| Form | 8879-EO | |
|------|---------|--|

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2014, or fiscal year beginning OCT 1 , 2014, and ending SEP 30 , 20 15

Do not send to the IRS. Keep for your records.

OMB No. 1545-1878

2014

| Department of the Treasury | |
|----------------------------|--|
| | |
| Internal Revenue Service | |

P

Information about Form 8879-EO and its instructions is at www.lrs.gov/form8879eo.

| Name of exempt organization | Employer Identification number |
|----------------------------------|--------------------------------|
| LIGHTHOUSE CENTRAL FLORIDA, INC. | 59-2418228 |
| Name and title of officer | |
| LEE NASEHI | |
| | |

Type of Return and Return Information (Whole Dollars Only) Part I

Check the box for the return for which you are using this Form 8879 EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

| 1a | Form 990 check here b Total revenue, if any (Form 990, Part VIII, column (A), line 12) | 1b | 3,378,825. |
|----|-----------------------------------------------------------------------------------------------|----|------------|
| 2a | Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9) | 2b | - |
| 3a | Form 1120-POL check here b Total tax (Form 1120-POL, line 22) | 3b | |
| 4a | Form 990 PF check here b Tax based on investment income (Form 990 PF, Part VI, line 5) | 4b | |
| 5a | Form 8868 check here b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c) | 5b | |

Declaration and Signature Authorization of Officer Part II

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2014 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

| X lauthorize SCHAFER, TSCHOPP, WHITCOM | 3, ET AL | to enter my PIN 32714 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|---------------------------------------------------|
| ERO firm nam |) | Enter five numbers, but do not enter all zeros |
| as my signature on the organization's tax year 2014 electronica is being filed with a state agency(ies) regulating charities as par enter my PIN on the return's disclosure consent screen. | | |
| As an officer of the organization, I will enter my PIN as my signa indicated within this return that a copy of the return is being file program, I will enter my PIN on the return's disclosure consent | d with a state agency(ies) regulating chari | |
| Officer's signature 🕨 | Date ► | |
| Part III Certification and Authentication | | |
| ERO's EFIN/PIN. Enter your six-digit electronic filing identification | | |
| number (EFIN) followed by your five-digit self-selected PIN. | do not enter all zeros | |
| I certify that the above numeric entry is my PIN, which is my signature on confirm that I am submitting this return in accordance with the requirement <i>e-file</i> Providers for Business Returns. | | |
| ERO's signature 🕨 | Date ► | |
| ERO Must Retain This Do Not Submit This Form To th | Form - See Instructions e IRS Unless Requested To Do | So |

LHA For Paperwork Reduction Act Notice, see instructions. 423051 09-29-14

| For | " 9 | 90 | Return of Organization Exempt Fro Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Co | | | OMB No. 1545-0047 |
|-----------------------------------------------------------------------------------------------------------------------------------|--------------------|----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-------------------------------|-----------------------------------|
| Do not enter social security numbers on this form as it may be made public. | | | | | | Open to Public |
| Department of the Treasury Internal Revenue Service Information about Form 990 and its instructions is at www.irs.gov/form990. | | | | | | Inspection |
| | | | | | EP 30, 2015 | |
| Bo | heck if | C Name o | f organization | | D Employer identific | ation number |
| X | Addr chan | ess LIGH | THOUSE CENTRAL FLORIDA, INC. | | | |
| | Nam | e Doing b | usiness as | | 59-24 | 18228 |
| |]initia _return | | | E Telephone number | | |
| | Final | √ 2500 | KUNZE AVENUE | | (407) | <u>898-2483</u> |
| | termi ateci | | own, state or province, country, and ZIP or foreign postal code | | G Gross receipts \$ | <u>3,414,973.</u> |
| |]Amer Ireturi | ORLA | NDO, FL 32806 | | H(a) is this a group ret | |
| | Appli tion | F Name a | nd address of principal officer: LEE NASEHI | | for subordinates? | Yes 🚺 No |
| | pend | | AS C ABOVE | | H(b) Are all subordinates inc | No Yes |
| | | | X 501(c)(3) 501(c) ()◀ (insert no.) 4947(a)(1) or _ | 527 | lf "No," attach a li | ist. (see instructions) |
| | | | LIGHTHOUSECENTRALFLORIDA.ORG | | H(c) Group exemption | |
| | | | | L Year o | f formation: 1983 M | State of legal domicile: FL |
| Pa | irt I | | | | | |
| 8 | 1 | | be the organization's mission or most significant activities: CHARTIN | NG A | COURSE FOR | LIVING, |
| Activities & Governance | _ | | G, AND EARNING WITH VISION LOSS. | | | |
| lerr | 2 | | x if the organization discontinued its operations or disposed of the second secon | | | |
| ğ | 3 | | ting members of the governing body (Part VI, line 1a) | | | 15 |
| 8 | 4 | | lependent voting members of the governing body (Part VI, line 1b) | | 5 | 15 |
| ties | 5 | | of individuals employed in calendar year 2014 (Part V, line 2a) | | | 47 |
| tivi | 6 | | of volunteers (estimate if necessary) | | | 99 |
| Act | | | d business revenue from Part VIII, column (C), line 12 | | | 0. |
| • | b | Net unrelated | business taxable income from Form 990-T, line 34 | 1 | 7b | 0. |
| | | . | | | Prior Year | Current Year |
| an | 8 | | and grants (Part VIII, line 1h) | | 2,800,023. | <u>2,899,399.</u> 230,183. |
| Revenue | 9 | | ce revenue (Part VIII, line 2g) | | 146,268. | |
| Re | 10 | | come (Part VIII, column (A), lines 3, 4, and 7d) | | 48,444. | 90,333. |
| | 11 | | e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | ···· | 154,470. | <u> 158,910.</u> 3,378,825. |
| | 12 | | - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 3,149,205. | |
| | 13 | | nilar amounts paid (Part IX, column (A), lines 1-3) | | 0. | 0. |
| | 14 | | to or for members (Part IX, column (A), line 4) | | 0. | 1,980,776. |
| ses | 15 | | r compensation, employee benefits (Part IX, column (A), lines 5-10) | | 1,963,573. | |
| Expenses | | | undraising fees (Part IX, column (A), line 11e) | | 0. | 0. |
| ц. | | | ing expenses (Part IX, column (D), line 25) 472,074 | | 1 022 010 | 1 104 001 |
| - | 17 | | es (Part IX, column (A), lines 11a-11d, 11f-24e) | | 1,033,918. | 1,194,991. |
| | 18 | | s. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 2,997,491. | 3,175,767. |
| 18 | 19 | Hevenue less | expenses. Subtract line 18 from line 12 | 0 | 151,714. | 203,058. |
| Net Assets or Fund Balances | | | | | inning of Current Year | End of Year 7,037,948. |
| Bag | 20 | Total assets (l | | | 5,824,450. | |
| n de la | 21 | | (Part X, line 26) | | 1,675,190. | 2,828,225. |
| | 22 | Net assets or Signature | fund balances. Subtract line 21 from line 20 | I | 4,149,260. | 4,209,723. |
| | rt II | - | | d | nto and to the heat of | knowledge and helief it is |
| | | | I declare that I have examined this return, including accompanying schedules and | | | Knowledge and Deller, It IS |
| true, | corre | cī, and complete | Declaration of preparer (other than officer) is based on all information of which p | htehatet i | ias any knowledge. | |
| | | - Cianature | e of officer | | Date | |
| Sigr | 1 | · · | | | 54.0 | |

| Here | LEE NASEHI, PRESIDENT Type or print name and title | & CEO | | |
|-------------|--------------------------------------------------------------|-------------------------|------|-------------------------|
| | Print/Type preparer's name | Preparer's signature | Date | Check PTIN |
| Paid | THOMAS R. TSCHOPP | | | self-employed P00836892 |
| Preparer | Firm's name SCHAFER, TSCHOPP | , WHITCOMB, ET AL | | Firm's EIN 26-1472386 |
| Use Only | Firm's address 986 DOUGLAS AVEN | | | • |
| | ALTAMONTE SPRING | | | Phone no. (407)875-2760 |
| May the I | RS discuss this return with the preparer shown abo | ove? (see instructions) | | X Yes No |
| 432001 11-0 | | | | Form 990 (2014) |
| | · | | | |

| | n 990 (2014) LIGHTHOUSE CENTRAL FLORIDA, INC. 59-2418228 Page 2 |
|----------|----------------------------------------------------------------------------------------------------------------------------------------------|
| Pa | rt III Statement of Program Service Accomplishments |
| | Check if Schedule O contains a response or note to any line in this Part III |
| 1 | Briefly describe the organization's mission: |
| | CHARTING A COURSE FOR LIVING, LEARNING, AND EARNING WITH VISION LOSS. |
| | |
| | |
| | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on |
| | the prior Form 990 or 990 EZ? |
| | If "Yes," describe these new services on Schedule O. |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? |
| | If "Yes," describe these changes on Schedule O. |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. |
| - | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and |
| | revenue, if any, for each program service reported. |
| 4a | 4 000 000 |
| 40 | COMPREHENSIVE VISION REHABILITATION SERVICES WERE PROVIDED TO |
| | APPROXIMATELY 485 ADULTS INCLUDING INDEPENDENT LIVING SKILLS TRAINING, |
| | |
| | LOW VISION SERVICES, ORIENTATION & MOBILITY SERVICES, ACCESS TECHNOLOGY |
| | TRAINING, BRAILLE INSTRUCTION, TRANSITION SERVICES, EMPLOYMENT |
| | TRAINING, JOB PLACEMENT & DEVELOPMENT, CLIENT CARE COORDINATION, AND |
| | ADVOCACY. |
| | |
| | |
| | |
| | |
| | |
| | |
| 4b | (Code:) (Expenses \$ 890,606. including grants of \$) (Revenue \$) |
| | EARLY INTERVENTION SERVICES WERE PROVIDED TO 85 CHILDREN AND THEIR |
| | FAMILIES INCLUDING INDIVIDUAL IN HOME SERVICES AND SOCIAL EXCURSIONS. |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| . | |
| 4c | (Code:) (Expenses \$ 220,558. Including grants of \$) (Revenue \$) |
| | LIGHTHOUSE WORKS PROVIDES A NUMBER OF SERVICES AND PRODUCTS IN WHICH |
| | 75% OF THE DIRECT LABOR FORCE IS COMPOSED OF INDIVIDUALS WITH BLINDNESS |
| | OR SEVERE LOW VISION. NET REVENUES GENERATED FROM THESE SERVICES AND |
| | PRODUCTS ARE USED TO SUPPORT THE VISION REHABILITATION SERVICES OF |
| | LIGHTHOUSE CENTRAL FLORIDA. |
| | DIGHTHOODE CENTRAL FLORIDA. |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| 4d | Other program services (Describe in Schedule O.) |
| | (Expenses \$ 165,783 · Including grants of \$) (Revenue \$) |
| 4e | Total program service expenses 2,569,252. |
| | Form 990 (2014) |

| Form | 990 | (201) | 4) |
|------|-----|-------|----|

| L | | | Yes | No |
|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----|-------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | 1 | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 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 | | x |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) 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 |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | x |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | x |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | 8 | | x |
| 9 | 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 debt negotiation services? | | | |
| | If "Yes," complete Schedule D, Part IV | 9 | | X |
| 10 | 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 |
| 11 | 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. | | | |
| a | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," 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 of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 110 | | x |
| | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets 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 |
| | 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 | |
| 12a | 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 "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | x | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? // "Yes," complete Schedule E | 13 | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | <u>14a</u> | | X |
| 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 foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | x |
| 15 | 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 | | x |
| 16 | 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 |
| 17 | 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 | 17 | | X |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | x | |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | 19 | | x |
| 20a | complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | X |
| ∡va b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |

| Form 990 (2014) | LIGHTHOUSE | CENTRAL | FLORIDA, | INC |
|-------------------|----------------------|----------------|----------|-----|
| Part IV Checklist | of Required Schedule | es (continued) | | |

| L | | | Yes | No |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-----|----------|
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | x |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | x |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J | 23 | | x |
| 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 through 24d and complete Schedule K. If "No", go to line 25a | 24 a | | x |
| 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 to defease | | | |
| | any tax-exempt bonds? | 24c | | |
| 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 transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | x |
| b | 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? If "Yes," complete Schedule L, Part I | 25b | | x |
| 26 | 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 disqualified persons? If "Yes," complete Schedule L, Part II | 26 | | x |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial | | | |
| | contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member | | | |
| | of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | <u>x</u> |
| 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): | | | |
| a | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | <u>X</u> |
| | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | <u>28b</u> | | x |
| c | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | | x |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | x |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | 30 | | <u>x</u> |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | x |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | 32 | | x |
| 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 | 33 | | x |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 | 34 | X | |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | X |
| | 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 | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | | 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, Part VI | 37 | | X |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | | | |
| | Note. All Form 990 filers are required to complete Schedule O | 38 | X | |

Form 990 (2014)

| | 1990 (2014) LIGHTHOUSE CENTRAL FLORIDA, INC. rt V Statements Regarding Other IRS Filings and Tax Compliance | | 59-2418 | 228 | P | age 5 |
|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-------------------------|------------|-----|----------|
| | Check if Schedule O contains a response or 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 | <u>1a</u> | 13 | 1 | | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0 if not applicable | 1b | 0 | | | |
| с | Did the organization comply with backup withholding rules for reportable payments to vendors and | reporta | able gaming | | | 1.54 |
| | (gambling) winnings to prize winners? | | | 1c | X | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | | | | |
| | filed for the calendar year ending with or within the year covered by this return | 2a | 47 | | 가운데 | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax retu | irns? | | 2b | Х | |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction | | | | | |
| 3a | | | | 3a | | X |
| | If "Yes," has it filed a Form 990 T for this year? If "No," to line 3b, provide an explanation in Schedule | | | 3b | | |
| | At any time during the calendar year, did the organization have an interest in, or a signature or other | | | | | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial | | | 4a | | X |
| h | If "Yes," enter the name of the foreign country: | | | | 1 | |
| ~ | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial | Accour | nts (FBAR). | | | 1 × |
| Ба | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | | 5a | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans | | | 5b | | X |
| | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | | | 5c | | |
| | Does the organization have annual gross receipts that are normally greater than \$100,000, and did t | | | | | |
| | any contributions that were not tax deductible as charitable contributions? | | | 6a | | x |
| ь | If "Yes," did the organization include with every solicitation an express statement that such contribu | | | | | |
| ~ | were not tax deductible? | | | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | *********************** | 1997 | | |
| 'a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se | ervices | provided to the pavor? | 7a | | x |
| | | | | 7b | | |
| | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w | | | | | |
| v | to file Form 8282? | | Juniou | 7c | | x |
| đ | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | | | |
| | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit | × | ct? | 7e | | |
| 9 4 | Did the organization, during the year, pay premiums, directly or indirectly, no pay premiums on a personal benefit cont | | | 7f | • | |
| f | If the organization received a contribution of qualified intellectual property, did the organization file F | | | 7g | | |
| g | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization | | | 79 7h | | <u> </u> |
| - | Sponsoring organizations maintaining donor advised funds, Did a donor advised fund maintained | | | | | |
| 8 | \mathbf{r} | | | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | ********* | | | |
| - | | | | 9a | | |
| a L | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | | | 9b | | |
| b _10 | | • • • • • • • • • • | | - 22 | | |
| 10 | Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | | | |
| a L | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | | | |
| b 11 | Section 501(c)(12) organizations. Enter: | 1.00 | I | | | |
| 11 | Gross income from members or shareholders | 11a | 1 | | | |
| a L | Gross income from other sources (Do not net amounts due or paid to other sources against | | | | | |
| b | amounts due or received from them.) | 11b | | | | |
| 40- | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form | | 2 | 12a | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | | 12u | | 10 A. 10 |
| | | | | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. 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. | ••••• | | 104 | | |
| ١. | Enter the amount of reserves the organization is required to maintain by the states in which the | | | | | |
| a | | 13b | | | | |
| - | organization is licensed to issue qualified health plans | 130 | | | | |
| | Enter the amount of reserves on hand | • | I | 14a | | x |
| 14a 1. | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu | | ****** | 14a 14b | | <u> </u> |
| <u>a</u> | in 165, has it lieu a roim 720 to report these payments (in 165, provide an explanation in conoca | | | עדי | | |

59-2418228 Page 6

 Form 990 (2014)
 LIGHTHOUSE CENTRAL FLORIDA, INC.
 59-2418228
 Page

 Part VI
 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.

| | Check if Schedule O contains a response or note to any line in this Part VI | | | X | | | | | | | | |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|------|----------|--|--|--|--|--|--|--|--|
| Sec | tion 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 1a15 | | | | | | | | | | | |
| | 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. | | | | | | | | | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent 1b 15 | | | | | | | | | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other | | No.V | | | | | | | | | |
| | officer, director, trustee, or key employee? | 2 | Х | : | | | | | | | | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct 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? | 4 | | X X | | | | | | | | |
| 5 | | | | | | | | | | | | |
| 6 | • | | | | | | | | | | | |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or | | | | | | | | | | | |
| | more members of the governing body? | 7a | | X | | | | | | | | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or | | | | | | | | | | | |
| | persons other than the governing body? | 7b | | X | | | | | | | | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | | | | | | | | | |
| a | The governing body? | 8a | X | | | | | | | | | |
| b | | 8b | X | | | | | | | | | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the | ~ | | v | | | | | | | | |
| 800 | organization's mailing address? If "Yes," provide the names and addresses in Schedule O tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | 9 | | X | | | | | | | | |
| 360 | tion B. Policies (mis decion B requests information about policies not required by the informat novenue couch | | Yes | No | | | | | | | | |
| 40 | Did the organization have local chapters, branches, or affiliates? | 1 0a | 103 | X | | | | | | | | |
| | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, | 100 | | ~^ | | | | | | | | |
| ņ | and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | | | | | | | | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | Х | | | | | | | | | |
| | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | | | | | | | | | | |
| | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | х | | | | | | | | | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | X | | | | | | | | | |
| | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe | | | | | | | | | | | |
| | In Schedule O how this was done | 12c | Х | | | | | | | | | |
| 13 | Did the organization have a written whistleblower policy? | 13 | X | | | | | | | | | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | X | | | | | | | | | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent | | | | | | | | | | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | · · · | | | | | | | | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | X | | | | | | | | | |
| b | Other officers or key employees of the organization | 15b | X | | | | | | | | | |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | 1 | | | | | | | | | |
| 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 | | <u>X</u> | | | | | | | | |
| b | 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 | | | | | | | | | | | |
| 0 | exempt status with respect to such arrangements? | 1 6b | | | | | | | | | | |
| | tion C. Disclosure | | | | | | | | | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed FL Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990 T (Section 501(c)(3)s only) a | vailah | | | | | | | | | | |
| 18 | for public inspection. Indicate how you made these available. Check all that applicable, 990, and 990 T (Section 50 T(C)(S)S only) a | railau | | | | | | | | | | |
| | Own website Another's website I Open 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 | finand | cial | | | | | | | | | |
| 10 | statements available to the public during the tax year. | | | | | | | | | | | |
| | | | | | | | | | | | | |

| 20 | State the name, address, | , and telephone | number of the perso | on who possesses the o | rganization's books an | a recoras: 🖻 |
|----|--------------------------|-----------------|---------------------|------------------------|------------------------|--------------|
| | DEE AMUNDSON | - (407) | 898-2483 | | | |

Form 990 (2014)

LIGHTHOUSE CENTRAL FLORIDA, INC.

59-2418228 Page 7

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors Check if Schedule O contains a response or note to any line in this Part VII 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 report

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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

| (A) | (B) | | | | | | | (D) | (E) | (F) |
|-----------------------------|------------------------|--------------------------------|-----------------------|---------|--------------|---------------------------------|------|---------------------|----------------------------------|--------------------------|
| Name and Title | Average | 100 | not c | Pos | C) sitior |) sthan | 000 | Reportable | Reportable | Estimated |
| | hours per | box | , unte | ss pe | rson | is bot pr/trus | h an | compensation | compensation | amount of |
| | week | <u> </u> | व्य मा | 020 | T teou | 1 | | from | from related | other |
| · | (list any hours for | individual trustee or director | | | | | | the organization | organizations (W·2/1099·MISC) | compensation from the |
| | related | e or (| stee | | | nsate | | (W-2/1099-MISC) | (11 27 1000 11100) | organization |
| | organizations | tresp | al tre | | oyee | Dmpe | ł | (| | and related |
| | below | vld trail | institutional trustee | 5 | Key employee | Highest compensated employee | ler | | | organizations |
| | line) | Ē | Inst | Officer | 3 | Engt | Eor | | | |
| (1) ALEX HULL | 5.00 | | | | | | | | | |
| CHAIRMAN | | X | | X | | ļ | | 0. | 0. | 0. |
| (2) DAVID STAHL | 5.00 | | | | | | | | _ | |
| VICE CHAIR | | X | | X | | | | 0. | 0. | 0. |
| (3) PAUL C. JESSEN, SR. | 5.00 | | | | | | | | | _ |
| SECRETARY | | X | | X | | | | 0. | 0. | 0. |
| (4) NANCY URBACH | 5.00 | ļ | | | | | | | | |
| TREASURER | | X | | X | | | | 0. | 0. | 0. |
| (5) JOHN LEHR, M.D. | 1.00 | Į | | | | | | | | |
| IMMEDIATE PAST CHAIR | | X | | X | | | | 0. | 0. | 0. |
| (6) PAT DEVINE | 1.00 | Į | | | | | | | | - |
| DIRECTOR | | X | | | | | | 0. | 0. | 0. |
| (7) KATRINA GUENSCH | 1.00 | | | | | | | | | _ |
| DIRECTOR | | X | | | | | | 0. | 0. | 0. |
| (8) JEFF MCFADDEN | 1.00 | | | | | | | _ | | - |
| DIRECTOR | | X | | | | | | 0. | 0. | 0. |
| (9) STEVE BERES | 1.00 | | | | | | | | | _ |
| DIRECTOR | | X | | | | | | 0. | 0. | 0. |
| (10) JOELLEN ROSS | 1.00 | | | | | | | | | _ |
| DIRECTOR | | X | | | Į | | | 0. | 0. | 0. |
| (11) STEVE ALEXANDER | 1.00 | | | | | | | | _ | |
| DIRECTOR | | X | | | L | | | 0. | 0. | 0. |
| (12) THOMAS LANGMANN | 1.00 | | | | Ì | | | | | _ |
| DIRECTOR | | X | | | | | | 0. | 0. | 0. |
| (13) PRESTON RICHMOND, M.D. | 1.00 | ļ | | | | | | _ | | • |
| DIRECTOR | | X | | | | | | 0. | 0. | 0. |
| (14) SY SALIBA, SR. | 1.00 | | | | | 1 | | | | • |
| DIRECTOR | | X | | | | | | 0. | 0. | 0. |
| (15) ERIKA WESLEY | 1.00 | | | | | | | | | • |
| DIRECTOR | | X | | | | | | 0. | 0. | 0. |
| (16) LEE NASEHI | 40.00 | | | | | | | 400.000 | | c = 4 c |
| PRESIDENT / CEO | | | | X | | | | 130,000. | 0. | 6,743. |
| (17) DONNA ESBENSEN | 40.00 | | | | | | | | | ~ <u> </u> |
| VICE PRESIDENT / CFO | | | | Х | l | [| | 105,000. | 0. | 14,454. |

432007 11-07-14

Form 990 (2014)

| | 1990 (2014) LIGHTHOUS | SE CENTE | <u>RAI</u> | <u>1</u> | FL(| OR: | ID | A, | INC. | 59-241 | 82 | 28 | Page 8 |
|----------|------------------------------------------------------------------------------------------------|---------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|-----------------------|----------|--------------|---------------------------------|-------------------|----------------------------------------|---------------------------------------------------|--------|------------------------------------------------|-----------------------|
| Pa | rt VII Section A. Officers, Directors, Trus | | oloy | ees | | | ighe | st C | | es (continued) | | | |
| | (A) Name and title | (B) Average hours per week (list any | Average Position hours per do not check more than one box, unless person is both an officer and a director/trustee) | | | | | lh an | compensation from | (E) Reportable compensation from related | | (F Estima amour oth | ated nt of er |
| | | hours for related organizations below line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | organizations (W-2/1099-MISC) | | compen from organiz and re organiz | the ation lated |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| <u> </u> | | | | | | : | | | | : | | | |
| | | | | | | | | | | | | | |
| 1h | Sub-total | | | | | | | | 235,000. | 0 | • | 21. | 197. |
| c | Total from continuation sheets to Part VI | | | | | | | | 0. | C | | | <u>0.</u> 197. |
| 2 | Total (add lines 1b and 1c) Total number of individuals (including but no | ot limited to the | ose | liste | d at | oove | e) wł | P 10 fé | | | • | _41; | 19/• |
| | compensation from the organization | | | | | | | | | | | Va | 2 3 No |
| 3 | Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for se | | | | | | | | | | | Ye: 3 | X |
| 4 | For any individual listed on line 1a, is the su and related organizations greater than \$150 | m of reportable | e co | mpe | ensa | tion | anc | i otł | her compensation from | the organization | | 4 | x |
| 5 | Did any person listed on line 1a receive or a | ccrue compen | sati | on fi | rom | any | unr | | | dual for services | | | |
| Sec | rendered to the organization? If "Yes," comp tion B. Independent Contractors | Jiele Schedule | 510 | n su | icn j | oers | on | | | | | 5 | <u> </u> |
| 1 | Complete this table for your five highest cor the organization. Report compensation for t | | | | | | | | | | nsati | on from | |
| | (A) Name and business | | | NE | | mur | | | (B) Description of s | | Con | (C) npensat | lon |
| • | | | INC | IN C | <u>1</u> | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | * | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| 2 | Total number of independent contractors (ir \$100,000 of compensation from the organiz | - | t lin | nited | l to | thos (| | ted | above) who received m | ore than | 1 × 1. | line e e e | |

| Par | t VI | I Statement of Rever | nue | | | | | |
|-----------------------------------------------------------|----------|----------------------------------------------------------|---------------------------------------|-----------------------|------------------------------|-------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| | | | | | | | | |
| | | Check if Schedule O cont | ains a respor | nse or note to any li | ne in this Part VIII | | | |
| | | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 |
| 활왕 | 1 a | Federated campaigns | 1a | | | | | and the state of the |
| | | Membership dues | | | | | | |
| ې ۳ | c | Fundraising events | 1c | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | d | Related organizations | 1d | | | | | |
| ŝ | | Government grants (contribut | | 2,069,963. | | | | |
| e Fi | f | All other contributions, gifts, gran | · · · · · · · · · · · · · · · · · · · | | | | | |
| ë S | | similar amounts not included abo | | 829,436. | | | | |
| <u><u>p</u></u> | | Noncash contributions included in lines | 1a-1f: \$ | | 2 200 200 | | | |
| 2.0 | <u>n</u> | Total, Add lines 1a-1f | | | <u>2,899,399.</u> | | in the test of the second s | |
| 61 | <u>.</u> | LIGHTHOUSE WORK | CI MAN | Business Code | 223,526. | 223,526. | | |
| , Ži | | CLIENT FEES | | | 6,657. | | | |
| Program Service Revenue | č | | | | 070071 | | - | |
| e e | d | | | | | | | |
| <u>р</u> ес | e | · | | | | | | |
| ב | f | All other program service reve | nue | | | | | |
| | g | Total. Add lines 2a-2f | | > | 230,183. | | | |
| | 3 | Investment income (including | | | | | | |
| | | other similar amounts) | | | 90,333. | | | 90,333. |
| | 4 | Income from investment of tax | k•exempt bon | d proceeds | | | | |
| | 5 | Royalties | (3 P - 1 | P1 | | | | l Challest, the schedule for each |
| | | Oroco ronto | (i) Real | (ii) Personal | | | | |
| | | Gross rents Less: rental expenses | | | | | | |
| ŀ | | Rental income or (loss) | | | | | | |
| | | Net rental income or (loss) | | ► | | | | |
| | | Gross amount from sales of | (i) Securitie | s (ii) Other | | | | |
| | | assets other than inventory | | | | | | |
| | b | Less: cost or other basis | | | | | | |
| | | and sales expenses | | | | | | |
| | | Gain or (loss) | | | | | | na di Naci ta Jaliya. M |
| | | Net gain or (loss) | | ► | | | | |
| e | 8 a | Gross income from fundraising | | | | | | |
| ven | | including \$ contributions reported on line | | | | | | |
| Other Revenue | | Part IV, line 18 | | a 213,047. | | | | |
| the | h | Less: direct expenses | | | | | | |
| • | | Net income or (loss) from fund | | | 176,899. | | | 176,899. |
| | | Gross income from gaming ac | - | | | | | |
| | | Part IV, line 19 | | a | | | | |
| | | Less: direct expenses | | | | | | - |
| ľ | | Net income or (loss) from gam | - | ► | | | ····· | |
| 1 | 0 a | Gross sales of inventory, less i | | ļ | | | | |
| | | and allowances | | | | | | |
| | | Less: cost of goods sold | | | | | · · · · · · · · · · · | |
| | Ċ | Net income or (loss) from sales Miscellaneous Revenue | | | a ta ta ta ta fina a ta fina | | | ····· |
| - | 10 | LOSS ON DISPOSA | | Business Code | -17,989. | -17,989. | ļ | |
| | ı a b | AGOIDTO NO GGOT | | | | | I | |
| | c | | | | | | | |
| İ | - | All other revenue | | | | | | |
| | | Total. Add lines 11a-11d | | 🕨 🏻 | -17,989. | the tribe of the state of the state of | | |
| <u>1</u> ; 432009 | | Total revenue. See instructions. | | | 3,378,825. | 212,194. | 0.1 | 267,232. |

INC.

59-2418228 Page 10

Form 990 (2014) LIGHTHOUSE CENTRAL FLORIDA, Part IX 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 respon Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------------------|-------------------------------------------|--------------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | | | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign | | | | |
| individuals. See Part IV, lines 15 and 16 | | | ALEMENT E L | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 235,000. | 192,046. | 11,181. | 31,773 |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 Other salaries and wages | 1,336,570. | 1,092,264. | 63,591. | 180,715 |
| 8 Pension plan accruals and contributions (include | - · · · • | : | | |
| section 401(k) and 403(b) employer contributions) | | | | |
| 9 Other employee benefits | 279,307. | 226,010. | 19,573. | 33,724 |
| 10 Payroll taxes | 129,899. | 106,796. | 5,962. | 17,141 |
| 11 Fees for services (non-employees): | | | | |
| a Management | | | | |
| b Legal | | | | |
| c Accounting | | | | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 f Investment management fees | | | an a | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) | | | | |
| 12 Advertising and promotion | 6,887. | 6,672. | 86. | 129 |
| 13 Office expenses | 33,914. | 27,485. | 2,416. | 4,013 |
| 4 Information technology | | | | |
| 5 Royalties | | | | |
| 6 Occupancy | 3,188. | 3,170. | 9. | 9 |
| 7 Travel | 43,117. | 39,206. | 660. | 3,251 |
| 8 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 9 Conferences, conventions, and meetings | ~ | | | 1.00 |
| 0 Interest | 36,450. | 36,181. | 101. | 168 |
| Payments to affiliates | 140 004 | 141 010 | | 1 600 |
| 2 Depreciation, depletion, and amortization | 143,664. | 141,812. | 223. 852. | 1,629 |
| 3 Insurance | 48,973. | 47,268. | 054. | <u>853</u> |
| 24 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 0.) | | | | |
| a LIGHTHOUSE WORKS!, INC. | 220,558. | 220,558. | | |
| b CONTRACT SERVICES | 187,278. | 174,752. | 1,849. | 10,677 |
| © DEVELOPMENT PROJECTS | 98,347. | 276. | 34. | 98,037 |
| d PROGRAM MATERIALS & SUP | 68,232. | 67,185. | 1,146. | -99 |
| e All other expenses | 304,383. | 187,571. | 26,758. | 90,054 |
| 5 Total functional expenses. Add lines 1 through 24e | 3,175,767. | 2,569,252. | 134,441. | 472,074 |
| Boint costs. Complete this line only if the organization | | | | |
| reported in column (B) joint costs from a combined | | | | |
| educational campaign and fundraising solicitation. | | | | |
| Check here Figure 11 following SOP 98-2 (ASC 958-720) | | | | |

| <u></u> | | Check if Schedule O contains a response or note to any line in this Part X | / | 1 | (1) |
|-----------------------------|-----|------------------------------------------------------------------------------------------------------------------------|--------------------------|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | 332,475. | 1 | 667,868. |
| | 2 | Savings and temporary cash investments | | 2 | |
| | 3 | Pledges and grants receivable, net | 261,429. | 3 | 236,842. |
| | 4 | Accounts receivable, net | | 4 | |
| | 5 | Loans and other receivables from current and former officers, directors, | | in si i | |
| | | trustees, key employees, and highest compensated employees. Complete | | | an gang an |
| | | Part of Schedule L | | 5 | |
| | 6 | Loans and other receivables from other disqualified persons (as defined under | | | |
| | | section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing | | | |
| | | employers and sponsoring organizations of section 501(c)(9) voluntary | | | |
| ţ | | employees' beneficiary organizations (see instr). Complete Part II of Sch L | | 6 | |
| Assets | 7 | Notes and loans receivable, net | | 7 | |
| Ä | 8 | Inventories for sale or use | 6,379. | 8 | 7,240. |
| | 9 | Prepaid expenses and deferred charges | | 9 | |
| | 10a | | | | |
| | | basis. Complete Part VI of Schedule D 10a 4,940,510. | | | |
| | b | Less: accumulated depreciation 10b 1,089,432. | 2,930,312. | 10c | 3,851,078. |
| | 11 | Investments - publicly traded securities | | 11 | |
| | 12 | Investments - other securities. See Part IV, line 11 | 1,597,216. | 12 | 1,469,518. |
| | 13 | Investments - program-related. See Part IV, line 11 | | 13 | |
| | 14 | Intangible assets | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | 696,639. | 15 | 805,402. |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 5,824,450. | 16 | 7,037,948. |
| | 17 | Accounts payable and accrued expenses | 200,004. | 17 | 278,674. |
| | 18 | Grants payable | | 18 | |
| | 19 | Deferred revenue | | 19 | 27,302. |
| | 20 | Tax-exempt bond liabilities | | 20 | |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | The set of sector of the case of the sector of th |
| es | 22 | Loans and other payables to current and former officers, directors, trustees, | | | |
| | | key employees, highest compensated employees, and disqualified persons. | | | a na aka na na katu katu katu katu katu katu katu kat |
| Liabilities | | Complete Part II of Schedule L | 4 488 404 | 22 | 0 500 040 |
| Ц | 23 | Secured mortgages and notes payable to unrelated third parties | 1,475,186. | 23 | 2,522,249. |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 | Other liabilities (including federal income tax, payables to related third | | | |
| | | parties, and other liabilities not included on lines 17-24). Complete Part X of | | | |
| | | Schedule D | 1 675 100 | 25 | 0 000 005 |
| | 26 | Total liabilities. Add lines 17 through 25 | 1,675,190. | 26 | 2,828,225. |
| | | Organizations that follow SFAS 117 (ASC 958), check here ▶ X and | | | |
| Sec | | complete lines 27 through 29, and lines 33 and 34. | 4,149,260. | 07 | 4,209,723. |
| lan | 27 | Unrestricted net assets | 4,149,200. | 27 28 | <u>4,403,143.</u> |
| Ba | 28 | Temporarily restricted net assets | | 28 29 | |
| pur | 29 | Permanently restricted net assets | | 29 | |
| Net Assets or Fund Balances | | Organizations that do not follow SFAS 117 (ASC 958), check here | | · · · · | |
| S S | 00 | and complete lines 30 through 34. | | 30 | |
| set | 30 | Capital stock or trust principal, or current funds Paid in or capital surplus, or land, building, or equipment fund | | 30 31 | |
| t As | 31 | • • • • | | 32 | |
| Net | 32 | Retained earnings, endowment, accumulated income, or other funds | 4,149,260. | 33 | 4,209,723. |
| | 33 | Total net assets or fund balances | 5,824,450. | 34 | 7,037,948. |
| | 34 | Total liabilities and net assets/fund balances | J,044,4JV. | -04 | 1,037,340. |

Form 990 (2014)

| <u>Form</u> | 1990 (2014) LIGHTHOUSE CENTRAL FLORIDA, INC. | <u>59-24</u> 1 | .8228 | Pa | ge 12 | | | | |
|-------------|---------------------------------------------------------------------------------------------------------------------|----------------|---------------------|------------|--------------|--|--|--|--|
| Pa | rt XI Reconciliation of Net Assets | | | | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | | | | | |
| | | | | | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 3,378 | | | | | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 3,175 | | | | | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | $\frac{203}{4,149}$ | | <u>58.</u> | | | | |
| 4 | 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | | | | | | | | |
| 5 | Net unrealized gains (losses) on investments | 5 | -142 | <u>2,5</u> | <u>95.</u> | | | | |
| 6 | Donated services and use of facilities | 6 | | | | | | | |
| 7 | Investment expenses | 7 | | | | | | | |
| 8 | Prior period adjustments | 8 | | | | | | | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | | | <u>0.</u> | | | | |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, | | | | | | | | |
| | column (B)) | 10 | 4,209 | 9,7 | <u>23.</u> | | | | |
| Pa | rt XII Financial Statements and Reporting | | | | \square | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | · · · · · | | | | | | |
| | | | | Yes | No | | | | |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | <u> </u> | | | | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule | | | | | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | . <u>2a</u> | | X | | | | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed | l on a | | | | | | | |
| | separate basis, consolidated basis, or both: | | | | | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | <u>2b</u> | X | | | | | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat | e basis, | | | | | | | |
| | consolidated basis, or both: | | | 1 | | | | | |
| | Separate basis X Consolidated basis Both consolidated and separate basis | | 1.1 | | | | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th | | | | | | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | 2c | X | | | | | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Sch | | | | | | | | |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir | | | | | | | | |
| | Act and OMB Circular A-133? | | . <u>3a</u> | X | | | | | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ | ired audit | | | | | | | |
| | or audits, explain why in Schedule O and describe any steps taken to undergo such audits | | 3b | X | | | | | |
| | | | Form \$ | 990 (| ,2014) | | | | |

| SCHEDULE A (Form 990 or 990-EZ) Department of the Treasury | C | Public Cha omplete if the orga 49 | OMB No. 1545-0047 2014 Open to Public | | | | | |
|------------------------------------------------------------------|-----------------------|-------------------------------------------|----------------------------------------------------------|----------------|-------------------------|-----------------------------------------|----------------|--------------------------------------|
| Internal Revenue Service | | ion about Schedule A | (Form 990 or 990-EZ) and | l its instruct | lions is at W | ww.lrs.gov/fc | | Inspection |
| Name of the organization | | | | | 4 | | | identification number |
| Part I Reason | | | ITRAL FLORIDA | | | e instruction | | 9-2418228 |
| The organization is not a | | | | | · · · · · | | | . <u></u> . |
| | | | on of churches describe | | | | | |
| 1 | | | (Attach Schedule E.) | | | ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ | | |
| | | | anization described in s | ection 17 | 0(b)(1)(A)(i | ii). | | |
| 4 A medical res | search organiz | zation operated in co | njunction with a hospita | al describe | d in sectio | n 170(b)(1)(A | .)(iii). Enter | the hospital's name, |
| city, and stat | | | | | | | | |
| ÷ | = | | ollege or university owne | d or opera | ited by a g | overnmental | unit describ | ped in |
| | | Complete Part II.) | | | | | | |
| | - | - | mental unit described in | | | | iha ganarat | public described in |
| - | | + | antial part of its support | irom a gov | remmentai | unit or from | ine general | public described in |
| | | omplete Part II.) ed in section 170(b) | (1)(A)(vi), (Complete Pa | rt (I.) | | | | |
| · · · · · · · · · · · · · · · · · · · | | | e than 33 1/3% of its su | | contributi | ons, member | ship fees, a | nd gross receipts from |
| - | | | | | | | | from gross investment |
| income and u | unrelated busi | ness taxable income | e (less section 511 tax) fi | rom busine | esses acqu | iired by the o | rganization | after June 30, 1975. |
| See section | 509(a)(2). (Co | mplete Part III.) | | | | | | |
| <u> </u> | • | , | lively to test for public s | • | | | | |
| _ | - | | ively for the benefit of, t | | | | | |
| | | | ed in section 509(a)(1) | | | | | neck the box in |
| | - | | of supporting organizations supervised, or controlled | | - | | | aivina |
| | | | egularly appoint or elect | | | | | |
| | - | complete Part IV, S | | amajomy | or the and | | | - p p 9 |
| | | | d or controlled in connec | tion with i | ts support | ed organizatio | on(s), by ha | ving |
| | | | anization vested in the | | | | | |
| organizatio | n(s). You mus | t complete Part IV, | Sections A and C. | | | | | |
| c Type III fur | nctionally inte | egrated. A supportin | g organization operated | in connec | tion with, a | and functiona | lly integrate | ed with, |
| | - | | s). You must complete | | | | | |
| | | | porting organization ope | | | | | |
| | • | | zation generally must sa | | | | d an attenti | Veness |
| | | | nplete Part IV, Section written determination fro | | | | II Type III | |
| | - | | nally integrated support | | | | n, 1790 m | |
| - | - | | | | | | | |
| g Provide the follow | ng information | n about the supporte | ed organization(s). | | | | | |
| (i) Name of supp organizatior | | (ii) EIN | (III) Type of organization (described on lines 1-9 | | irganization in your | v) Amount o support | • | (vi) Amount of other support (see |
| organization | | | above or IRC section | - T | document? | Instruct | - | Instructions) |
| | | | (see instructions)) | Yes | No | | | - |
| | | : | | | | | | |
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| | | | | | | | | |
| | | | | | | | | |
| Total | | | · · | | | | | |

Schedule A (Form 990 or 990 EZ) 2014 LIGHTHOUSE CENTRAL FLORIDA INC. 59-24182 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

59-2418228 Page 2

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

| Se | ction A. Public Support | | | | | | | | | | |
|------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|----------------------|--------------------------|---------------------|----------------------|----------------|--|--|--|--|
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total | | | | |
| 1 | Gifts, grants, contributions, and | | | | | | | | | | |
| | membership fees received. (Do not | | | | | | | | | | |
| | include any "unusual grants.") | 3 304 831 | 3,097,141, | 2,749,551, | 2,954,493, | 3,129,582. | 15,235,598, | | | | |
| 2 | Tax revenues levied for the organ- | | | • • | | | | | | | |
| | ization's benefit and either paid to | | | | | | | | | | |
| | or expended on its behalf | | | | | | | | | | |
| 3 | The value of services or facilities | | | | | | | | | | |
| | furnished by a governmental unit to | | | | | | | | | | |
| | the organization without charge | | | | | | | | | | |
| 4 | Total. Add lines 1 through 3 | 3,304,831, | 3,097,141, | 2,749,551. | 2,954,493. | 3,129,582. | 15,235,598, | | | | |
| | The portion of total contributions | | | | | | , , , | | | | |
| | by each person (other than a | e in 18 beerege | No para | | | | | | | | |
| | governmental unit or publicly | | | | | | | | | | |
| | supported organization) included | | | | | | | | | | |
| | on line 1 that exceeds 2% of the | an a | | | | | | | | | |
| | amount shown on line 11, | | | | | | | | | | |
| | column (f) | | | | | | | | | | |
| 6 | Public support. Subtract line 5 from line 4. | | | | | | 15,235,598. | | | | |
| | ction B. Total Support | | 1 | | | | | | | | |
| - | ndar year (or fiscal year beginning in) 🕨 | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total | | | | |
| | Amounts from line 4 | 3,304,831, | 3,097,141. | 2,749,551. | 2,954,493. | 3,129,582, | 15,235,598, | | | | |
| | Gross income from interest, | | | . , | | | | | | | |
| | dividends, payments received on | | | | | | | | | | |
| | securities loans, rents, royalties | | | | | | | | | | |
| | and income from similar sources | 56,486. | 43,439. | 54,996. | 48,444. | 90,333. | 293,698. | | | | |
| 9 | Net income from unrelated business | | , <u> </u> | | | 5 | | | | | |
| | activities, whether or not the | | | | | | | | | | |
| | business is regularly carried on | | | | | | | | | | |
| 10 | Other income. Do not include gain | | | | | | | | | | |
| | or loss from the sale of capital | | | | | | | | | | |
| | assets (Explain in Part VI.) | | | | | | | | | | |
| 11 | Total support. Add lines 7 through 10 | | | an e de la persona de la | | | 15,529,296. | | | | |
| 12 | Gross receipts from related activities, | etc. (see instructio | ons) | | | 12 | 632,720. | | | | |
| 13 | First five years. If the Form 990 is for | the organization's | first, second, third | i, fourth, or fifth ta | x year as a section | n 501(c)(3) | | | | | |
| | organization, check this box and stor | here | | | | | | | | | |
| Sec | tion C. Computation of Publ | ic Support Per | rcentage | | | ····· | | | | | |
| 14 | Public support percentage for 2014 (I | ine 6, column (f) di | vided by line 11, c | olumn (f)) | | 14 | 98.11 % | | | | |
| 15 | Public support percentage from 2013 | Schedule A, Part | II, line 14 | | | 15 | <u>98.58 %</u> | | | | |
| 16a | 33 1/3% support test - 2014. If the c | organization did no | t check the box or | line 13, and line 1 | 4 is 33 1/3% or m | ore, check this bo | | | | | |
| | stop here. The organization qualifies | | | | | | | | | | |
| b | 33 1/3% support test - 2013. If the o | rganization did no | t check a box on li | ne 13 or 16a, and | line 15 is 33 1/3% | or more, check th | ls box | | | | |
| | and stop here. The organization quali | | | | | | | | | | |
| 17a | 10% -facts-and-circumstances test | t - 2014. If the orga | anization did not c | heck a box on line | 13, 16a, or 16b, a | nd line 14 is 10% o | or more, | | | | |
| | and if the organization meets the "fac | | | | | | | | | | |
| | meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | | | | | | | | | | |
| b | 10% -facts-and-circumstances test | t - 2013. If the orga | anization did not c | heck a box on line | 13, 16a, 16b, or 1 | 7a, and line 15 is 1 | 10% or | | | | |
| | more, and if the organization meets th | | | | - | | | | | | |
| | | | | | | | | | | | |
| 18 | organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 8 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions Image: Comparison of the organization of | | | | | | | | | | |

Schedule A (Form 990 or 990-EZ) 2014

Schedule A (Form 990 or 990 EZ) 2014 Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 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 | ction A. Public Support | | | | | | |
|------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-----------------------|-------------------------|---------------------|---------------------------------------|-----------|
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | | | | | | |
| 2 | Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that | | | | | | |
| | are not an unrelated trade or bus- | | | | | | |
| | iness under section 513 | | | | | | |
| 4 | Tax revenues levied for the organ- | | | | | | |
| - | ization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 5 | The value of services or facilities | | | | | | |
| v | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| | | | | | 1 | | |
| 78 | Amounts included on lines 1, 2, and 3 received from disgualified persons | | | | | | |
| 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 | | | | | | |
| | Add lines 7a and 7b | | | | | | |
| | Public support (Subtractione 7c from line 6.) | | 1 | | | | |
| | | (-) 0010 | #-> 0011 | (-) 0010 | (4) 0010 | (-) 0014 | (f) Total |
| | ndar year (or fiscal year beginning in) 🕨 | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (1) TO(a) |
| | Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b | Unrelated business taxable income | | | | | | |
| | (less section 511 taxes) from businesses | | | | | | |
| | acquired after June 30, 1975 | | | | | | |
| с | Add lines 10a and 10b | | | | | | |
| 11 | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 | Total support. (Add lines 9, 100, 11, and 12.) | | | | | | |
| 14 | First five years. If the Form 990 is for | the organization's | s first, second, thir | d, fourth, or fifth ta | ax year as a sectio | n 501(c)(3) organiz | ation, |
| | check this box and stop here | _ | | | - | | ▶□ |
| Sec | tion C. Computation of Publi | ic Support Per | rcentage | | | | |
| 15 | Public support percentage for 2014 (I | ine 8, column (f) di | ivided by line 13, o | olumn (f)) | | 15 | % |
| | Public support percentage from 2013 | | - | | | 16 | % |
| | tion D. Computation of Inves | | | | | · · · · · · · · · · · · · · · · · · · | |
| | Investment income percentage for 20 | | | ne 13. column (fi) | | 17 | % |
| | Investment income percentage from 2 | - | | | | 18 | <u>%</u> |
| | 33 1/3% support tests - 2014. If the | | | | | | |
| | more than 33 1/3%, check this box ar | | | | | | |
| | 33 1/3% support tests - 2013. If the | • | | | | | |
| | line 18 is not more than 33 1/3%, che | • | | | | | |
| | Private foundation. If the organization | | | • | | | |
| zΨ | i mate roundation, it the organization | a and not offour a | 507 011 mile 199 187 | ω, σε το σχιριπο φτι Πι | 10 000 MIG 000 MIC | | |

Schedule A (Form 990 or 990 EZ) 2014 LIGHTHOUSE CENTRAL FLORIDA, INC.

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 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.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b 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?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) 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 IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 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).
- 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 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**,
- c Did a disqualified person (as defined in line 9(a)) 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**.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) 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 |
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| 9a | | |
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| 9b | | |
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| | | |
| 10a | | |
| | - 19 | |
| 10b | | |

Schedule A (Form 990 or 990 EZ) 2014 LIGHTHOUSE CENTRAL FLORIDA, INC. 59-2418228 Page 5 Part IV Supporting Organizations (continued) 59-2418228

_____T т

| | | | Yes | No |
|---------|----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|-----------|------|
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| a | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) | 1.588.585 | 1.0115 | |
| | below, the governing body of a supported organization? | 11a | | |
| b | A family member of a person described in (a) above? | 11b | | |
| | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. | 110 | 1 | |
| | tion B. Type I Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to | | | |
| • | regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the | | 19 E.S. | |
| | tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or | | | |
| | controlled the organization's activities. If the organization had more than one supported organization, | | | |
| | describe how the powers to appoint and/or remove directors or trustees were allocated among the supported | | | |
| | organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | | | |
| | | 1 | | 1 1. |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported | 54.4 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - | | |
| | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in | | | |
| | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | | | 1 |
| | supervised, or controlled the supporting organization. | 2 | | l |
| Sec | tion C. Type II Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | | | |
| | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | | | |
| | or management of the supporting organization was vested in the same persons that controlled or managed | | | |
| | the supported organization(s). | 1 | | |
| Sec | tion D. Type III Supporting Organizations | | | |
| • • • • | | | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | | | |
| • | organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax | 1 | | 1 |
| | year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the | | | ł |
| | organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | | 1944 1 | |
| 2 | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | | · · · | |
| | the organization maintained a close and continuous working relationship with the supported organization(s). | _ | | l l |
| ~ | | 2 | | |
| 3 | By reason of the relationship described in (2), did the organization's supported organizations have a | | | · · |
| | significant voice in the organization's investment policies and in directing the use of the organization's | | | |
| | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | | | |
| | supported organizations played in this regard. | 3 | | l |
| Sec | tion E. Type III Functionally-Integrated Supporting Organizations | | | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year(see Instructions): | | | |
| а | The organization satisfied the Activities Test. Complete Ine 2 below. | | | |
| b | The organization is the parent of each of its supported organizations. Complete Ine 3 below. | | | |
| c | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins | tructions |). | |
| 2 | Activities Test. Answer (a) and (b) below. | | Yes | No |
| а | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of | | | |
| | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI Identify | | | |
| | those supported organizations and explain how these activities directly furthered their exempt purposes, | | | |
| | how the organization was responsive to those supported organizations, and how the organization determined | | | |
| | that these activities constituted substantially all of its activities. | 2a | 1 | |
| b | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more | | | |
| ~ | of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the | | | |
| | reasons for the organization's position that its supported organization(s) would have engaged in these | | | |
| | activities but for the organization's involvement. | 2b | | |
| | • | 29 | | |
| | Parent of Supported Organizations. Answer (a) and (b) below. | | | |
| | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or | | | |
| | trustees of each of the supported organizations? Provide details in Part VI. | 3a | | |
| | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | | | |
| | of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. | 3b | | |

| | edule A (Form 990 or 990 EZ) 2014 LIGHTHOUSE CENTRAL FLOR | | | 9-2418228 Page 6 |
|------|-------------------------------------------------------------------------------------------------|---------|-------------------------------|--------------------------------|
| Pa | rt V Type III Non-Functionally Integrated 509(a)(3) Supportin | | | |
| 1 | Check here if the organization satisfied the Integral Part Test as a qualifyin | - | | ctions. All |
| | other Type III non-functionally integrated supporting organizations must co | omplete | Sections A through E. | |
| Sect | tion 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 | | | |
| - | 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 | | |
| Sect | ion B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see | | | |
| | 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 | 10 | | |
| | Total (add lines 1a, 1b, and 1c) | 1d | | |
| | Discount claimed for blockage or other | | | |
| | factors (explain in detail in Part VI): | | | |
| 2 | | 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 | | |
| Sect | ion C - Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | |
| 2 | Enter 85% of line 1 | 2 | | |
| 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-functional | | ated Type III supporting orga | nization (see |
| | instructions). | | | - |

Schedule A (Form 990 or 990-EZ) 2014

Schedule A (Form 990 or 990 EZ) 2014 LIGHTHOUSE CENTRAL FLORIDA, INC.

| Pa | rt V Type III Non-Functionally Integrated 509 | 9(a)(3) Supporting Org | anizations (continued) | , |
|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|-----------------|
| Sec | ion D - Distributions | | | Current Year |
| 1 | Amounts paid to supported organizations to accomplish exe | | | |
| 2 | Amounts paid to perform activity that directly furthers exem | | | |
| | organizations, in excess of income from activity | | | |
| 3 | Administrative expenses paid to accomplish exempt purpos | es of supported organization | ns | |
| 4 | Amounts paid to acquire exempt-use assets | | | |
| 5 | Qualified set-aside amounts (prior IRS approval required) | | | |
| _ 6 | Other distributions (describe in Part VI). See instructions. | | | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | |
| 8 | Distributions to attentive supported organizations to which t | the organization is responsiv | e | |
| . | (provide details in Part VI). See instructions. | | | |
| 9 | Distributable amount for 2014 from Section C, line 6 | | | |
| 10 | Line 8 amount divided by Line 9 amount | | | |
| | | (i) | (ii) | (iii) |
| <u>.</u> | | Excess Distributions | Underdistributions | Distributable |
| Sect | ion E - Distribution Allocations (see instructions) | | Pre-2014 | Amount for 2014 |
| 1 | Distributable amount for 2014 from Section C, line 6 | A state of the sta | | |
| 2 | Underdistributions, if any, for years prior to 2014 | | | |
| | (reasonable cause required see instructions) | | · · · · · · · · · · · · · · · · · · · | |
| _3 | Excess distributions carryover, if any, to 2014: | | | |
| a | | | | |
| b | | | | |
| с | | | | |
| d | | n with each of the second s | | |
| e | From 2013 | | | |
| f | Total of lines 3a through e | | | |
| | Applied to underdistributions of prior years | | | |
| | Applied to 2014 distributable amount | | | |
| i | Carryover from 2009 not applied (see instructions) | , | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 | Distributions for 2014 from Section D, | | | |
| | line 7: \$ | | | |
| a | Applied to underdistributions of prior years | | | |
| | Applied to 2014 distributable amount | | | |
| | Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 | Remaining underdistributions for years prior to 2014, if | | | |
| | any. Subtract lines 3g and 4a from line 2 (if amount | | | |
| | greater than zero, see instructions). | | | |
| 6 | Remaining underdistributions for 2014. Subtract lines 3h | | | |
| - | and 4b from line 1 (if amount greater than zero, see | | | |
| | instructions). | 1. | | |
| 7 | Excess distributions carryover to 2015. Add lines 3j | | | |
| - | and 4c. | | | |
| 8 | Breakdown of line 7: | | | |
| a | | | | |
| b | | | | |
| C | — Construction of the second se Second second se | | | |
| | Excess from 2013 | | | |
| | Excess from 2014 | | | |
| <u> </u> | | 1 | L | |

Schedule A (Form 990 or 990-EZ) 2014

| Schedule A | (Form 990 or 990 EZ) 2014 LIGHTHOUSE CENTRAL FLORIDA, INC Supplemental Information. Provide the explanations required by Part II, line 10; F | 59-2418228 Page |
|------------|-------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|
| Part VI | | Part II, line 17a or 17b; and Part III, line 12. |
| | Also complete this part for any additional information. (See instructions). | |
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| (For | HEDULE D m 990) | OMB No. 1545-0047 2014 Open to Public Inspection | | | | | | | |
|-------------|-------------------------------------|------------------------------------------------------------------------------------------------|----------------------------------------------------------|-----------|---------------|---------------------------------------|--|--|--|
| | al Revenue Service | | Torm soly and its instituctions to at www.itc.gowinecce. | | | | | | |
| Nam | e of the organizati | on LIGHTHOUSE CENTRAL | | | | r identification number | | | |
| Pa | rt I Organiza | ations Maintaining Donor Advise | d Funds or Other Similar Funds | or A | | | | | |
| | • | n answered "Yes" to Form 990, Part IV, lin | | Q: Ye | ovountoi | oompleten me | | | |
| | organizatio | | (a) Donor advised funds | () |) Funds an | d other accounts | | | |
| 1 | Total number at er | nd of year | | v | , | | | | |
| 2 | | f contributions to (during year) | | | | | | | |
| 3 | | f grants from (during year) | | | | | | | |
| 4 | | t end of year | | | | | | | |
| 5 | | on inform all donors and donor advisors in | | ed fund | ds | | | | |
| • | | on's property, subject to the organization's | | | | Yes No | | | |
| 6 | | on inform all grantees, donors, and donor a | | | | • | | | |
| | - | oses and not for the benefit of the donor o | | | | | | | |
| | impermissible priv | | | | • | Yes No | | | |
| Pa | rt II Conserv | ation Easements. Complete if the org | ganization answered "Yes" to Form 990, P | art IV, I | ine 7. | | | | |
| 1 | Purpose(s) of cons | servation easements held by the organizati | on (check all that apply). | | | | | | |
| | Preservation | of land for public use (e.g., recreation or e | education) Preservation of a histo | rically | important la | and area | | | |
| | Protection o | f natural habitat | Preservation of a certi | fied his | storic struct | ure | | | |
| | Preservation | l of open space | | | | | | | |
| 2 | Complete lines 2a | through 2d if the organization held a qualit | fied conservation contribution in the form o | of a co | nservation e | easement on the last | | | |
| | day of the tax year | r. | | | | | | | |
| | | | | . ļ | Held | at the End of the Tax Year_ | | | |
| а | Total number of co | onservation easements | | [| 2a | | | | |
| b | Total acreage rest | ricted by conservation easements | | | 2b | | | | |
| С | Number of conser | vation easements on a certified historic str | ucture included in (a) | | 2c | | | | |
| d | Number of conservent | vation easements included in (c) acquired a | after 8/17/06, and not on a historic structu | re | | | | | |
| | | al Register | | | 2d | | | | |
| 3 | Number of conser | vation easements modified, transferred, re | leased, extinguished, or terminated by the | organi | zation durin | ng the tax | | | |
| | year 🕨 | | | | | | | | |
| 4 | | where property subject to conservation ea | | | | | | | |
| 5 | • | tion have a written policy regarding the per | | | | | | | |
| | | orcement of the conservation easements it | | | | Yes No | | | |
| 6 | | r hours devoted to monitoring, inspecting, | _ | - | | <u> </u> | | | |
| 7 | - | es incurred in monitoring, inspecting, and | - | | - | | | | |
| 8 | | vation easement reported on line 2(d) abov | | | | | | | |
| | and section 170(h) | (4)(B)(i)? | | | | Yes No | | | |
| 9 | | be how the organization reports conservation | - | | | | | | |
| | | le, the text of the footnote to the organizat | tion's financial statements that describes t | he org | anization's a | accounting for | | | |
| Da | conservation ease t III Organiza | ments. Itions Maintaining Collections of | Art Historical Treasures or Ot | hor S | imilar Ac | ente | | | |
| ra | | the organization answered "Yes" to Form | | ner c | annar As | 53013. | | | |
| | | | | ont on | d balanca a | haat works of art | | | |
| ıa | | elected, as permitted under SFAS 116 (AS | | | | | | | |
| | | s, or other similar assets held for public exh note to its financial statements that descri | | na ni h | 700110 SUL | ν, ρινήα υ , π ratt All, | | | |
| L. | | | | and ha | lanco choo | tworks of art bistorical | | | |
| α | | elected, as permitted under SFAS 116 (AS similar assets held for public exhibition, ec | | | | | | | |
| | | | accation, or research in turtherance of pub | 110 SBU | nco, provide | e are ronowing amounts | | | |
| | relating to these ite | | | | b ¢ | | | | |
| | | ded in Form 990, Part VIII, line 1 | | | ۳ ۹ ۲ ۵ | · · · · · · · · · · · · · · · · · · · | | | |
| ~ | | | aguran, ar othar similar apasts for financial | | P Φ | | | | |
| 2 | | received or held works of art, historical treaters | | yanı, p | UDMUU | | | | |
| | - | ints required to be reported under SFAS 1: | • | | <u>م</u> | | | | |
| | | in Form 990, Part VIII, line 1 | | | | | | | |
| Q | Assets included in | 1 UIII 99U, Fall A | | | ₽ ♥ | | | | |

| LHA | For | Paperwork | Reduction | Act Notice, | see the | Instructio | ns for Forn | 1 990. |
|---------|-----|-----------|-----------|-------------|---------|------------|-------------|--------|
| 432051 | | | | | | | | |
| 10-01-1 | 14 | | | | | | | |

| | | USE CENTRA | | | | | | | 18228 | |
|----------|--------------------------------------------------|---------------------------------------|-------------|---------------|---------------------------------------|---------------|---------------------------------|------------|--------------------|--------------|
| Pa | rt III Organizations Maintaining C | Collections of A | rt, Hist | orical Tr | easures, c | or Other | Similar | Asse | ts (continu | ed) |
| 3 | Using the organization's acquisition, access | ion, and other record | ds, check | any of the | following tha | t are a sigi | nificant us | e of its | collection i | tems |
| | (check all that apply): | | | | | | | | | |
| а | Public exhibition | Ċ | a 🛄 r | oan or exc | hange progra | ams | | | | |
| b | Scholarly research | e | • 🗌 (| Other | | | | | | |
| с | Preservation for future generations | | | | | | | | | |
| 4 | Provide a description of the organization's c | ollections and explai | in how th | ey further ti | he organizatio | on's exem | pt purpos | ə in Parl | t XIII. | |
| 5 | During the year, did the organization solicit of | or receive donations | of art, his | storical trea | sures, or othe | ər similar a | ssets | . | | |
| . | to be sold to raise funds rather than to be m | aintained as part of | the orgar | nization's co | ollection? | | | | Yes | NoNo |
| Pa | rt IV Escrow and Custodial Arran | | ete if the | organizatio | n answered " | "Yes" to Fo | orm 990, F | Part IV, I | ine 9, or | |
| | reported an amount on Form 990, Pa | rt X, line 21. | | | | | | | | <u> </u> |
| 1a | Is the organization an agent, trustee, custod | lan or other interme | diary for d | contribution | is or other as | sets not in | cluded | . | -1 | _ |
| | on Form 990, Part X? | | | | | | • • • • • • • • • • • • • • • • | L | Yes | l No |
| b | If "Yes," explain the arrangement in Part XIII | and complete the fo | blowing ta | able: | | | | . <u> </u> | | |
| | | | | | | | | | Amount | |
| C | Beginning balance | | | | | | 1c | | | |
| d | Additions during the year | | | | | | 1d | | | |
| e | Distributions during the year | | | | | | 1e | | | |
| f | Ending balance | | | | | | lf | | | |
| 2a | Did the organization include an amount on F | orm 990, Part X, line | e 21, for e | scrow or cu | ustodial acco | unt liability | n | ,, L | Yes | No No |
| | If "Yes," explain the arrangement in Part XIII | | | | | | | | | |
| Pa | rt V Endowment Funds. Complete | if the organization ar | nswered ' | "Yes" to Fo | 4 | | | | | |
| | | (a) Current year | (b) Pr | rior year | (c) Two year | s back (d |) Three yea | irs back | (e) Four y | ears back |
| 1a | Beginning of year balance | | | | | | | | | |
| b | Contributions | | | | | | | | | |
| c | Net investment earnings, gains, and losses | | | | | | | | | |
| đ | Grants or scholarships | | | | | | | | | |
| e | Other expenditures for facilities | | | | | | | | I | |
| | and programs | | | | | | | | | |
| f | Administrative expenses | | | | | | | | | <u> </u> |
| g | End of year balance | | <u> </u> | | | | | | | |
| 2 | Provide the estimated percentage of the cur | rent year end baland | ce (line 1g | , column (a | i)) held as: | | | | | |
| а | Board designated or quasi-endowment 🕨 | · · · · · · · · · · · · · · · · · · · | _% | | | | | | | |
| b | Permanent endowment 🕨 | % | | | | | | | | |
| С | Temporarily restricted endowment 🕨 | % | | | | | | | | |
| | The percentages in lines 2a, 2b, and 2c should | | | | | | | | | |
| 3a | Are there endowment funds not in the posse | ession of the organiz | ation that | t are held a | nd administe | red for the | organizat | ion | | |
| | by: | | | | | | | | Y | es No |
| | (i) unrelated organizations | | | | | | | | 3a(i) | |
| | (ii) related organizations | | | | | | | | 3a(ii) | |
| b | If "Yes" to 3a(ii), are the related organization | s listed as required o | on Sched | ule R? | | | | | 3b | |
| 4 | Describe in Part XIII the intended uses of the | | owment fe | unds. | | | | | | |
| Par | t VI Land, Buildings, and Equipm | nent. | | | | | | | | |
| - | Complete if the organization answere | d "Yes" to Form 990 |), Part IV, | line 11a. S | ee Form 990, | Part X, lin | e 10. | | | |
| | Description of property | (a) Cost or c | E E | (b) Cost | | ••• | umulated | | (d) Book v | /alue |
| | | basis (investr | nent) | basis (| · · · · · · · · · · · · · · · · · · · | depre | ciation | | | |
| 1a | Land | | | | 4,877. | | | | | <u>,877.</u> |
| b | Buildings | | | 3,85 | 7,339. | 86 | 57 <u>,25</u> ' | 7. | 2,990 | <u>,082.</u> |
| | Leasehold improvements | | | | | | | | | |
| d | Equipment | | | | | | | | | <u></u> |
| | Other | | ł | | 8,294. | 22 | <u>2,17</u> | | | <u>,119.</u> |
| Total | . Add lines 1a through 1e. (Column (d) must e | qual Form 990, Part | X, colum | n (B), line 1 | 0c.) | | | | 3,851 | ,078. |

Schedule D (Form 990) 2014

| Schedule D (Form 990) 2014 LIGHTHOUSE Part VII Investments - Other Securities. | CENTRAL FLOR | IDA, INC. | | 59- | -2418228 Page 3 |
|-----------------------------------------------------------------------------------|----------------------------|----------------------|-----------------|---------------------------------|------------------------------------------------------------------------------------|
| | to Four OOO Dout N/ Rea | 144 0 | | 10 | |
| Complete if the organization answered "Yes" | (b) Book value | | | | of year market value |
| (a) Description of security or category (including name of security) | | (C) Matrico 0 | | OSL OF AUG. | Uryear market value |
| (1) Financial derivatives | | | | | |
| (2) Closely-held equity interests | | | | | |
| (3) Other | 102 010 | | | | |
| (A) COMMON STOCKS | 195,240 | | | | |
| (B) MUTUAL FUNDS | 1,274,278 | . END-OF- | YEAR M | ARKET | VALUE |
| (C) | | | | | |
| (D) | | | | | |
| (E) | | | | | |
| (F) | | | | | |
| (G) | | | | | |
| (H) | | | | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ► | 1,469,518 | | | n en de la seguidad Seguidad | |
| Part VIII Investments - Program Related. | | | | | |
| Complete if the organization answered "Yes" | | 11c. See Form 990 |), Part X, line | 13. | |
| (a) Description of investment | (b) Book value | (c) Method o | f valuation: C | ost or end- | of-year market value |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) | | | | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (8) line 13.) | | | | | |
| Part IX Other Assets. | | | | | |
| Complete if the organization answered "Yes" | to Form 990, Part IV, line | 11d. See Form 990 |), Part X, line | 15. | |
| (a) | Description | | | | (b) Book value |
| (1) DEPOSITS | | | | | 19,437. |
| (2) LOAN FINANCING COSTS, NET | | | | | 28,738. |
| (3) INVESTMENT IN LIGHTHOUSE | | | | | 394,008. |
| (4) INTERCOMPANY RECEIVABLES | | | | | 363,219. |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | • •• • | | |
| (9) | | | | | ··· · · · · · · · · · · · · · · · · · |
| Total. (Column (b) must equal Form 990, Part X, col. (B) lin | e 15.) | | | | 805,402. |
| Part X Other Liabilities. | | | | F_ | |
| Complete if the organization answered "Yes" | to Form 990, Part IV, line | 11e or 11f. See Fo | rm 990, Part . | X, line 25. | |
| 1. (a) Description of liability | | (b) Book value | | | |
| (1) Federal income taxes | | | | | |
| (2) | | ······ | | | |
| (3) | | | | | |
| (4) | ····· | | | | |
| (5) | | | T in Name | | |
| (6) | | | | | |
| (7) | | | - | | |
| (8) | | | | | · 동물 소작 전망가 물로 소방하네. 지, 10년 2년 지, 11년 2월 11년 11년 11년 11년 11년 11년 11년 11년 11년 11 |
| (9) | ····· | | | | |
| (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line | e 25.) | | - : ' | | |
| Liability for uncertain tax positions. In Part XIII, provide | | o the organization's | a financial etc | tomonto th | at reports the |
| organization's liability for uncertain tax positions. In Part All, provide | | | | | |
| organization s liability for uncertain tax positions under | 1 III 40 (AOU 740), UIBC | | | ING DOGIED | |

Schedule D (Form 990) 2014

| Sche | dule D (Form 990) 2014 LIGHTHOUSE CENTRAL FLORIDA, | INC | | 59-2 | 2418228 | Page 4 |
|------|----------------------------------------------------------------------------------|----------|-----------------|--------|---------|--------------|
| Pa | t XI Reconciliation of Revenue per Audited Financial Statemen | its With | n Revenue per P | leturn | | |
| | Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. | | | | | |
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | 3,236 | ,230. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | | |
| а | Net unrealized gains (losses) on investments | 2a | -142,595. | | | |
| b | Donated services and use of facilities | | | | | |
| с | Recoveries of prior year grants | | | | | |
| d | | 2d | | | | |
| e | Add lines 2a through 2d | | | 2e | -142 | |
| 3 | Subtract line 2e from line 1 | | | 3 | 3,378 | 825. |
| 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 | | | | |
| c | Add lines 4a and 4b | ***** | | 4c | | 0. |
| 5 | Total revenue. Add lines 3 and 4c, (This must equal Form 990, Part I, line 12.) | | | 5 | 3,378 | <u>,825.</u> |
| Pa | t XII Reconciliation of Expenses per Audited Financial Stateme | nts Wit | h Expenses per | Retu | m. | |
| | Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. | | | | | ······ |
| 1 | Total expenses and losses per audited financial statements | | | 1 | 3,175 | <u>,767.</u> |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | | | |
| а | Donated services and use of facilities | 2a | | | | |
| b | Prior year adjustments | 2b | | | | |
| c | Other losses | 20 | | | | |
| đ | Other (Describe in Part XIII.) | 2d | | 283 | | |
| е | Add lines 2a through 2d | | | 2e | | 0. |
| 3 | Subtract line 2e from line 1 | | | 3 | 3,175, | <u>,767.</u> |
| 4 | Amounts included on Form 990, Part IX, line 25, 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 | | | | |
| с | Add lines 4a and 4b | | | 4c | | 0. |
| 5 | Total expenses. Add lines 3 and 4c, (This must equal Form 990, Part I, line 18.) | | | 5 | 3,175, | <u>,767.</u> |
| Pai | t XIII Supplemental Information. | | | | | |

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

| THE ORGANIZATION HAS ADOPTED PROVISIONS OF THE INCOME TAX TOPIC OF THE |
|---------------------------------------------------------------------------|
| ASC. THESE PROVISIONS CLARIFY THE ACCOUNTING FOR UNCERTAINTY IN TAX |
| POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THE TAX BENEFIT |
| FROM AN UNCERTAIN TAX POSITION IS ONLY RECOGNIZED IN THE STATEMENT OF |
| FINANCIAL POSITION IF THE TAX POSITION IS MORE LIKELY THAN NOT TO BE |
| SUSTAINED UPON AN EXAMINATION, BASED ON THE TECHNICAL MERITS OF THE |
| POSITION. AS OF SEPTEMBER 30, 2015, THE ORGANIZATION HAD NO UNCERTAIN TAX |
| POSITIONS THAT QUALIFY FOR RECOGNITION OR DISCLOSURE IN THE FINANCIAL |
| STATEMENTS. |
| |

| Schedule D (Form 990) 2014 Part XIII Supplemental Infor | LIGHTHOUSE | CENTRAL | FLORIDA, | INC. | 59-2418228 Page 5 |
|------------------------------------------------------------|--------------------|---------|----------|------|-------------------|
| Part All Supplemental Infor | mation (continued) | | | | |
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| (Form 990 or 990-EZ) Complete if th Department of the Treasury | ental Information Regarding e organization answered "Yes" to F organization entered more than \$1 Attach to Form 990 about Schedule Q (Form 990 or 990-EZ) | Form 9 5,000 (or Fo | 990, P on Fo rm 99 | art IV, lines 17, 18, « rm 990-EZ, line 6a. 0-EZ. | or 19, | , or if the | OMB No. 1545-0047 2014 Open to Public Inspection |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|-----------------------------------------------|------------------------------------------------------------------------------------------------|--------|-----------------------------------------------------------------|------------------------------------------------------------------|
| Name of the organization | Ibout Schedule G (Form 990 or 990-22) | anons | เกรษบ | ctions is at www.irs.g | 04/10/ | Employer Ide | entification number |
| | USE CENTRAL FLORID | | INC | | | 59-2418 | |
| Part I Fundraising Activities required to complete this part | Complete if the organization answe rt. | red "Y | 'es" to | Form 990, Part IV, li | ne 17 | 7. Form 990.Ez | I filers are not |
| Indicate whether the organization rai a Mail solicitations b Internet and email solicitation c Phone solicitations d In-person solicitations 2 a Did the organization have a written key employees listed in Form 990, F b If "Yes," list the ten highest paid ind compensated at least \$5,000 by the | e Solicital s f Solicital g Special or oral agreement with any individual Part VII) or entity in connection with p lividuals or entities (fundraisers) purs | tion of tion of fundra (incluo rofess | non∙g gover lising ding o ional f | overnment grants nment grants events fficers, directors, true undraising services? | stees | Ye: | - |
| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) funor have ci or con contribu | ustody | (iv) Gross receipts from activity | to (c | Amount paid or retained by) fundraiser ted in col. (i) | (vi) Amount paid to (or retained by) organization |
| | | Yes | No | | | | |
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| Total | | | | | | | |
| 3 List all states in which the organization or licensing. | on is registered or licensed to solicit o | contrib | utions | s or has been notified | it is | exempt from r | egistration |
| | | | | | | | |
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990 or 990-EZ) 2014

| | rt I | e G (Form 990 or 990 EZ) 2014 LIGHTHC Fundraising Events. Complete if the of fundraising event contributions and gr | e organization answered | l "Yes" to Form 990, Parl | IV, line 18, or reported | |
|-----------------|-------|---------------------------------------------------------------------------------------------------------------------------|----------------------------|--------------------------------------------------|--------------------------|--------------------------------------------------------|
| | | | (a) Event #1 | (b) Event #2 SIGHT & SOLE | (c) Other events | (d) Total events (add col. (a) through col. (c)) |
| Revenue | 1 | Gross receipts | 113,649. | | 48,798. | 213,047 |
| | 2 | Less: Contributions | | | | |
| | 3 | Gross income (line 1 minus line 2) | 113,649. | 50,600. | 48,798. | 213,047. |
| | 4 | Cash prizes | | | | |
| s | 5 | Noncash prizes | | | | |
| pense | 6 | Rent/facility costs | | | | |
| Direct Expenses | 7 | Food and beverages | | | | · · · |
| | 8 | Entertainment | 12,264. | 15,879. | 8,005. | 36,148, |
| | | Other direct expenses Direct expense summary. Add lines 4 through | | | | 36,148 |
| | | Net income summary. Subtract line 10 from li | | | | 176,899 |
| Revenue | 1 | I Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a: Gross revenue | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (a) Other caming | (d) Total gaming (add col. (a) through col. (c) |
| es | 2 | Cash prizes | | | | |
| Expenses | 3 | Noncash prizes | | | | |
| Direct I | 4 | Rent/facility costs | | | | |
| | 5 | Other direct expenses | | | | |
| | 6 | Volunteer labor | └── Yes % └── No | └── Yes % └── No | Yes % No | |
| | 7 | Direct expense summary. Add lines 2 through | n 5 in column (d) | | | |
| _ | 8 | Net gaming income summary. Subtract line 7 | from line 1, column (d) | | | |
| а | ls th | er the state(s) in which the organization conduct ne organization licensed to conduct gaming at No," explain: | ctivities in each of these | states? | | Yes No |
| | | re any of the organization's gaming licenses re /es," explain: | | | rear? | Yes No |
| u | | 'es," explain: | | | | |

| Schedule G (Form 990 or 990 EZ) 2014 LIGHTHOUSE CENTRAL FLORIDA, INC. 59- | 2418228 | Page 3 |
|------------------------------------------------------------------------------------------------------------------------------|-----------------|----------|
| 11 Does the organization conduct gaming activities with nonmembers? | . 🗌 Yes | l No |
| 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed | | |
| to administer charitable gaming? | . 🗌 Yes | No No |
| 13 Indicate the percentage of gaming activity conducted in: | | |
| a The organization's facility | . 13a | % |
| b An outside facility | 13b | % |
| 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records: | | |
| Name 🕨 | | |
| Address 🕨 | | |
| 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? | 🗌 Yes | No No |
| b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount | | |
| of gaming revenue retained by the third party 🕨 \$ | | |
| c If "Yes," enter name and address of the third party: | | |
| | | |
| Name | | <u>.</u> |
| Address 🕨 | | |
| 16 Gaming manager information: | | |
| Name 🕨 | | |
| | | |
| Gaming manager compensation 🕨 \$ | | |
| Description of services provided 🕨 | | |
| | | |
| Director/officer Employee Independent contractor | | |
| | | |
| 17 Mandatory distributions: | | |
| a is the organization required under state law to make charitable distributions from the gaming proceeds to | | |
| retain the state gaming license? | 🖂 Yes | L No |
| b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the | | |
| organization's own exempt activities during the tax year > \$ | | |
| Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, | lines 9, 9b, 10 |)b, 15b, |
| 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions). | | |
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| Schedule G | (Form 990 or 990 EZ) Supplemental Info | LIGHTHOUSE | CENTRAL | FLORIDA, | INC. | 59-2418228 | Page 4 |
|---------------------------------------|-------------------------------------------|------------|---------|----------|------|------------|------------|
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| SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service Schedule O (Form 990 or 990-EZ and its instructions is at www.lrs.gov/f | CUIH Open to Public |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| Name of the organization | Employer Identification number 59-2418228 |
| FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: EMPLOYMENT SERVICES. EXPENSES \$ 165,783. INCLUDING GRANTS OF \$ 0. REVENUE | |
| FORM 990, PART VI, SECTION A, LINE 2: ALEX HULL IS A BUSINESS PARTNER. | |
| PAT DEVINE AND DAN DEVINE ARE MOTHER AND SON. | |
| FORM 990, PART VI, SECTION B, LINE 11: | |
| DRAFT TAX RETURN IS DISTRIBUTED TO BOARD MEMBERS FOR COMM | ENTS BEFORE IT IS |
| FILED. | |
| FORM 990, PART VI, SECTION B, LINE 12C: | |
| BOARD MEMBERS ARE REQUIRED TO DISCLOSE ANY CONFLICTS OF I | NTEREST. |
| FORM 990, PART VI, SECTION B, LINE 15: | |
| BOARD DETERMINES COMPENSATION BASED ON STUDIES OF OTHER SI | IMILAR SIZED NOT |
| FOR PROFIT ORGANIZATIONS. | |
| FORM 990, PART VI, SECTION C, LINE 19: | |
| DOCUMENT IS AVAILABLE UPON REQUEST. | |
| | |

| SCHEDULE R (Form 990) | Comp | Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. | and Unrelated Pa es" on Form 990, Part IV, I | r tnerships ne 33, 34, 35b, 36 | , or 37. | ō | OMB No. 1545-0047 |
|-------------------------------------------------------------|------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|------------------------------------------|-----------------------------------------------------------|----------------------------------------------|--------------------------------------------------------------|
| Department of the Treasury Internal Revenue Service | ▶ Info | Attach to Form 990. Minformation about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. | Attach to Form 990. Form 990) and its instructions is at | www.irs.gov/form | 390. | 0 | Open to Public Inspection |
| Name of the organization | LIGHTHOUSE | CENTRAL FLORIDA, INC. | | | | Employer identification number 59-2418228 | cation number 2.2.8 |
| Part I Identification | n of Disregarded Entities Complei | Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. | in Form 990, Part IV, line 33 | | | | |
| Name, addre of di | (a) Name, address, and EIN (ff applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | te End-of-year assets | | (f) Direct controlling entity |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | - | |
| Part II Identification | Identification of Related Tax-Exempt Organizations Complete organizations during the tax year. | ations Complete if the organization an | if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt | Part IV, line 34 be | cause it had one or | more related tax-exer | mpt |
| Name of rel | (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? Yes No |
| LIGHTHOUSE WORKS, 2500 KUNZE AVENUE ORLANDO, FL 32806 | INC 27-4598398 5 | LICHTHOUSE WORKS PROVIDES SERVICES AND PRODUCTS GENERATED BY SIGHT | FLORIDA | 501(C)3 | LENE 11A, I | | |
| | | | | | | | |
| | | | | : | | | |
| For Paperwork Reduct | For Paperwork Reduction Act Notice, see the Instructions for Form 990. | ons for Form 990. | | | | Schedule R | Schedule R (Form 990) 2014 |

432161 08-14-14 LHA

SEE PART VII FOR CONTINUATIONS

| LDA, INC. 59-2418228 Page 2 Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related | (f) (g) (h) (f) (f) (f) Share of total Share of total Share of total Share of total No Share of total Share of total Share of total Share of total No Income and of year anount in box anout in box assets No K-1 (Form 1065) Yes No | or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related vity (e) (d) (e) (f) (f) (g) (h) vity Logal domicia Direct controlling Type of entity Share of total Share of actoral Share of controlling Share of total Share of controlling (h) vity Logal domicia Direct controlling Type of entity Share of total Share of controlling Share of controling Share of controlling Share of c |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| INC . e if the organization answered " | (e) Predominant income (related, unrelated, excluded from tax under sections 512-514) | Complete if the organization ans (c) (d) Legal deniction (state or foreign country) Direct controlling foreign |
| <u>VAL FT.ORIDA, I</u> : a Partnership Complete year. | (c) (d) Logal demicia demicia terete or country) country) | |
| LIGHTHOUSE CENTRAL ated Organizations Taxable as a Pa l as a partnership during the tax year | (b) Primary activity | Ganizations Taxable as Proporation or trust during BIN Dn Dn |
| Schedule R (Form 990) 2014 LIGHTHOUSE CENTRAL FILOR Part III Identification of Related Organizations Taxable as a Partnership organizations treated as a partnership during the tax year. | (a) Name, address, and EIN of related organization | Part IV Identification of Related Organizations Taxable as a Corporation or trust during the tax year. (a) (a) (b) Name, address, and EIN (b) Name, address, and EIN Primary act of related organization (b) |

| INC. |
|----------------------------|
| FLORIDA, |
| CENTRAL. |
| LIGHTHOUSE |
| Schedule R (Form 990) 2014 |

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59-2418228 Page 3

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

| Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. | | - | | | Vac No |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|---------------------------------------|----------------------------------------------|------------|------------|
| 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | s with one or more re | ated organizations listed | in Parts II-IV? | | - |
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | / | | | 12 | × |
| b Gift, grant, or capital contribution to related organization(s) | | | | ÷ | × |
| c Gift, grant, or capital contribution from related organization(s) | | ********************************* | | 2 4 | |
| d Loans or loan guarantees to or for related organization(s) | *********************** | **************************** | | 2 7 | 4 1 |
| | ************************ | ****** | | 2 | |
| e Loans or loan guarantees by related organization(s) | **************** | ******* | | 1 e | × |
| f Dividends from related organization(s) | | | | ų | • |
| | *************************** | | | E | 4 |
| | ************************ | | | <u>5</u> | × |
| h Purchase of assets from related organization(s) | | ************************* | | ť | × |
| i Exchange of assets with related organization(s) | | | | ÷ | X |
| j Lease of facilities, equipment, or other assets to related organization(s) | | · · · · · · · · · · · · · · · · · · · | | į, | × |
| k Lease of facilities, equipment, or other assets from related organization(s) | | | | ÷ | × ≯ |
| Performance of services or membership or fundraising solicitations for related organization(s) | inization(e) | ********************************* | | ; | 1 0 |
| m Performance of services or membership or fundraising solicitations by related organization(s) | nization(s) | | | = ; | 4 Þ |
| | | | | E | + |
| | ion(s) | **************************** | | ŧ | × |
| Sharing of paid employees with related organization(s) | | | | \$ | X |
| | | | | | |
| p Reimbursement paid to related organization(s) for expenses | ****** | *********************************** | | 1p | X |
| q Reimbursement paid by related organization(s) for expenses | | | | 19 | X |
| | | | | | |
| r Other transfer of cash or property to related organization(s) | | | | 4 | X |
| | : | | | 1s | × |
| 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. | who must complete th | is line, including covered | relationships and transaction thresholds. | | |
| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved | volved | |
| (1) LIGHTHOUSE WORKS!, INC. | И | 142,793.N, | N/A | | 100 |
| (2) LIGHTHOUSE WORKS!, INC. | 0 | 217,923. | 923.ACTUAL EXPENSES | | |
| (2) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| 432183 08-14-14 | | | Schedule R (Form 390) 2014 | R (Form 9 | 90) 2014 |

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| 28 Page 4 | s revenue) | (i) (i) (k) (k) Code V-UBI General or Percentage amount in box 20 managing of Schedule K-1 partner? ownership | 2 | - | | | Schedule R (Form 990) 2014 |
|----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|--------|---|------------|--|----------------------------|
| 182. | or gros | Genera Darthe | Aes No | | - I | | e R (F |
| 59-2418228 | y total assets | (i) Code V-UBI amount in box 2 of Schedule K-1 | | | | | Schedul |
| | sured b | (h) Dispropor- tionate allocations? | | | | | |
| | 37. It of its activities (mea | (g) Share of end-of-year assets | | | | | |
| | 390, Part IV, line (than five percen | (f) Share of total income | | | | | |
| | on Form S | er orgs.? | 2 | | | | |
| INC. | ie organization answered "Yes" on Form 990, Part IV, line 37 h which the organization conducted more than five percent of | (c) | | | | | |
| | mplete if the organiz hip through which t ision for certain inve | (c) Legal domicile (state or foreign country) | | | | | |
| LIGHTHOUSE CENTRAL FLORIDA | ble as a Partnership Cor entity taxed as a partners thructions renarding evel | (b) Primary activity | | | | | |
| e R (Form 990) 2014 | Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37. Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions reparding evolvision for conductions in occurrent or its activities (measured by total assets or gross revenue) | (a) Name, address, and EIN of entity | | | | | |

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| Schedule R (Form 990) 2014 | LIGHTHOUSE | CENTRAL | FLORIDA, | INC. | 59-2418228 | Page 5 |
|------------------------------|------------|---------|----------|-------------------------|------------|--------|
| Part VII Supplemental Inform | mation | | | · · · · · · · · · · · · | | |

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Provide additional information for responses to questions on Schedule R (see instructions).

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME OF RELATED ORGANIZATION:

LIGHTHOUSE WORKS, INC.

PRIMARY ACTIVITY: LIGHTHOUSE WORKS PROVIDES SERVICES AND PRODUCTS

GENERATED BY SIGHT IMPAIRED