,335
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	166,934	156,965	259,643	291,022	270,956	1,145,520
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						Sequility
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from	tikuteja, im ka <mark>k</mark>	radi beloe tid traffi d	relations to payors	51 to 1 (22.2 to 1		
800	tion B. Total Support	MRS ASSESSED LOS	- 10 m -				1,145,520
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9							(f) Total
	Amounts from line 6	166,934	156,965	259,643	291,022	270,956	1,145,520
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	235	351	448	697	285	2,016
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	235	351	448	697	285	2,016
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	4,662	7,344				12,006
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	arrein noneanath					
13	Total support. (Add lines 9, 10c, 11, and 12.)	171,831	164,660	260,091	291,719	271,241	1,159,542
14	First five years. If the Form 990 is for the						
	organization, check this box and stop here)					▶ 🔲
Sec	tion C. Computation of Public Su	pport Percent	age				
15	Public support percentage for 2017 (line 8,	column (f) divided	by line 13, column	(f))		15	98.79 %
16	Public support percentage from 2016 Sche	dule A, Part III, line	15			16	98.70 %
Sec	tion D. Computation of Investme						
17	Investment income percentage for 2017 (li	ne 10c, column (f)	divided by line 13,	column (f))			%
18	Investment income percentage from 2016						%_
19a	33 1/3% support tests—2017. If the organ						ু ভা
	17 is not more than 33 1/3%, check this bo						▶ X
b	33 1/3% support tests—2016. If the organ						. П
	line 18 is not more than 33 1/3%, check th						
20	Private foundation. If the organization did	I not check a box o	n line 14, 19a, or 1	9b, check this box	and see instruction	ns	▶ ∐

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section	A.	All	Supporting	Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
2-		
3a		
3b		
3с	ane a un	Reserve
4a		
4b		alaba.
116		1
4c		
5a		
5b 5c		
100	248	
6		1
7	13712.a/ii	
8		
0		
9a		
9b		
9c	en reserva	19 873 143
10a		
10b		

Schedule A (Form 990 or 990-EZ) 2017 St. George Lighthouse Assn			208 Page
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	ganiza	tions	
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on N	ov. 20,	1970 (explain in Part VI).Se	90
instructions. All other Type III non-functionally integrated supporting organizations mu	ist comp	olete Sections A through E	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or	1		1 1 2 1 2 N
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			15 (VIII) #4 (VIII)
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			Line make the
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount		er e en e	Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2	The state of the s	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionally integrate	ed Type	III supporting organization	(see
instructions).			

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017 St. George Lighthouse Assn, Inc. Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. Distributable amount for 2017 from Section C, line 6 10 Line 8 amount divided by line 9 amount (i) (ii) (iii) Section E - Distribution Allocations (see instructions) **Excess Distributions** Underdistributions Distributable Pre-2017 Amount for 2017 Distributable amount for 2017 from Section C, line 6 Underdistributions, if any, for years prior to 2017 (reasonable cause required-explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2017: **b** From 2013 c From 2014 d From 2015 e From 2016 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2017 distributable amount i Carryover from 2012 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from 3f. Distributions for 2017 from Section D, line 7: a Applied to underdistributions of prior years **b** Applied to 2017 distributable amount c Remainder. Subtract lines 4a and 4b from 4. 5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2018. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2013

Schedule A (Form 990 or 990-EZ) 2017

b Excess from 2014 .c Excess from 2015 .d Excess from 2016 .e Excess from 2017 .

Part VI	Supplemental Information. Provide the explanations required b III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, line 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section B, li	y Part II, line 10; Part II, line 17a or 17b; Part 9b, 9c, 11a, 11b, and 11c; Part IV, Section es 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, on D, lines 5, 6, and 8; and Part V, Section E,
•		

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

Open to Public Inspection

OMB No. 1545-0047

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name	of the organization		Employer	identification number
	t. George Lighthouse Assn, Inc.			905208
Pa	Organizations Maintaining Donor Advised Fundamental Complete if the organization answered "Yes" on Formula (1998)	ds or Other Similar Funds on orm 990, Part IV, line 6.	r Account	ts.
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		(a) Donor advised funds	(1) Funds and other accounts
1	Total number at end of year			X out 1 1
2	Aggregate value of contributions to (during year)			
3	Assessments of the first term			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in writing that	the assets held in donor advised	300	
	funds are the organization's property, subject to the organization's exclu	sive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor advisors in v			🗕 🚨
	only for charitable purposes and not for the benefit of the donor or donor	advisor, or for any other purpose		
	conferring impermissible private benefit?			Yes No
Pa	art II Conservation Easements.	Assessed to the control of the contr		
	Complete if the organization answered "Yes" on F	orm 990, Part IV, line 7.		
1	Purpose(s) of conservation easements held by the organization (check	all that apply).		
	Preservation of land for public use (e.g., recreation or education)	Preservation of a historically in	nportant land	d area
	Protection of natural habitat	Preservation of a certified histo	oric structure	9
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified conser-	vation contribution in the form of a cor	nservation	
	easement on the last day of the tax year.			Held at the End of the Tax Year
a			2a	
b			2b	
C	Number of conservation easements on a certified historic structure inclu	ded in (a)	2c	
d	Number of conservation easements included in (c) acquired after 7/25/0			
	historic structure listed in the National Register		2d	
3	Number of conservation easements modified, transferred, released, exti	nguished, or terminated by the organi	zation during	g the
	tax year >			
4	Number of states where property subject to conservation easement is lo	ocated		
5	Does the organization have a written policy regarding the periodic monit	toring, inspection, handling of		
	violations, and enforcement of the conservation easements it holds?			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of	violations, and enforcing conservation	easements	during the year
	·			
7	Amount of expenses incurred in monitoring, inspecting, handling of viola	ations, and enforcing conservation eas	ements duri	ng the year
	▶\$			
8	Does each conservation easement reported on line 2(d) above satisfy the			
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation easeme			
	balance sheet, and include, if applicable, the text of the footnote to the	organization's financial statements that	t describes	the
	organization's accounting for conservation easements.			
Pa	organizations Maintaining Collections of Art, I Complete if the organization answered "Yes" on F	Historical Treasures, or Othe	r Similar	Assets.
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), no			
	works of art, historical treasures, or other similar assets held for public			
	public service, provide, in Part XIII, the text of the footnote to its financia			
b				
	works of art, historical treasures, or other similar assets held for public	exhibition, education, or research in fu	irinerance of	
	public service, provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			* \$
	(ii) Assets included in Form 990, Part X			\$
2	If the organization received or held works of art, historical treasures, or		provide the	
	following amounts required to be reported under SFAS 116 (ASC 958)			
а	Revenue included on Form 990, Part VIII, line 1			* D
b	Assets included in Form 990, Part X			\$

Schedule D (Form 990) 2	017 St. Geor	ge Lighthou	se Assn, I	Inc.	20-19052			Page 2
Part III Organi	zations Maintaining	g Collections of	Art, Historical T	reasures, c	or Other Simi	ar Assets	(continu	ıed)
3 Using the organizate collection items (ch	tion's acquisition, access	ion, and other records,	check any of the fo	ollowing that are	e a significant use	of its		
a Public exhibition	n	d \square l	oan or exchange pr	rograms				
b Scholarly resea		and the same of th	Other					
	r future generations							
	on of the organization's	collections and explain	how they further the	e organization's	exempt purpose	in Part		
XIII.								
5 During the year, di	d the organization solicit	or receive donations of	of art, historical treas	ures, or other	similar			
assets to be sold to	o raise funds rather than	to be maintained as p	art of the organization	on's collection?			Yes	s No
Part IV Escrov	y and Custodial A	rrangements.					5454540	
	ete if the organizatio art X, line 21.	n answered "Yes"	on Form 990, P	art IV, line 9	, or reported a	an amount o	on Form	
	an agent, trustee, custo	dian or other intermed	iary for contributions	or other asset	s not		3 - 5	
included on Form 9		alari di dane, internisa					Yes	s No
	e arrangement in Part X							
b ii roo, oxpiaii aii	, arrangement in real re						Amount	
c Beginning balance						1c		
	e year					1d		
	the year					1e		
and analysis and the second se						1f		
	n include an amount on						Ye	s N
	e arrangement in Part X							П
	ment Funds.		- L					
	ete if the organization	on answered "Yes"	on Form 990. F	art IV, line	10.			
- Comp.	2.0 11 0.10 0.30	(a) Current year	(b) Prior year	(c) Two yea		hree years back	(e) Four	years back
1a Reginning of year	balance	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
c Net investment ea	minge gaine and							
d Cropto or cobolom	shine			-				
	ships							
e Other expenditures								
	oenses						_	
	ce		- /line de luma /e)) hold on	L in the		1	
	ated percentage of the co		e (line 1g, column (a	i)) neid as:				
	or quasi-endowment	,						
b Permanent endow		6						
10 100	cted endowment	%						
	on lines 2a, 2b, and 2c s				1.5 11			
	nent funds not in the pos	session of the organiza	ation that are neid a	na aaministere	d for the		1	Van Ni
organization by:	DEL DESCRIPTION						a m	Yes No
	anizations							
(ii) related organi								
	(ii), are the related organ						3b	
	(III the intended uses of		owment funds.					
	Buildings, and Ed					000 B 1	V 11 4	
	ete if the organization						The state of the s	
Descript	ion of property	(a) Cost or other		or other basis	(c) Accumula		(d) Book	value
x		(investment)	(other)	depreciation	1		
						P2 - 12 - 12 - 12 - 12 - 12 - 12 - 12 -		
b Buildings			2 J. H. T.	1			WINE AS TO SELECT	
	rements							
				101 615		2 245		05 66
				131,947	36	5,345		95,60
Total Add lines 1a thro	ugh 1e (Column (d) mus	st equal Form 990 Par	t X column (B) line	10c)				95.60

(5)(6)(7)(8)(9)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

8,447

Sche	dule D (Form 990) 2017 St. George Lighthouse Assn,		-1905208	Page 4
the burners of the	rt XI Reconciliation of Revenue per Audited Financial State	ments With Rever	nue per Return.	
	Complete if the organization answered "Yes" on Form 990	, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
	Donated services and use of facilities			
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
	Add lines 2a through 2d		2e	
	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
	Add lines 4a and 4b		4c	
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta	tements With Exp	enses per Return.	
	Complete if the organization answered "Yes" on Form 990), Part IV, line 12a.		
1				
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		* * * * * * * * * * * * * * * * * * *	
	Donated services and use of facilities			
b	Prior year adjustments			
C				
	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)	4b	a september of	
	Add lines 4a and 4b			
5	Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)			
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information.		5	15 TOTAL (A. T. 15)
5 Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IIII III III III III III III III III	art IV, lines 1b and 2b; F	Part V, line 4; Part X, line	
5 Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information.	art IV, lines 1b and 2b; F	Part V, line 4; Part X, line	
5 Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IIII III III III III III III III III	art IV, lines 1b and 2b; F	Part V, line 4; Part X, line	
5 Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IIII III III III III III III III III	art IV, lines 1b and 2b; F	Part V, line 4; Part X, line	
5 Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IIII III III III III III III III III	art IV, lines 1b and 2b; F	Part V, line 4; Part X, line	
5 Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IIII III III III III III III III III	art IV, lines 1b and 2b; F	Part V, line 4; Part X, line	
5 Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IIII III III III III III III III III	art IV, lines 1b and 2b; F	Part V, line 4; Part X, line	
5 Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IIII III III III III III III III III	art IV, lines 1b and 2b; F	Part V, line 4; Part X, line	
5 Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IIII III III III III III III III III	art IV, lines 1b and 2b; F	Part V, line 4; Part X, line	
5 Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IIII III III III III III III III III	art IV, lines 1b and 2b; F	Part V, line 4; Part X, line	
5 Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IIII III III III III III III III III	art IV, lines 1b and 2b; F	Part V, line 4; Part X, line	
5 Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IIII III III III III III III III III	art IV, lines 1b and 2b; F	Part V, line 4; Part X, line	
5 Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IIII III III III III III III III III	art IV, lines 1b and 2b; F	Part V, line 4; Part X, line	
5 Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IIII III III III III III III III III	art IV, lines 1b and 2b; F	Part V, line 4; Part X, line	
5 Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IIII III III III III III III III III	art IV, lines 1b and 2b; F	Part V, line 4; Part X, line	
5 Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IIII III III III III III III III III	art IV, lines 1b and 2b; F	Part V, line 4; Part X, line	
5 Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IIII III III III III III III III III	art IV, lines 1b and 2b; F	Part V, line 4; Part X, line	
5 Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IIII III III III III III III III III	art IV, lines 1b and 2b; F	Part V, line 4; Part X, line	
5 Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IIII III III III III III III III III	art IV, lines 1b and 2b; F	Part V, line 4; Part X, line	
5 Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IIII III III III III III III III III	art IV, lines 1b and 2b; F	Part V, line 4; Part X, line	
5 Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IIII III III III III III III III III	art IV, lines 1b and 2b; F	Part V, line 4; Part X, line	
5 Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IIII III III III III III III III III	art IV, lines 1b and 2b; F	Part V, line 4; Part X, line	
5 Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IIII III III III III III III III III	art IV, lines 1b and 2b; F	Part V, line 4; Part X, line	
5 Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IIII III III III III III III III III	art IV, lines 1b and 2b; F	Part V, line 4; Part X, line	
5 Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IIII III III III III III III III III	art IV, lines 1b and 2b; F	Part V, line 4; Part X, line	

Schedule D (Form 990) 2017	al Information (Lighthous	e Assn,	Inc.	20-190520	8	Page 5
Part XIII	Supplementa	al Information (d	continued)			12.1-11		
			*****		* * * * * * * * * * * * * * * * * *			
						,		

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for the latest instructions.

Open to Public Inspection

ne of the organization St. George Lightho	nise Assn	. Ir	ıc.		20-19052	
Part I Fundraising Activities. Complete if	the organizati	on an	swere	ed "Yes" on Form		
Form 990-EZ filers are not required	to complete th	is par	t	a desperation of the second		
Indicate whether the organization raised funds through						
a Mail solicitations	e Solicitation	n of no	n-gove	ernment grants		
b Internet and email solicitations	f Solicitation					
c Phone solicitations	g Special fu	ındraisi	ng eve	ents		
d In-person solicitations						
 Did the organization have a written or oral agreement or key employees listed in Form 990, Part VII) or entity b If "Yes," list the 10 highest paid individuals or entities (, in connection wit	th profe	essiona	I fundraising services?	,	Yes No
compensated at least \$5,000 by the organization.	iundraisers) pursu			ens under which the	Turidraiser is to be	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	raise custo con	id fund- r have ody or trol of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No	- 1		
l .						
5						
3						
7						
3						
9						
0		+		4		
	-					
otal			▶			
List all states in which the organization is registered or registration or licensing.	r licensed to solici	t contri	outions	or has been notified	it is exempt from	

Schedule G (Form 990 or 990-EZ) 2017 St. George Lighthouse Assn, Inc. 20-1905208 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events Fundraising eve None (add col. (a) through (event type) (event type) (total number) col. (c)) 1 Gross receipts 19,831 19,831 2 Less: Contributions 6,626 6,626 3 Gross income (line 1 minus 13,205 line 2) 13,205 4 Cash prizes 5 Noncash prizes 6 Rent/facility costs 7 Food and beverages 8 Entertainment 9 Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 13,205 11 Net income summary. Subtract line 10 from line 3, column (d) . Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more Part III than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue 2 Cash prizes Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? b If "Yes," explain:

Sche	dule G (Form 990 or 990-EZ) 2017	St.	George	Lighthouse	Assn,	Inc.	20-190520	8 Page 3
11	Does the organization conduct gamin	ng activities	with nonmem	bers?				Yes No
12	Is the organization a grantor, benefici				ership or oth	er entity		
ideval	formed to administer charitable gami							Yes No
42	Indicate the percentage of gaming a							
13							13a	%
а	The organization's facility							
b	An outside facility						13b	<u>%</u>
14	Enter the name and address of the	person who	prepares the	organization's gaming/s	special event	s books and		
	records:							
	Name ▶							
	Name •							
	Address >							
15a	Does the organization have a contra-	ct with a th	ird party from v	whom the organization	receives gar	ming		
	revenue?							Yes No
b	If "Yes," enter the amount of gaming	revenue re	eceived by the	organization ▶ \$		ASS NOT THE REPORT OF THE PASS STATE OF THE PASS	and the	
	amount of gaming revenue retained							
c	If "Yes," enter name and address of				*****			
·	ii res, chei name ana adaress or	aic aina po	arty.					
	Name &							
	Name >							******
	Address >							
16	Gaming manager information:							
	Nama							
	Name •							
		121						
	Gaming manager compensation ▶	\$		5.1.5.5				
	Description of services provided ▶							
	Director/officer E	mployee		ndependent contractor	r			
				3. 1 .0				
17	Mandatory distributions:							
	10 to		الماملات مامينا					
а	Is the organization required under st	ate law to	make chantabl	e distributions from the	gaming pro	ceeds to		
	retain the state gaming license?							Yes No
b	Enter the amount of distributions red				exempt organ	nizations or		
	spent in the organization's own exer							
Pa	t IV Supplemental Inform	nation. P	rovide the e	explanations require	ed by Part	I, line 2b,	columns (iii) and (v	r); and
	Part III, lines 9, 9b, 10	b, 15b, 1	15c, 16, and	17b, as applicable	e. Also pro	ovide any a	additional information	n.
	See instructions.				525	-		
			***************************************					1
g posterio								
	• • • • • • • • • • • • • • • • • • • •							
			,					
								-

SCHEDULE O (Form 990 or 990-EZ) Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

St George Lighthouse Assn. Inc.

Employer identification number

St. George Lighthouse Assn, Inc.	20-19052	208
Form 990, Part III, Line 4d - All Other Accomplishment		
The remains of the collapsed Cape St. George lighthous	е	
were salvaged, moved to dry land and, to the extent		
practicable, used in the reconstruction of the lightho	use.	
In addition, a Visitor Center/Museum were constructed	at	
the new location.		
Form 990, Part VI, Line 11b - Organization's Process t		
Board of directors reviews form 990 and provide tax pr	eparers wi	th
comments and input.		
Form 990, Part VI, Line 19 - Governing Documents Discl	osure Expl	anation
The area and the area area and		
Upon written request.		
Form 990, Part XI, Line 9 - Other Changes in Net Asset		
	s Explanat \$	ion 1,424
Form 990, Part XI, Line 9 - Other Changes in Net Asset		
Form 990, Part XI, Line 9 - Other Changes in Net Asset		
Form 990, Part XI, Line 9 - Other Changes in Net Asset		
Form 990, Part XI, Line 9 - Other Changes in Net Asset		
Form 990, Part XI, Line 9 - Other Changes in Net Asset Prior period adjustments		
Form 990, Part XI, Line 9 - Other Changes in Net Asset Prior period adjustments	\$	1,424
Form 990, Part XI, Line 9 - Other Changes in Net Asset Prior period adjustments	\$	1,424

Department of the Treasury Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

► Attach to your tax return.

► Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

Identifying number Name(s) shown on return 20-1905208 St. George Lighthouse Assn, Inc. Business or activity to which this form relates

Total Control	ndirect Deprecia		anti Hudan Castian	470				
Pa			erty Under Section , complete Part V b		omplete Part	ı		
4							1	510,000
1	Maximum amount (see instructi Total cost of section 179 proper		o instructions)				2	310,000
3	Threshold cost of section 179 proper	3	2,030,000					
4	Reduction in limitation. Subtract	4	2,030,000					
5	Dollar limitation for tax year. Subtract				ea instructions		5	
6		tion of property		ost (business use of		Elected cost	-	
	(-) =	FF9	(-/-	((3)			
7	Listed property. Enter the amou	int from line 29			7			
8	Total elected cost of section 179		s in column (c) lines 6 a	เ ınd 7			8	
9	Tentative deduction. Enter the		0				9	and the same of th
10	Carryover of disallowed deduction		2016 Farm 4562				10	Allert Carlotter Control of the Carlotter Carl
11	Business income limitation. Enter			zero) or line :	5 (see instructio	ns)	11	The state of the s
12	Section 179 expense deduction						12	
13	Carryover of disallowed deduction			500	13			
	: Don't use Part II or Part III belo						1	
Pa	rt II Special Deprecia	ation Allowance a	nd Other Deprecia	tion (Don't	include listed	d proper	tv.) (S	ee instructions.)
14	Special depreciation allowance							
	during the tax year (see instruc			ů.			14	
15	Property subject to section 168		***************				15	
16	Other depreciation (including A	CRS)	*******				16	113
Sold real and			le listed property.) (S					
			Section A					
17	MACRS deductions for assets p	placed in service in tax	vears beginning before 2	017			17	10,117
18	If you are electing to group any assets pla							
			vice During 2017 Tax			eciation S	system	
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only–see instructions)	(d) Recovery period	(e) Convention	(f) Meth	iod	(g) Depreciation deduction
19a	3-year property							
b	5-year property							
С	7-year property		Annual Control of Control					
d	10-year property							
e	15-year property							
f	20-year property							/
a	25-year property			25 yrs.	555/20 His 120 Hall (In 1914)	S/L		
	Residential rental			27.5 yrs.	MM	S/L		
	property			27.5 yrs.	MM	S/L		
i	Nonresidential real			39 yrs.	MM	S/L		
	property				MM	S/L		
	Section C—	Assets Placed in Serv	ice During 2017 Tax Ye	ar Using the				n
20a	Class life			1	<u>-</u>	S/L	1	
	12-year			12 yrs.		S/L		
	40-year			40 yrs.	MM	S/L		
-	rt IV Summary (See	instructions.)		10 110.				
21	Listed property. Enter amount fi			No.	zmittori i i z w z z z z z z z z z z z z z z z	•	21	
22	Total. Add amounts from line 1		ines 19 and 20 in colum	n (a), and line	21. Enter			
	here and on the appropriate line						22	10,230
23	For assets shown above and pl							
	portion of the basis attributable				23			