

Form **990**
(Rev. January 2020)
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2019

Open to Public Inspection

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2019 calendar year, or tax year beginning **OCT 1, 2019** and ending **SEP 30, 2020**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization MANASOTA LIGHTHOUSE FOR THE BLIND D/B/A LIGHTHOUSE VISION LOSS EDUCATION CENTER Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 7318 N. TAMiami TRAIL City or town, state or province, country, and ZIP or foreign postal code SARASOTA, FL 34243-1401 F Name and address of principal officer: LISA HOWARD 7318 N. TAMiami TRAIL, SARASOTA, FL 34243	D Employer identification number 59-2591136 E Telephone number (941) 359-1404 G Gross receipts \$ 1,500,833. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.LIGHTHOUSEEDUCATIONCENTER.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1985 M State of legal domicile: FL

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: LIGHTHOUSE VISION LOSS EDUCATION CENTER'S MISSION IS TO EDUCATE AND EMPOWER THOSE AFFECTED BY VISION 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 10 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 10 5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 44 6 Total number of volunteers (estimate if necessary) 6 25 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. 7b Net unrelated business taxable income from Form 990-T, line 39 7b 0.																									
Revenue	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th align="center">Prior Year</th> <th align="center">Current Year</th> </tr> </thead> <tbody> <tr> <td>8 Contributions and grants (Part VIII, line 1h)</td> <td align="right">1,342,587.</td> <td align="right">1,337,110.</td> </tr> <tr> <td>9 Program service revenue (Part VIII, line 2g)</td> <td align="right">0.</td> <td align="right">0.</td> </tr> <tr> <td>10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td> <td align="right">60,933.</td> <td align="right">91,159.</td> </tr> <tr> <td>11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td> <td align="right">8,251.</td> <td align="right">-12,283.</td> </tr> <tr> <td>12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td> <td align="right">1,411,771.</td> <td align="right">1,415,986.</td> </tr> </tbody> </table>		Prior Year	Current Year	8 Contributions and grants (Part VIII, line 1h)	1,342,587.	1,337,110.	9 Program service revenue (Part VIII, line 2g)	0.	0.	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	60,933.	91,159.	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	8,251.	-12,283.	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,411,771.	1,415,986.							
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Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer LISA HOWARD, CEO Type or print name and title	Date _____
Paid Preparer Use Only	Print/Type preparer's name MICHAEL R. PENDER	Preparer's signature _____
	Date 07/13/21	Check if self-employed <input type="checkbox"/> PTIN P00850742
	Firm's name ▶ CAVANAUGH & CO. LLP	Firm's EIN ▶ 59-1954606
	Firm's address ▶ 2381 FRUITVILLE ROAD SARASOTA, FL 34237	Phone no. (941) 366-2983

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part 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:
LIGHTHOUSE VISION LOSS EDUCATION CENTER'S MISSION IS TO EDUCATE AND EMPOWER THOSE AFFECTED BY VISION LOSS SO THEY MAY ENJOY HAPPY, HEALTHY AND INDEPENDENT LIVES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
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? Yes No
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 (Code:) (Expenses \$ **564,258.** including grants of \$) (Revenue \$)
INDEPENDENT LIVING PROGRAMS - THE INDEPENDENT LIVING PROGRAM PROMOTES SELF-SUFFICIENCY AND INDEPENDENCE AMONG INDIVIDUALS WITH VISION LOSS BY PROVIDING TRAINING IN ADAPTIVE SKILLS FOR DAILY LIVING ACTIVITIES SUCH AS PREPARING MEALS, SHOPPING, MANAGING MONEY, ORIENTATION AND MOBILITY (INCLUDING USING A WHITE CANE), AND THE USE OF ASSISTIVE TECHNOLOGY APPS AND DEVICES.

4b (Code:) (Expenses \$ **198,082.** including grants of \$) (Revenue \$)
VOCATIONAL REHABILITATION PROGRAM - THE VOCATIONAL REHABILITATION PROGRAM PROVIDES THE TOOLS AND STRATEGIES FOR JOB READINESS AND JOB PLACEMENT TO VISUALLY IMPAIRED AND BLIND ADULTS TO ACCESS, MAINTAIN OR RETURN TO EMPLOYMENT. INDIVIDUALS IN THIS PROGRAM WORK AT THEIR OWN PACE, RECEIVING TRAINING IN COMPUTER SKILLS, RESUME PREPARATION, MOCK INTERVIEWS, TIME MANAGEMENT, ORIENTATION AND MOBILITY, AND ACCESSING TRANSPORTATION TO HELP ATTAIN EMPLOYMENT. THE PROGRAM ALSO PROVIDES JOB EXPLORATION, CAREER PATHS, WORK-BASED LEARNING EXPERIENCE, JOB SHADOWING, INTERNSHIPS AND EXPERT PRESENTERS TO ENHANCE EMPLOYABILITY LEADING TO AN OPTIMAL PLACEMENT IN THE WORKFORCE.

4c (Code:) (Expenses \$ **129,966.** including grants of \$) (Revenue \$)
YOUNG ADULT VOCATIONAL REHABILITATION (VR) TRANSITION PROGRAM - THE YOUNG ADULT VOCATIONAL REHABILITATION TRANSITION PROGRAM PROVIDES VISUALLY IMPAIRED STUDENTS AGE 14-22 WITH TRAINING AND SUPPORT GEARED TOWARD THE TRANSITION TO COLLEGE, TRADE SCHOOL OR GENERAL EMPLOYMENT. STUDENTS IDENTIFY THEIR TALENTS AND SPECIAL INTERESTS SO THEY MAY BEGIN PLANNING LIFE GOALS, PARTICIPATING IN INSTRUCTION DURING THE SCHOOL YEAR AFTER SCHOOL AS WELL AS DURING THE SUMMER, CULMINATING IN A HANDS-ON WORK EXPERIENCE DURING THE SUMMER. IN ADDITION TO VOCATIONAL SKILLS, THIS PROGRAM INCLUDES INSTRUCTION IN INDEPENDENT LIVING SKILLS.

4d Other program services (Describe on Schedule O.)
(Expenses \$ **192,044.** including grants of \$) (Revenue \$ **23,419.**)

4e Total program service expenses **1,084,350.**

**MANASOTA LIGHTHOUSE FOR THE BLIND D/B/A
LIGHTHOUSE VISION LOSS EDUCATION CENTER**

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		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? <i>If "Yes," complete Schedule C, Part II</i>		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? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</i>		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? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	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? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>	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? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d	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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I</i>		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? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

**MANASOTA LIGHTHOUSE FOR THE BLIND D/B/A
LIGHTHOUSE VISION LOSS EDUCATION CENTER**

Part IV Checklist of Required Schedules *(continued)*

		Yes	No
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? <i>If "Yes," complete Schedule I, Parts I and III</i>		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? <i>If "Yes," complete Schedule J</i>		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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part I</i>		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
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, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		3
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

**MANASOTA LIGHTHOUSE FOR THE BLIND D/B/A
LIGHTHOUSE VISION LOSS EDUCATION CENTER**

Part V Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

		Yes	No
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		44
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X

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 on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		
	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 on Schedule O.	10		
b	Enter the number of voting members included on line 1a, above, who are independent	1b		
		10		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, 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
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
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	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, 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	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	X	
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?			
a	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).			
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		X
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 exempt status with respect to such arrangements?	16b		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **FL**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **▶**
- THE ORGANIZATION - (941) 359-1404**
7318 N. TAMiami TRAIL, SARASOTA, FL 34243-1401

**MANASOTA LIGHTHOUSE FOR THE BLIND D/B/A
LIGHTHOUSE VISION LOSS EDUCATION CENTER**

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	135,739.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	969,854.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	231,517.				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f			1,337,110.			
Program Service Revenue	2 a	Business Code					
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		83,025.			83,025.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	8,134.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	0.				
	c Gain or (loss)	7c	8,134.				
d Net gain or (loss)			8,134.		8,134.		
8 a Gross income from fundraising events (not including \$ 135,739. of contributions reported on line 1c). See Part IV, line 18	8a		18,437.				
		b Less: direct expenses	8b	54,139.			
		c Net income or (loss) from fundraising events			-35,702.		-35,702.
9 a Gross income from gaming activities. See Part IV, line 19	9a						
		b Less: direct expenses	9b				
		c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	10a		50,146.				
		b Less: cost of goods sold	10b	30,708.			
		c Net income or (loss) from sales of inventory			19,438.	19,438.	
Miscellaneous Revenue	11 a MISCELLANEOUS REVENUE	Business Code	900099	3,981.	3,981.		
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d			3,981.			
12 Total revenue. See instructions			1,415,986.	23,419.	0.	55,457.	

**MANASOTA LIGHTHOUSE FOR THE BLIND D/B/A
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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 response or note to any line in this Part IX

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(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				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	101,336.	79,273.	11,708.	10,355.
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	932,860.	725,182.	110,422.	97,256.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	14,956.	12,390.	1,321.	1,245.
9 Other employee benefits	58,723.	48,713.	5,157.	4,853.
10 Payroll taxes	76,174.	58,751.	9,056.	8,367.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	3,639.		3,639.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	15,725.	60.	15,277.	388.
12 Advertising and promotion	10,859.	8,277.		2,582.
13 Office expenses	24,146.	18,354.	2,974.	2,818.
14 Information technology	24,065.	17,721.	1,046.	5,298.
15 Royalties				
16 Occupancy	6,377.	5,293.	559.	525.
17 Travel	19,512.	18,864.	95.	553.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	3,072.	1,221.	1,205.	646.
20 Interest	1,029.		1,029.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	32,623.	26,642.	3,081.	2,900.
23 Insurance	32,989.	28,081.	3,626.	1,282.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PROGRAM EXPENSE	16,028.	16,028.		
b MAINTENANCE & REPAIRS	13,391.	10,964.	1,290.	1,137.
c DUES & SUBSCRIPTIONS	7,694.	7,598.	4.	92.
d MISCELLANEOUS EXPENSE	1,277.			1,277.
e All other expenses	1,230.	938.		292.
25 Total functional expenses. Add lines 1 through 24e	1,397,705.	1,084,350.	171,489.	141,866.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

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Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	40,933.	1	63,314.
	2 Savings and temporary cash investments	192,288.	2	523,651.
	3 Pledges and grants receivable, net	123,011.	3	119,570.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	15,085.	8	15,881.
	9 Prepaid expenses and deferred charges	8,231.	9	15,756.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	933,282.		
	b Less: accumulated depreciation	783,810.		
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	3,530,392.	12	3,613,470.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)	4,069,392.	16	4,501,114.	
Liabilities	17 Accounts payable and accrued expenses	57,320.	17	78,071.
	18 Grants payable		18	
	19 Deferred revenue		19	15,472.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	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	0.	25	228,700.
	26 Total liabilities. Add lines 17 through 25	57,320.	26	322,243.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	631,680.	27	715,401.
	28 Net assets with donor restrictions	3,380,392.	28	3,463,470.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	4,012,072.	32	4,178,871.
33 Total liabilities and net assets/fund balances	4,069,392.	33	4,501,114.	

Form **990** (2019)

**MANASOTA LIGHTHOUSE FOR THE BLIND D/B/A
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Part 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	1,415,986.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,397,705.
3	Revenue less expenses. Subtract line 2 from line 1	3	18,281.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,012,072.
5	Net unrealized gains (losses) on investments	5	148,518.
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 on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	4,178,871.

Part XII Financial Statements and Reporting

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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

MANASOTA LIGHTHOUSE FOR THE BLIND D/B/A

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,251,408.	1,289,807.	1,391,183.	1,342,587.	1,337,110.	6,612,095.
2 Tax revenues levied for the organization'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	1,251,408.	1,289,807.	1,391,183.	1,342,587.	1,337,110.	6,612,095.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						6,612,095.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	1,251,408.	1,289,807.	1,391,183.	1,342,587.	1,337,110.	6,612,095.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	308,678.	163,751.	88,620.	83,709.	83,025.	727,783.
9 Net income from unrelated business 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.)	3,016.	4,037.	1,968.	5,246.	3,981.	18,248.
11 Total support. Add lines 7 through 10						7,358,126.
12 Gross receipts from related activities, etc. (see instructions)					12	381,294.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	89.86	%
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	88.47	%
16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input checked="" type="checkbox"/>
b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 performed, 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 business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified 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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a 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						
c 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						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	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) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c 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.		
11a		
11b		
11c		

Section 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 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.		
2 Did the organization operate for the benefit of any supported organization other than the supported 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, supervised, or controlled the supporting organization.		
1		
2		

Section 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		

Section D. All 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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported 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).		
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.		
1		
2		
3		

Section 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).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.		Yes	No
a 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.			
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.			
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a 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.			
b 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.			
2a			
2b			
3a			
3b			

MANASOTA LIGHTHOUSE FOR THE BLIND D/B/A

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		(A) Prior Year	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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

MANASOTA LIGHTHOUSE FOR THE BLIND D/B/A

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
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 the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2019

Name of the organization

MANASOTA LIGHTHOUSE FOR THE BLIND D/B/A
LIGHTHOUSE VISION LOSS EDUCATION CENTER

Employer identification number

59-2591136

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization MANASOTA LIGHTHOUSE FOR THE BLIND D/B/A LIGHTHOUSE VISION LOSS EDUCATION CENTER	Employer identification number 59-2591136
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____ _____ _____	\$ 946,306.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ 45,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ 45,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization MANASOTA LIGHTHOUSE FOR THE BLIND D/B/A LIGHTHOUSE VISION LOSS EDUCATION CENTER	Employer identification number 59-2591136
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

Name of organization MANASOTA LIGHTHOUSE FOR THE BLIND D/B/A LIGHTHOUSE VISION LOSS EDUCATION CENTER	Employer identification number 59-2591136
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization **MANASOTA LIGHTHOUSE FOR THE BLIND D/B/A LIGHTHOUSE VISION LOSS EDUCATION CENTER** **Employer identification number** **59-2591136**

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	3,530,392.	3,561,711.	3,575,511.	3,321,257.	3,194,125.
b Contributions					
c Net investment earnings, gains, and losses	239,621.	123,015.	237,182.	405,725.	277,546.
d Grants or scholarships	152,904.	149,979.	246,298.	142,238.	140,833.
e Other expenditures for facilities and programs					
f Administrative expenses	3,639.	4,355.	4,684.	9,233.	9,581.
g End of year balance	3,613,470.	3,530,392.	3,561,711.	3,575,511.	3,321,257.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 6.00 %
 - b Permanent endowment %
 - c Term endowment 94.00 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|-----|----|
| (i) Unrelated organizations | X | |
| (ii) Related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		60,000.		60,000.
b Buildings		540,635.	484,683.	55,952.
c Leasehold improvements				
d Equipment		321,585.	288,381.	33,204.
e Other		11,062.	10,746.	316.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				149,472.

**MANASOTA LIGHTHOUSE FOR THE BLIND D/B/A
LIGHTHOUSE VISION LOSS EDUCATION CENTER**

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) COMMUNITY		
(B) FOUND. - BENEFICIAL INT.	3,613,470.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	3,613,470.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost 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. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) REFUNDABLE ADVANCE - PPP LOAN	228,700.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	228,700.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII...

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	1,591,573.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	148,518.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	30,708.
e	Add lines 2a through 2d	2e	179,226.
3	Subtract line 2e from line 1	3	1,412,347.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	3,639.
c	Add lines 4a and 4b	4c	3,639.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	1,415,986.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	1,424,774.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	30,708.
e	Add lines 2a through 2d	2e	30,708.
3	Subtract line 2e from line 1	3	1,394,066.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	3,639.
c	Add lines 4a and 4b	4c	3,639.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	1,397,705.

Part 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 V, LINE 4:

THE ENDOWMENT FUNDS PROVIDE CURRENT INCOME AND LONG TERM PROTECTION FOR THE ORGANIZATION.

PART X, LINE 2:

MANAGEMENT HAS EVALUATED THE EFFECT OF STANDARDS RELATING TO ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. MANAGEMENT HAS DETERMINED THAT THE ORGANIZATION HAD NO UNCERTAIN INCOME TAX POSITIONS THAT COULD HAVE A SIGNIFICANT EFFECT ON THE FINANCIAL STATEMENTS FOR THE YEAR ENDED SEPTEMBER 30, 2020.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

Part XIII Supplemental Information *(continued)*

COST OF GOODS SOLD - \$30,708

PART XI, LINE 4B - OTHER ADJUSTMENTS:

INVESTMENT EXPENSES - \$3,639

PART XII, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD - \$30,708

PART XII, LINE 4B - OTHER ADJUSTMENTS:

INVESTMENT EXPENSES - \$3,639



MANASOTA LIGHTHOUSE FOR THE BLIND D/B/A

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		ANNUAL APPEAL (event type)	ART IN THE DARK (event type)	2 (total number)	
1	Gross receipts	14,727.	133,170.	6,279.	154,176.
2	Less: Contributions	14,727.	114,733.	6,279.	135,739.
3	Gross income (line 1 minus line 2)		18,437.		18,437.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	5,896.	48,153.	90.	54,139.
10	Direct expense summary. Add lines 4 through 9 in column (d)				54,139.
11	Net income summary. Subtract line 10 from line 3, column (d)				-35,702.

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

Revenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
1	Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
 b If "Yes," explain: _____

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization

MANASOTA LIGHTHOUSE FOR THE BLIND D/B/A
LIGHTHOUSE VISION LOSS EDUCATION CENTER

Employer identification number
59-2591136

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

LOSS SO THEY MAY ENJOY HAPPY, HEALTHY AND INDEPENDENT LIVES.

FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES:

THE EARLY CHILDHOOD PROGRAM WAS DISCONTINUED IN JULY OF 2020.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

1. EARLY CHILDHOOD PROGRAM - THE EARLY INTERVENTION PROGRAM PROVIDED SERVICES TO VISUALLY IMPAIRED CHILDREN AGE 0-5 AND THEIR FAMILIES, AND WORKED ON DEVELOPING FUNCTIONAL SKILLS TO FACILITATE GROWTH AND DEVELOPMENT. WE CEASED OPERATIONS OF THIS PROGRAM IN JULY 2020 DUE TO DUPLICATION OF SERVICES TO THE SAME CHILDREN WITH OTHER COMMUNITY-BASED ORGANIZATIONS. EXPENSES - \$74,157

2. CHILDREN'S PROGRAM - THE CHILDREN'S PROGRAM PROVIDES SERVICES TO VISUALLY IMPAIRED CHILDREN AGE 5-13 TO SUPPLEMENT SERVICES PROVIDED BY THE SCHOOL DISTRICTS AND TO ENHANCE THEIR ABILITIES TO FUNCTION INDEPENDENTLY. INSTRUCTION IS PROVIDED BOTH DURING THE SCHOOL YEAR AFTER SCHOOL, AND DURING THE SUMMER INCLUDING IN A SUMMER CAMP SETTING. IN SEPTEMBER OF 2020, WE DECLINED TO ACCEPT A CONTRACT FROM THE DIVISION OF BLIND SERVICES AND STREAMLINED OUR CHILDREN'S PROGRAM TO CONCENTRATE OUR EFFORTS ON THE CHILDREN WHO WOULD BENEFIT MOST FROM PARTICIPATING IN OUR PROGRAM, THOSE FOR WHOM VISION LOSS IS THEIR PRIMARY CHALLENGE. EXPENSES - \$94,168.

3. PEEPERS STORE - PEEPERS IS OUR LOW VISION STORE WHICH OFFERS ONE TO

Name of the organization	MANASOTA LIGHTHOUSE FOR THE BLIND D/B/A LIGHTHOUSE VISION LOSS EDUCATION CENTER	Employer identification number	59-2591136
--------------------------	--	--------------------------------	------------

ONE, CONSULTATIVE SELLING OF MAGNIFIERS AND OTHER VISION AIDS.

SELECTIONS ARE BASED ON WHICH PRODUCTS ARE MOST APPROPRIATE TO AN
INDIVIDUAL'S PARTICULAR EYE CONDITION. PEEPERS OPENED A WEBSTORE IN
NOVEMBER OF 2020 DESIGNED TO SELL OUR LESS-CONSULTATIVE PRODUCTS.
EXPENSES - \$23,719.

EXPENSES \$ 192,044. INCLUDING GRANTS OF \$ 0. REVENUE \$ 23,419.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS EMAILED TO ALL BOARD MEMBERS AND THEY ARE OFFERED A ONE
WEEK REVIEW PERIOD IN WHICH TO PROVIDE COMMENTS TO MANAGEMENT PRIOR TO
FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

THE CONFLICT OF INTEREST POLICY IS DISCUSSED AT REGULAR BOARD MEETINGS.

FORM 990, PART VI, SECTION B, LINE 15:

THE COMPENSATION FOR THE CEO IS REVIEWED AND APPROVED BY THE BOARD OF
DIRECTORS. THE COMPENSATION FOR KEY EMPLOYEES IS REVIEWED AND APPROVED BY
THE CEO. TO ASSIST IN DETERMINING COMPENSATION, COMPARABILITY DATA IS USED.

FORM 990, PART VI, SECTION C, LINE 19:

GOVERNING DOCUMENTS ARE PROVIDED UPON REQUEST

FORM 990, PART XII, LINE 2C

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

2019 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	BUILDINGS														
1	BUILDING	12/31/89	SL	30.00		16	241,875.				241,875.	238,497.		3,380.	241,877.
7	SIGN	06/01/06	SL	10.00		16	3,993.				3,993.	3,993.		0.	3,993.
8	FLOORING-LABOR	06/01/06	SL	10.00		16	29,080.				29,080.	29,080.		0.	29,080.
9	WALLS	04/01/06	SL	10.00		16	3,478.				3,478.	3,478.		0.	3,478.
11	(D)ROOF AND GLASS	09/01/06	SL	5.00		16	300.				300.	300.		0.	300.
14	OVERHANG IMPROVEMENT	09/30/07	SL	10.00		16	13,436.				13,436.	13,436.		0.	13,436.
16	SENSORY GARDENER	09/09/08	SL	5.00		16	8,764.				8,764.	8,764.		0.	8,764.
17	LIGHT FIXTURES	11/05/07	SL	10.00		16	199.				199.	199.		0.	199.
18	(D)2 AWNINGS	11/05/07	SL	10.00		16	990.				990.	990.		0.	990.
20	SOFFITS & SIDING	11/05/07	SL	10.00		16	13,434.				13,434.	13,434.		0.	13,434.
22	DRYWALL RENOVATIONS	09/30/09	SL	10.00		16	14,000.				14,000.	14,000.		0.	14,000.
24	LEASEHOLD IMPROVEMENTS	10/01/92	SL	30.00		16	83,814.				83,814.	74,867.		2,794.	77,661.
25	LEASEHOLD IMPROVEMENTS	10/01/90	SL	20.00		16	10,000.				10,000.	10,000.		0.	10,000.
26	LEASEHOLD IMPROVEMENTS	10/01/90	SL	20.00		16	5,715.				5,715.	5,715.		0.	5,715.
29	ARROW FENCE/FENCING	09/30/10	SL	7.00		16	5,858.				5,858.	5,858.		0.	5,858.
30	BRITANNIA/REMODELING	04/07/10	SL	10.00		16	9,531.				9,531.	9,054.		477.	9,531.
37	CONCRETE RAMP	02/26/10	SL	10.00		16	1,580.				1,580.	1,514.		66.	1,580.

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2019 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
38	REPAVE PARKING LOT	02/26/10	SL	10.00		16	8,470.				8,470.	8,117.		353.	8,470.
39	(D)SOUTHERN COMFORT/AC #4	01/01/10	SL	7.00		16	5,661.				5,661.	5,661.		0.	5,661.
42	KIERNAN REMODELING	10/23/09	SL	10.00		16	2,883.				2,883.	2,857.		26.	2,883.
54	AC UNIT #2 REPLACEMENT	10/25/12	SL	7.00		16	5,300.				5,300.	5,236.		64.	5,300.
55	CEILING FANS SUPPORT AND WIRING	07/30/13	SL	5.00		16	2,541.				2,541.	2,541.		0.	2,541.
56	KITCHEN DOOR CONSTRUCTION	07/01/13	SL	15.00		16	882.				882.	369.		59.	428.
59	BUILDING AND POST SIGNAGE	09/30/13	SL	7.00		16	1,452.				1,452.	1,243.		209.	1,452.
64	AC UNIT #1 AND #3 REPLACEMENTS	09/30/14	SL	7.00		16	9,970.				9,970.	7,120.		1,424.	8,544.
74	STORE RENOVATIONS	03/31/16	SL	10.00		16	26,862.				26,862.	9,401.		2,686.	12,087.
76	WATER HEATER	03/01/17	SL	7.00		16	1,106.				1,106.	408.		158.	566.
79	NEW ROOF, ONE STORY PORTION OF BUILDING	02/09/18	SL	20.00		16	15,500.				15,500.	1,292.		775.	2,067.
82	WALL/DOORWAY BUILDING IMPROVEMENTS	12/10/18	SL	10.00		16	3,900.				3,900.	323.		390.	713.
84	A/C UNIT #4 REPLACEMENT	01/17/20	SL	7.00		16	6,264.				6,264.			597.	597.
85	LIGHTING REPLACE THROUGHOUT BOTH FLOORS	03/11/20	SL	10.00		16	3,680.				3,680.			214.	214.
87	AWNING	05/28/20	SL	10.00		16	5,900.				5,900.			196.	196.
90	MAILBOX	09/11/20	SL	5.00		16	1,168.				1,168.			19.	19.
	* 990 PAGE 10 TOTAL BUILDINGS						547,586.				547,586.	477,747.		13,887.	491,634.
	FURNITURE & FIXTURES														

2019 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
23	OFFICE FURNITURE	09/30/09	SL	10.00		16	3,350.				3,350.	3,350.		0.	3,350.
31	FURNITURE	04/01/10	SL	5.00		16	386.				386.	386.		0.	386.
33	FURNITURE	03/22/10	SL	7.00		16	1,009.				1,009.	1,009.		0.	1,009.
34	FURNITURE	11/06/09	SL	7.00		16	703.				703.	703.		0.	703.
35	FURNITURE	04/13/10	SL	7.00		16	796.				796.	796.		0.	796.
40	FURNITURE	03/16/10	SL	7.00		16	460.				460.	460.		0.	460.
43	OFFICE FURNITURE	10/14/09	SL	7.00		16	1,509.				1,509.	1,509.		0.	1,509.
45	PARTITIONS	01/04/11	SL	5.00		16	649.				649.	649.		0.	649.
65	TABLES AND CHAIRS (TRANSITIONS)	09/25/14	SL	7.00		16	2,200.				2,200.	1,570.		314.	1,884.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES						11,062.				11,062.	10,432.		314.	10,746.
	MACHINERY & EQUIPMENT														
3	MISCELLANEOUS OFFICE EQUIPMENT	12/31/89	SL	7.00		16	154,214.				154,214.	154,214.		0.	154,214.
12	EQUIPMENT	10/01/06	SL	10.00		16	3,171.				3,171.	3,171.		0.	3,171.
13	EQUIPMENT	07/01/07	SL	10.00		16	1,000.				1,000.	1,000.		0.	1,000.
15	EQUIPMENT	07/01/07	SL	10.00		16	493.				493.	493.		0.	493.
21	(D)DELL COMPUTER	09/30/09	SL	5.00		16	2,638.				2,638.	2,638.		0.	2,638.
27	EQUIPMENT	10/01/92	SL	7.00		16	1,500.				1,500.	1,500.		0.	1,500.
28	EQUIPMENT	10/01/09	SL	7.00		16	1,730.				1,730.	1,730.		0.	1,730.

2019 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
44	5 STAFF DELL NOTEBOOK COMPUTERS	12/08/10	SL	5.00		16	1,399.				1,399.	1,399.		0.	1,399.
49	GARDEN SHED	09/30/11	SL	7.00		16	1,016.				1,016.	1,016.		0.	1,016.
50	CLIENT DATABASE (IT SYSTEM)	11/29/11	SL	5.00		16	7,680.				7,680.	7,680.		0.	7,680.
51	BRAILLER	05/04/12	SL	10.00		16	2,939.				2,939.	2,180.		294.	2,474.
53	CTK/DATABASE INSTALL,SERVICE	07/12/12	SL	6.00		16	10,131.				10,131.	10,133.		0.	10,133.
60	LAPTOPS	02/11/14	SL	5.00		16	596.				596.	596.		0.	596.
61	COMPUTER (GAYLE)	03/03/14	SL	5.00		16	630.				630.	630.		0.	630.
62	COMPUTERS (ANNEX)	06/27/14	SL	5.00		16	5,477.				5,477.	5,477.		0.	5,477.
63	IPADS (TRANSITIONS)	09/17/14	SL	3.00		16	913.				913.	913.		0.	913.
66	IPADS(COMPUTER ADVANTAGE)	01/31/15	SL	3.00		16	2,360.				2,360.	2,360.		0.	2,360.
71	MONITORS FOR ANNEX/VENICE	06/19/15	SL	5.00		16	2,817.				2,817.	2,393.		424.	2,817.
72	COMPUTERS FOR VENICE LAB	07/17/15	SL	5.00		16	1,169.				1,169.	975.		194.	1,169.
73	(D)TELEPHONES & SERVICE	09/04/15	SL	5.00		16	4,140.				4,140.	3,381.		759.	4,140.
77	2 SMART BRAILLERS	11/30/17	SL	7.00		16	4,055.				4,055.	1,062.		579.	1,641.
78	CONNECT 12 ELECTRONIC MAGNIFIER	12/13/17	SL	7.00		16	3,032.				3,032.	794.		433.	1,227.
80	IMAC FOR COMMUNICATIONS	04/23/18	SL	5.00		16	3,068.				3,068.	870.		614.	1,484.
83	3 EA ACER DESKTOP COMPUTERS	06/10/19	SL	5.00		16	2,220.				2,220.	148.		444.	592.
86	MACBOOK PRO FOR VIDEO (MS)	05/15/20	SL	5.00		16	2,579.				2,579.			215.	215.

2019 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
88	CAMERA	06/10/20	SL	5.00		16	1,393.				1,393.			93.	93.
89	MACBOOK AIR (LH)	08/13/20	SL	5.00		16	1,659.				1,659.			55.	55.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						224,019.				224,019.	206,753.		4,104.	210,857.
	TRANSPORTATION EQUIPMENT														
68	2015 GRAY HONDA FIT	01/22/15	SL	5.00		16	17,129.				17,129.	15,988.		1,141.	17,129.
69	2015 SILVER HONDA FIT	01/22/15	SL	5.00		16	17,129.				17,129.	15,988.		1,141.	17,129.
70	2012 WHITE HONDA CIVIC	01/22/15	SL	5.00		16	14,853.				14,853.	13,864.		989.	14,853.
75	2016 HONDA ODYSSEY	12/15/16	SL	5.00		16	29,980.				29,980.	16,989.		5,996.	22,985.
81	2018 HONDA WHITE CRV + WRAP	05/10/18	SL	5.00		16	25,253.				25,253.	7,155.		5,051.	12,206.
	* 990 PAGE 10 TOTAL TRANSPORTATION EQUIPMENT						104,344.				104,344.	69,984.		14,318.	84,302.
	LAND														
2	LAND	12/31/89	L				60,000.				60,000.			0.	
	* 990 PAGE 10 TOTAL LAND						60,000.				60,000.	0.		0.	0.
	* GRAND TOTAL 990 PAGE 10 DEPR						947,011.				947,011.	764,916.		32,623.	797,539.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						924,368.			0.	924,368.	764,916.			796,150.
	ACQUISITIONS						22,643.			0.	22,643.	0.			1,389.

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to your tax return.

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

Attachment
Sequence No. 179

Name(s) shown on return MANASOTA LIGHTHOUSE FOR THE BLIND D/B/A LIGHTHOUSE VISION LOSS EDUCATION CENTER	Business or activity to which this form relates FORM 990 PAGE 10	Identifying number 59-2591136
---	--	---

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions)	1	1,020,000.
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation	3	2,550,000.
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6 (a) Description of property (b) Cost (business use only) (c) Elected cost		
7 Listed property. Enter the amount from line 29	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2018 Form 4562	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13 Carryover of disallowed deduction to 2020. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	32,623.

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2019	17	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B - Assets Placed in Service During 2019 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2019 Tax Year Using the Alternative Depreciation System

20a Class life					S/L
b 12-year			12 yrs.		S/L
c 30-year	/		30 yrs.	MM	S/L
d 40-year	/		40 yrs.	MM	S/L

Part IV Summary (See instructions.)

21 Listed property. Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	32,623.
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

**MANASOTA LIGHTHOUSE FOR THE BLIND D/B/A
LIGHTHOUSE VISION LOSS EDUCATION CENTER**

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)
Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No		24b If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No							
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost	
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use							25		
26 Property used more than 50% in a qualified business use:									
		%							
		%							
		%							
27 Property used 50% or less in a qualified business use:									
		%				S/L -			
		%				S/L -			
		%				S/L -			
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							28		
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1								29	

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30 Total business/investment miles driven during the year (don't include commuting miles)	(a) Vehicle	(b) Vehicle	(c) Vehicle	(d) Vehicle	(e) Vehicle	(f) Vehicle
31 Total commuting miles driven during the year						
32 Total other personal (noncommuting) miles driven						
33 Total miles driven during the year. Add lines 30 through 32						
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?						
36 Is another vehicle available for personal use?						

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2019 tax year:					
43 Amortization of costs that began before your 2019 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

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

Department of the Treasury
Internal Revenue Service

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

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

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. MANASOTA LIGHTHOUSE FOR THE BLIND D/B/A LIGHTHOUSE VISION LOSS EDUCATION CENTER	Taxpayer identification number (TIN) 59-2591136
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 7318 N. TAMIAMI TRAIL	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SARASOTA, FL 34243-1401	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

THE ORGANIZATION

- The books are in the care of ▶ **7318 N. TAMIAMI TRAIL - SARASOTA, FL 34243-1401**
Telephone No. ▶ **(941) 359-1404** Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **AUGUST 16, 2021**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning **OCT 1, 2019**, and ending **SEP 30, 2020**.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

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

2019 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - MANASOTA LIGHTHOUSE FOR THE BLIND D/B/A
LIGHTHOUSE VISION LOSS EDUCATION CENTER

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	BUILDINGS											
1	BUILDING	123189	SL	30.00	16	241,875.			241,875.	238,497.		3,380.
7	SIGN	060106	SL	10.00	16	3,993.			3,993.	3,993.		0.
8	FLOORING-LABOR	060106	SL	10.00	16	29,080.			29,080.	29,080.		0.
9	WALLS	040106	SL	10.00	16	3,478.			3,478.	3,478.		0.
11	(D) ROOF AND GLASS OVERHANG	090106	SL	5.00	16	300.			300.	300.		0.
14	IMPROVEMENT	093007	SL	10.00	16	13,436.			13,436.	13,436.		0.
16	SENSORY GARDENER	090908	SL	5.00	16	8,764.			8,764.	8,764.		0.
17	LIGHT FIXTURES	110507	SL	10.00	16	199.			199.	199.		0.
18	(D) 2 AWNINGS	110507	SL	10.00	16	990.			990.	990.		0.
20	SOFFITS & SIDING	110507	SL	10.00	16	13,434.			13,434.	13,434.		0.
22	DRYWALL RENOVATIONS	093009	SL	10.00	16	14,000.			14,000.	14,000.		0.
24	LEASEHOLD IMPROVEMENTS	100192	SL	30.00	16	83,814.			83,814.	74,867.		2,794.
25	LEASEHOLD IMPROVEMENTS	100190	SL	20.00	16	10,000.			10,000.	10,000.		0.
26	LEASEHOLD IMPROVEMENTS	100190	SL	20.00	16	5,715.			5,715.	5,715.		0.
29	ARROW FENCE/FENCING	093010	SL	7.00	16	5,858.			5,858.	5,858.		0.
30	BRITANNIA/REMODELING	040710	SL	10.00	16	9,531.			9,531.	9,054.		477.
37	CONCRETE RAMP	022610	SL	10.00	16	1,580.			1,580.	1,514.		66.

2019 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - MANASOTA LIGHTHOUSE FOR THE BLIND D/B/A
LIGHTHOUSE VISION LOSS EDUCATION CENTER

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
38	REPAVE PARKING LOT (D) SOUTHERN	022610	SL	10.00	16	8,470.			8,470.	8,117.		353.
39	COMFORT/AC #4	010110	SL	7.00	16	5,661.			5,661.	5,661.		0.
42	KIERNAN REMODELING AC UNIT #2	102309	SL	10.00	16	2,883.			2,883.	2,857.		26.
54	REPLACEMENT CEILING FANS	102512	SL	7.00	16	5,300.			5,300.	5,236.		64.
55	SUPPORT AND WIRING KITCHEN DOOR	073013	SL	5.00	16	2,541.			2,541.	2,541.		0.
56	CONSTRUCTION BUILDING AND POST	070113	SL	15.00	16	882.			882.	369.		59.
59	SIGNAGE AC UNIT #1 AND #3	093013	SL	7.00	16	1,452.			1,452.	1,243.		209.
64	REPLACEMENTS	093014	SL	7.00	16	9,970.			9,970.	7,120.		1,424.
74	STORE RENOVATIONS	033116	SL	10.00	16	26,862.			26,862.	9,401.		2,686.
76	WATER HEATER	030117	SL	7.00	16	1,106.			1,106.	408.		158.
79	NEW ROOF, ONE STORY PORTION OF BUILDING WALL/DOORWAY	020918	SL	20.00	16	15,500.			15,500.	1,292.		775.
82	BUILDING IMPROVEMENTS A/C UNIT #4	121018	SL	10.00	16	3,900.			3,900.	323.		390.
84	REPLACEMENT LIGHTING REPLACE	011720	SL	7.00	16	6,264.			6,264.			597.
85	THROUGHOUT BOTH FLOORS	031120	SL	10.00	16	3,680.			3,680.			214.
87	AWNING	052820	SL	10.00	16	5,900.			5,900.			196.
90	MAILBOX	091120	SL	5.00	16	1,168.			1,168.			19.
	* 990 PAGE 10 TOTAL BUILDINGS					547,586.		0.	547,586.	477,747.		13,887.
	FURNITURE & FIXTURES											

2019 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - MANASOTA LIGHTHOUSE FOR THE BLIND D/B/A
LIGHTHOUSE VISION LOSS EDUCATION CENTER

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
23	OFFICE FURNITURE	093009	SL	10.00	16	3,350.			3,350.	3,350.		0.
31	FURNITURE	040110	SL	5.00	16	386.			386.	386.		0.
33	FURNITURE	032210	SL	7.00	16	1,009.			1,009.	1,009.		0.
34	FURNITURE	110609	SL	7.00	16	703.			703.	703.		0.
35	FURNITURE	041310	SL	7.00	16	796.			796.	796.		0.
40	FURNITURE	031610	SL	7.00	16	460.			460.	460.		0.
43	OFFICE FURNITURE	101409	SL	7.00	16	1,509.			1,509.	1,509.		0.
45	PARTITIONS	010411	SL	5.00	16	649.			649.	649.		0.
65	TABLES AND CHAIRS (TRANSITIONS)	092514	SL	7.00	16	2,200.			2,200.	1,570.		314.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTUR					11,062.		0.	11,062.	10,432.		314.
	MACHINERY & EQUIPMENT											
3	MISCELLANEOU OFFICE EQUIPMENT	123189	SL	7.00	16	154,214.			154,214.	154,214.		0.
12	EQUIPMENT	100106	SL	10.00	16	3,171.			3,171.	3,171.		0.
13	EQUIPMENT	070107	SL	10.00	16	1,000.			1,000.	1,000.		0.
15	EQUIPMENT	070107	SL	10.00	16	493.			493.	493.		0.
21	(D)DELL COMPUTER	093009	SL	5.00	16	2,638.			2,638.	2,638.		0.
27	EQUIPMENT	100192	SL	7.00	16	1,500.			1,500.	1,500.		0.
28	EQUIPMENT	100109	SL	7.00	16	1,730.			1,730.	1,730.		0.

2019 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - MANASOTA LIGHTHOUSE FOR THE BLIND D/B/A
LIGHTHOUSE VISION LOSS EDUCATION CENTER

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
44	5 STAFF DELL NOTEBOOK COMPUTERS	120810	SL	5.00	16	1,399.			1,399.	1,399.		0.
49	GARDEN SHED	093011	SL	7.00	16	1,016.			1,016.	1,016.		0.
50	CLIENT DATABASE (IT SYSTEM)	112911	SL	5.00	16	7,680.			7,680.	7,680.		0.
51	BRAILLER	050412	SL	10.00	16	2,939.			2,939.	2,180.		294.
53	CTK/DATABASE INSTALL, SERVICE	071212	SL	6.00	16	10,131.			10,131.	10,133.		0.
60	LAPTOPS	021114	SL	5.00	16	596.			596.	596.		0.
61	COMPUTER (GAYLE)	030314	SL	5.00	16	630.			630.	630.		0.
62	COMPUTERS (ANNEX)	062714	SL	5.00	16	5,477.			5,477.	5,477.		0.
63	IPADS (TRANSITIONS)	091714	SL	3.00	16	913.			913.	913.		0.
66	IPADS (COMPUTER ADVANTAGE)	013115	SL	3.00	16	2,360.			2,360.	2,360.		0.
71	MONITORS FOR ANNEX/VENICE	061915	SL	5.00	16	2,817.			2,817.	2,393.		424.
72	COMPUTERS FOR VENICE LAB	071715	SL	5.00	16	1,169.			1,169.	975.		194.
73	(D) TELEPHONES & SERVICE	090415	SL	5.00	16	4,140.			4,140.	3,381.		759.
77	2 SMART BRAILLERS	113017	SL	7.00	16	4,055.			4,055.	1,062.		579.
78	CONNECT 12 ELECTRONIC MAGNIFIER	121317	SL	7.00	16	3,032.			3,032.	794.		433.
80	IMAC FOR COMMUNICATIONS	042318	SL	5.00	16	3,068.			3,068.	870.		614.
83	3 EA ACER DESKTOP COMPUTERS	061019	SL	5.00	16	2,220.			2,220.	148.		444.
86	MACBOOK PRO FOR VIDEO (MS)	051520	SL	5.00	16	2,579.			2,579.			215.

2019 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - MANASOTA LIGHTHOUSE FOR THE BLIND D/B/A
LIGHTHOUSE VISION LOSS EDUCATION CENTER

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
88	CAMERA	061020	SL	5.00	16	1,393.			1,393.			93.
89	MACBOOK AIR (LH)	081320	SL	5.00	16	1,659.			1,659.			55.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPM TRANSPORTATION EQUIPMENT					224,019.		0.	224,019.	206,753.		4,104.
68	2015 GRAY HONDA FIT	012215	SL	5.00	16	17,129.			17,129.	15,988.		1,141.
69	2015 SILVER HONDA FIT	012215	SL	5.00	16	17,129.			17,129.	15,988.		1,141.
70	2012 WHITE HONDA CIVIC	012215	SL	5.00	16	14,853.			14,853.	13,864.		989.
75	2016 HONDA ODYSSEY	121516	SL	5.00	16	29,980.			29,980.	16,989.		5,996.
81	2018 HONDA WHITE CRV + WRAP	051018	SL	5.00	16	25,253.			25,253.	7,155.		5,051.
	* 990 PAGE 10 TOTAL TRANSPORTATION EQU					104,344.		0.	104,344.	69,984.		14,318.
	LAND											
2	LAND	123189	L			60,000.			60,000.			0.
	* 990 PAGE 10 TOTAL LAND					60,000.		0.	60,000.	0.		0.
	* GRAND TOTAL 990 PAGE 10 DEPR					947,011.		0.	947,011.	764,916.		32,623.
	CURRENT YEAR ACTIVITY											
	BEGINNING BALANCE					924,368.		0.	924,368.	764,916.		
	ACQUISITIONS					22,643.		0.	22,643.	0.		

2020 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL -

MANASOTA LIGHTHOUSE FOR THE BLIND D/B/A
LIGHTHOUSE VISION LOSS EDUCATION CENTER

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
	BUILDINGS								
1	BUILDING	123189	SL	30.00	241,875.		241,875.	241,877.	-2.
7	SIGN	060106	SL	10.00	3,993.		3,993.	3,993.	0.
8	FLOORING-LABOR	060106	SL	10.00	29,080.		29,080.	29,080.	0.
9	WALLS	040106	SL	10.00	3,478.		3,478.	3,478.	0.
14	OVERHANG IMPROVEMENT	093007	SL	10.00	13,436.		13,436.	13,436.	0.
16	SENSORY GARDENER	090908	SL	5.00	8,764.		8,764.	8,764.	0.
17	LIGHT FIXTURES	110507	SL	10.00	199.		199.	199.	0.
20	SOFFITS & SIDING	110507	SL	10.00	13,434.		13,434.	13,434.	0.
22	DRYWALL RENOVATIONS	093009	SL	10.00	14,000.		14,000.	14,000.	0.
24	LEASEHOLD IMPROVEMENTS	100192	SL	30.00	83,814.		83,814.	77,661.	2,794.
25	LEASEHOLD IMPROVEMENTS	100190	SL	20.00	10,000.		10,000.	10,000.	0.
26	LEASEHOLD IMPROVEMENTS	100190	SL	20.00	5,715.		5,715.	5,715.	0.
29	ARROW FENCE/FENCING	093010	SL	7.00	5,858.		5,858.	5,858.	0.
30	BRITANNIA/REMODELING	040710	SL	10.00	9,531.		9,531.	9,531.	0.
37	CONCRETE RAMP	022610	SL	10.00	1,580.		1,580.	1,580.	0.
38	REPAVE PARKING LOT	022610	SL	10.00	8,470.		8,470.	8,470.	0.
42	KIERNAN REMODELING	102309	SL	10.00	2,883.		2,883.	2,883.	0.
54	AC UNIT #2 REPLACEMENT	102512	SL	7.00	5,300.		5,300.	5,300.	0.
55	CEILING FANS SUPPORT AND WIRING	073013	SL	5.00	2,541.		2,541.	2,541.	0.
56	KITCHEN DOOR CONSTRUCTION	070113	SL	15.00	882.		882.	428.	59.
59	BUILDING AND POST SIGNAGE	093013	SL	7.00	1,452.		1,452.	1,452.	0.
64	AC UNIT #1 AND #3 REPLACEMENTS	093014	SL	7.00	9,970.		9,970.	8,544.	1,424.
74	STORE RENOVATIONS	033116	SL	10.00	26,862.		26,862.	12,087.	2,686.
76	WATER HEATER	030117	SL	7.00	1,106.		1,106.	566.	158.
	NEW ROOF, ONE STORY PORTION OF								
79	BUILDING	020918	SL	20.00	15,500.		15,500.	2,067.	775.
82	WALL/DOORWAY BUILDING IMPROVEMENTS	121018	SL	10.00	3,900.		3,900.	713.	390.
84	A/C UNIT #4 REPLACEMENT	011720	SL	7.00	6,264.		6,264.	597.	895.
	LIGHTING REPLACE THROUGHOUT BOTH								
85	FLOORS	031120	SL	10.00	3,680.		3,680.	214.	368.
87	AWNING	052820	SL	10.00	5,900.		5,900.	196.	590.
90	MAILBOX	091120	SL	5.00	1,168.		1,168.	19.	234.
	* 990 PAGE 10 TOTAL BUILDINGS				540,635.		540,635.	484,683.	10,371.

(D) - Asset disposed

* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

2020 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL -

MANASOTA LIGHTHOUSE FOR THE BLIND D/B/A
LIGHTHOUSE VISION LOSS EDUCATION CENTER

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
	FURNITURE & FIXTURES								
23	OFFICE FURNITURE	093009	SL	10.00	3,350.		3,350.	3,350.	0.
31	FURNITURE	040110	SL	5.00	386.		386.	386.	0.
33	FURNITURE	032210	SL	7.00	1,009.		1,009.	1,009.	0.
34	FURNITURE	110609	SL	7.00	703.		703.	703.	0.
35	FURNITURE	041310	SL	7.00	796.		796.	796.	0.
40	FURNITURE	031610	SL	7.00	460.		460.	460.	0.
43	OFFICE FURNITURE	101409	SL	7.00	1,509.		1,509.	1,509.	0.
45	PARTITIONS	010411	SL	5.00	649.		649.	649.	0.
65	TABLES AND CHAIRS (TRANSITIONS)	092514	SL	7.00	2,200.		2,200.	1,884.	314.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES				11,062.		11,062.	10,746.	314.
	MACHINERY & EQUIPMENT								
3	MISCELLANEOU OFFICE EQUIPMENT	123189	SL	7.00	154,214.		154,214.	154,214.	0.
12	EQUIPMENT	100106	SL	10.00	3,171.		3,171.	3,171.	0.
13	EQUIPMENT	070107	SL	10.00	1,000.		1,000.	1,000.	0.
15	EQUIPMENT	070107	SL	10.00	493.		493.	493.	0.
27	EQUIPMENT	100192	SL	7.00	1,500.		1,500.	1,500.	0.
28	EQUIPMENT	100109	SL	7.00	1,730.		1,730.	1,730.	0.
44	5 STAFF DELL NOTEBOOK COMPUTERS	120810	SL	5.00	1,399.		1,399.	1,399.	0.
49	GARDEN SHED	093011	SL	7.00	1,016.		1,016.	1,016.	0.
50	CLIENT DATABASE (IT SYSTEM)	112911	SL	5.00	7,680.		7,680.	7,680.	0.
51	BRAILLER	050412	SL	10.00	2,939.		2,939.	2,474.	294.
53	CTK/DATABASE INSTALL,SERVICE	071212	SL	6.00	10,131.		10,131.	10,133.	0.
60	LAPTOPS	021114	SL	5.00	596.		596.	596.	0.
61	COMPUTER (GAYLE)	030314	SL	5.00	630.		630.	630.	0.
62	COMPUTERS (ANNEX)	062714	SL	5.00	5,477.		5,477.	5,477.	0.
63	IPADS (TRANSITIONS)	091714	SL	3.00	913.		913.	913.	0.
66	IPADS (COMPUTER ADVANTAGE)	013115	SL	3.00	2,360.		2,360.	2,360.	0.
71	MONITORS FOR ANNEX/VENICE	061915	SL	5.00	2,817.		2,817.	2,817.	0.
72	COMPUTERS FOR VENICE LAB	071715	SL	5.00	1,169.		1,169.	1,169.	0.
77	2 SMART BRAILLERS	113017	SL	7.00	4,055.		4,055.	1,641.	579.
78	CONNECT 12 ELECTRONIC MAGNIFIER	121317	SL	7.00	3,032.		3,032.	1,227.	433.
80	IMAC FOR COMMUNICATIONS	042318	SL	5.00	3,068.		3,068.	1,484.	614.

(D) - Asset disposed

* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

2020 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL -

MANASOTA LIGHTHOUSE FOR THE BLIND D/B/A
LIGHTHOUSE VISION LOSS EDUCATION CENTER

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
83	EA ACER DESKTOP COMPUTERS	061019	SL	5.00	2,220.		2,220.	592.	444.
86	MACBOOK PRO FOR VIDEO (MS)	051520	SL	5.00	2,579.		2,579.	215.	516.
88	CAMERA	061020	SL	5.00	1,393.		1,393.	93.	279.
89	MACBOOK AIR (LH)	081320	SL	5.00	1,659.		1,659.	55.	332.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT				217,241.		217,241.	204,079.	3,491.
	TRANSPORTATION EQUIPMENT								
68	2015 GRAY HONDA FIT	012215	SL	5.00	17,129.		17,129.	17,129.	0.
69	2015 SILVER HONDA FIT	012215	SL	5.00	17,129.		17,129.	17,129.	0.
70	2012 WHITE HONDA CIVIC	012215	SL	5.00	14,853.		14,853.	14,853.	0.
75	2016 HONDA ODYSSEY	121516	SL	5.00	29,980.		29,980.	22,985.	5,996.
81	2018 HONDA WHITE CRV + WRAP	051018	SL	5.00	25,253.		25,253.	12,206.	5,051.
	* 990 PAGE 10 TOTAL TRANSPORTATION EQUIPMENT				104,344.		104,344.	84,302.	11,047.
	LAND								
2	LAND	123189	L		60,000.		60,000.		0.
	* 990 PAGE 10 TOTAL LAND				60,000.		60,000.	0.	0.
	* GRAND TOTAL 990 PAGE 10 DEPR				933,282.		933,282.	783,810.	25,223.

(D) - Asset disposed

* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone