

990-T

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OMB No 1545-0687

Form 990-T

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

2017

For calendar year 2017 or other tax year beginning 07/01/17, and ending 06/30/18

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

A Check box if address changed
B Exempt under section
501(c)(3)
408(e) 220(e)
408A 530(a)
529(a)

Name of organization Lighthouse Vocational Services
Number, street, and room or suite no. 144 Orlan Rd
City or town, state or province, country and ZIP or foreign postal code New Holland PA 17557

D Employer identification number 23-1973053
E Unrelated business activity codes

C Book value of all assets at end of year 2,195,877

F Group exemption number
G Check organization type 501(c) corporation

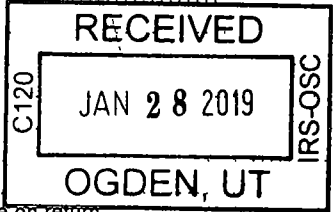
H Describe the organization's primary unrelated business activity

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? No

J The books are in care of Kirt Barden Telephone number 717-354-0355

Part I Unrelated Trade or Business Income table with columns (A) Income, (B) Expenses, (C) Net and rows 1a-13.

Part II Deductions Not Taken Elsewhere table with rows 14-34.



SCANNED MAR 19 2019

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here. 36 Trusts Taxable at Trust Rates. See instructions for tax computation. 37 Proxy tax. See instructions. 38 Alternative minimum tax. 39 Tax on Non-Compliant Facility Income. See instructions. 40 Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies.

Part IV Tax and Payments

41a Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116). 42 Subtract line 41e from line 40. 43 Other taxes. 44 Total tax. Add lines 42 and 43. 45a Payments. A 2016 overpayment credited to 2017. 46 Total payments. Add lines 45a through 45g. 47 Estimated tax penalty. 48 Tax due. 49 Overpayment. 50 Enter the amount of line 49 you want credited to 2018 estimated tax.

Part V Statements Regarding Certain Activities and Other Information (see instructions)

51 At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? 52 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? 53 Enter the amount of tax-exempt interest received or accrued during the tax year.

Sign Here. 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 taxpayer) is based on all information of which preparer has any knowledge. Signature of officer: [Signature], Date, Title: CEO.

Paid Preparer Use Only. Print/Type preparer's name: DEAN A. HOOVER, CPA. Preparer's signature: DEAN A. HOOVER, CPA. Date: 01/23/19. Check self-employed: [X]. PTIN: P00269420. Firm's name: WNC CPAS & CONSULTANTS, LLC. Firm's address: 1360 RIDGE AVE, EPHRATA, PA 17522-9659. Firm's EIN: 23-1934726. Phone no: 717-336-3801.

**Schedule A – Cost of Goods Sold.** Enter method of inventory valuation ▶

<b>1</b> Inventory at beginning of year	<b>1</b>	0	<b>6</b> Inventory at end of year	<b>6</b>	
<b>2</b> Purchases	<b>2</b>		<b>7</b> Cost of goods sold. Subtract		
<b>3</b> Cost of labor	<b>3</b>		line 6 from line 5. Enter here and		
<b>4a</b> Additional sec 263A costs			in Part I, line 2	<b>7</b>	
(attach schedule)	<b>4a</b>				
<b>b</b> Other costs	<b>4b</b>		<b>8</b> Do the rules of section 263A (with respect to		<b>Yes</b>
(attach schedule)			property produced or acquired for resale) apply		<b>No</b>
<b>5</b> Total. Add lines 1 through 4b	<b>5</b>		to the organization?		

**Schedule C – Rent Income (From Real Property and Personal Property Leased With Real Property)**

(see instructions)

**1** Description of property

(1) <b>N/A</b>
(2)
(3)
(4)

**2** Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	<b>3(a)</b> Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
<b>Total</b>	<b>Total</b>	<b>(b) Total deductions.</b> Enter here and on page 1, Part I, line 6, column (B) ▶

**(c) Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ▶

**Schedule E – Unrelated Debt-Financed Income** (see instructions)

<b>1</b> Description of debt-financed property		<b>2</b> Gross income from or allocable to debt-financed property	<b>3</b> Deductions directly connected with or allocable to debt-financed property	
			<b>(a)</b> Straight line depreciation (attach schedule)	<b>(b)</b> Other deductions (attach schedule)
(1) <b>N/A</b>				
(2)				
(3)				
(4)				
<b>4</b> Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	<b>5</b> Average adjusted basis of or allocable to debt-financed property (attach schedule)	<b>6</b> Column 4 divided by column 5	<b>7</b> Gross income reportable (column 2 x column 6)	<b>8</b> Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
<b>Totals</b>			Enter here and on page 1, Part I, line 7, column (A) ▶	Enter here and on page 1, Part I, line 7, column (B)
<b>Total dividends-received deductions</b> included in column 8 ▶				

**Schedule F – Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

1 Name of controlled organization	2 Employer identification number	Exempt Controlled Organizations			
		3 Net unrelated income (loss) (see instructions)	4 Total of specified payments made	5 Part of column 4 that is included in the controlling organization's gross income	6 Deductions directly connected with income in column 5
(1) N/A					
(2)					
(3)					
(4)					

**Nonexempt Controlled Organizations**

7 Taxable income	8 Net unrelated income (loss) (see instructions)	9 Total of specified payments made	10 Part of column 9 that is included in the controlling organization's gross income	11 Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10 Enter here and on page 1, Part I, line 8, column (A)	Add columns 6 and 11 Enter here and on page 1, Part I, line 8, column (B)

Totals

**Schedule G – Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (col 3 plus col 4)
(1) N/A				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A)		Enter here and on page 1, Part I, line 9, column (B)

Totals

**Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1) N/A						
(2)						
(3)						
(4)						
		Enter here and on page 1, Part I, line 10, col (A)	Enter here and on page 1, Part I, line 10, col (B)			Enter here and on page 1, Part II, line 26

Totals

**Schedule J – Advertising Income** (see instructions)

**Part I Income From Periodicals Reported on a Consolidated Basis**

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1) N/A						
(2)						
(3)						
(4)						
<b>Totals</b> (carry to Part II, line (5))						

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

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1) <b>N/A</b>						
(2)						
(3)						
(4)						
<b>Totals from Part I</b> ▶						
<b>Totals, Part II (lines 1-5)</b> ▶	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27

**Schedule K – Compensation of Officers, Directors, and Trustees** (see instructions)

1 Name	2 Title	3. Percent of time devoted to business	4 Compensation attributable to unrelated business
(1) <b>N/A</b>		%	
(2)		%	
(3)		%	
(4)		%	
<b>Total. Enter here and on page 1, Part II, line 14</b> ▶			

# Credit for Federal Tax Paid on Fuels

► Go to [www.irs.gov/Form4136](http://www.irs.gov/Form4136) for instructions and the latest information.

Name (as shown on your income tax return)

Taxpayer identification number

**LIGHTHOUSE VOCATIONAL SERVICES**

**23-1973053**

**Caution:** Claimant has the name and address of the person who sold the fuel to the claimant and the dates of purchase. For claims on lines 1c and 2b (type of use 13 or 14), 3d, 4c, and 5, claimant has not waived the right to make the claim. For claims on lines 1c and 2b (type of use 13 or 14), claimant certifies that a certificate has not been provided to the credit card issuer.

**1 Nontaxable Use of Gasoline** Note: CRN is credit reference number

	(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN
a	Off-highway business use	\$ 183	22,729	\$ 4,159	362
b	Use on a farm for farming purposes	183			
c	Other nontaxable use (see Caution above line 1)	183			
d	Exported	184			

**2 Nontaxable Use of Aviation Gasoline**

	(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN
a	Use in commercial aviation (other than foreign trade)	\$ 15		\$	354
b	Other nontaxable use (see Caution above line 1)	193			324
c	Exported	194			412
d	LUST tax on aviation fuels used in foreign trade	001			433

**3 Nontaxable Use of Undyed Diesel Fuel**

Claimant certifies that the diesel fuel did not contain visible evidence of dye

**Exception.** If any of the diesel fuel included in this claim did contain visible evidence of dye, attach an explanation and check here

	(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN
a	Nontaxable use	\$ 243		\$	360
b	Use on a farm for farming purposes	243			
c	Use in trains	243			
d	Use in certain intercity and local buses (see Caution above line 1)	17			
e	Exported	244			

**4 Nontaxable Use of Undyed Kerosene (Other Than Kerosene Used in Aviation)**

Claimant certifies that the kerosene did not contain visible evidence of dye

**Exception.** If any of the kerosene included in this claim did contain visible evidence of dye, attach an explanation and check here

	(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN
a	Nontaxable use taxed at \$ 244	\$ 243		\$	346
b	Use on a farm for farming purposes	243			
c	Use in certain intercity and local buses (see Caution above line 1)	17			
d	Exported	244			
e	Nontaxable use taxed at \$ 044	043			
f	Nontaxable use taxed at \$ 219	218			

For Paperwork Reduction Act Notice, see the separate instructions.

# Form 990-T Return Summary

For calendar year 2017, or tax year beginning **07/01/17**, and ending **06/30/18**

**23-1973053**

## LIGHTHOUSE VOCATIONAL SERVICES

### Income

Gross profit \_\_\_\_\_  
Capital gain / loss \_\_\_\_\_  
Unrelated debt-financed income \_\_\_\_\_  
All other income \_\_\_\_\_  
**Total income** \_\_\_\_\_

### Deductions

Officer compensation \_\_\_\_\_  
Salaries \_\_\_\_\_ **1**  
All other deductions \_\_\_\_\_ **-1**  
Net operating loss \_\_\_\_\_  
Specific deduction \_\_\_\_\_  
**Total deductions** \_\_\_\_\_ **0**

**Unrelated business taxable income** \_\_\_\_\_ **0**

### Taxes / Credits / Payments

Regular tax \_\_\_\_\_  
Proxy tax \_\_\_\_\_  
Alternative minimum tax \_\_\_\_\_  
**Tax** \_\_\_\_\_

Foreign tax credit \_\_\_\_\_  
Other credits \_\_\_\_\_  
General business credits \_\_\_\_\_  
Prior year minimum tax credit \_\_\_\_\_  
**Total nonrefundable credits** \_\_\_\_\_

Other taxes \_\_\_\_\_  
**Total tax** \_\_\_\_\_

Estimated tax payments \_\_\_\_\_  
Paid with extension \_\_\_\_\_  
Tax withheld \_\_\_\_\_  
Other credits / payments \_\_\_\_\_ **4,159**  
Estimated tax penalty \_\_\_\_\_  
Overpayment applied to next year's tax \_\_\_\_\_  
**Payments / penalty / application** \_\_\_\_\_ **4,159**

**Net tax due** \_\_\_\_\_ **0**

### Additions to Tax

Interest on late payments \_\_\_\_\_  
Failure to file penalty \_\_\_\_\_  
Failure to pay penalty \_\_\_\_\_  
**Total additions** \_\_\_\_\_

**Balance due** \_\_\_\_\_

**Refund** \_\_\_\_\_ **4,159**

### Next Year's Estimates

1st quarter \_\_\_\_\_  
2nd quarter \_\_\_\_\_  
3rd quarter \_\_\_\_\_  
4th quarter \_\_\_\_\_  
**Total** \_\_\_\_\_

### Miscellaneous Information

Amended return \_\_\_\_\_  
Return / extended due date **05/15/19**