For Paperwork Reduction Act Notice, see the separate instructions.



Form **990 Return of Organization Exempt From Income Tax**  OMB No 1545-0047

2017

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

	₹		▶ Do not enter social security numbers on this form as it may be made	ade nublic	Open to Public							
Dep	artment of	the Treasury uue Service	► Go to www.irs.gov/Form990 for instructions and the latest information.									
Inte				, 20								
<u>^</u>			ndar year, or tax year beginning , 2017, and ending  C Name of organization The Lantern	D Employ	er identification number							
В		applicable	Doing business as	27-2051836								
	Address		ne number									
	Name c	•	Number and street (or P O box if mail is not delivered to street address)  Room/suite	E relepho								
$\Box$	Initial ret		12160 Triskett Road		(216)941-5005							
닏		m/terminated	City or town, state or province, country, and ZIP or foreign postal code		F70.400							
	Amende		Cleveland, OH, 44111	<b>G</b> Gross r								
Ш	Applicat	ion pending			subordinates? Yes No							
				• •	s included? Yes No							
<u></u>		mpt status	▼ 501(c)(3)		a list (see instructions)							
<u>J</u>	Website			H(c) Group exemption								
K			Corporation ☐ Trust ☐ Association ☐ Other ► ☐ L Year of formation	2010 M State	of legal domicile OH							
Li	art I	Summ										
	1		scribe the organization's mission or most significant activities.		<u>,</u>							
ဥ		To provide addiction	e quality sober living to the chemically dependent person and to educate and assist p	eople with recover	y from drug and alcohol							
Activities & Governance												
Ve	2		is box ▶ ☐ if the organization discontinued its operations or disposed of n	1	its net assets.							
ၓ	3		of voting members of the governing body (Part VI, line 1a)		1							
∘ర ഗ	4		of independent voting members of the governing body (Part VI, line 1b)		0							
īţi	5		nber of individuals employed in calendar year 2017 (Part V, line 2a)	5	4							
휹	6		nber of volunteers (estimate if necessary)	6	<u> </u>							
ĕ	7a		elated business revenue from Part VIII, column (C), line 12	7a	0							
	b	Net unre	ated business taxable income from Form 990-T, line 34	7b								
	1			Prior Year	Current Year							
ē	8		tions and grants (Part VIII, line 1h) .	⇒ † 931,048	<del> </del>							
en	9	_	service revenue (Part VIII, line 2g)	51,084	<del>                                       </del>							
Revenue	10			79								
_	11			<u> </u>	0							
	12			982,211								
	13		nd similar difficultio paid (1 diffire, coldinit (1), filliocate-o)-t	<b>=</b> .4	0							
	14		paid to or for members (Part IX, column (A), li៉្កិe 4)   ೧എഎ്. ி. 👭 🔃		0							
S	15		other compensation, employee benefits (Part IX, column (A), lines 5–10)	92,263	99,958							
Expenses	16a		onal fundraising fees (Part IX, column (A), line 11e)		0							
ă	b		draising expenses (Part IX, column (D), line 25) ► 35,002	Commence Control								
ш	17		penses (Part IX, column (A), lines 11a-11d, 11f-24e)	148,985								
	18		penses Add lines 13-17 (must equal Part IX, column (A), line 25) .	241,248								
	19	Revenue	less expenses Subtract line 18 from line 12	740,963	<del></del>							
, o.	<u>S</u>		<u></u>	inning of Current Year	· · · · · · · · · · · · · · · · · · ·							
Net Assets or	20		ets (Part X, line 16)	1,473,331	1,677,010							
Ä,	21		olities (Part X, line 26)		0							
_			ts or fund balances. Subtract line 21 from line 20	1,473,331	1,677,010							
	art II	Signa	ture Block									
U	nder pen	alties of perji	iry, I declare that I have examined this return, including accompanying schedules and statemen	its, and to the best of	my knowledge and bekef, it is							
tr —	ue, corre	ct, and comp	lete Declaration of preparer (other than officer) is based on all information of which preparer has	s any knowledge								
			n.mgs									
	gn	Sigi	ature of officer	Date								
Н	ere		ECHAFL MINTON BOARD PRESIDENT	5-27	- 18							
_		Тур	e or print name and title									
P	aid	Print/T	rpe preparer's name Date	Check	If PTIN							
	repar	er Frank I	Covacik trank Korree 5/2		P01200964							
	se On		name ► Diana George and Associates Inc	Firm's EIN ▶	34-1668892							
9			address ► 19511 Progress Drive Strongsville OH 44149	Phone no	(440)238-1238							
M	ay the I	RS discus	s this return with the preparer shown above? (see instructions)		X Yes No							

Form 990 (2017)

Cat. No. 11282Y

omi 99	0 (2017)					rage <b>z</b>
Part l			e Accomplishments		+ !!!	
1	Briefly describe the or	ganization's mis	sion:		t III	
	To provide quality sober	living to the chemi	cally dependent person a	and to educate and ass	sist people with recovery from d	rug and alcohol
2		)-EZ?			r which were not listed on the	
3		cease conduct		ant changes in ho	w it conducts, any progra	m □Yes 🗷 No
4	If "Yes," describe the	-		ents for each of its t	hree largest program servic	es as measured by
•	expenses Section 50	1(c)(3) and 501(d	c)(4) organizations are y, for each program se	required to report t	the amount of grants and a	llocations to others,
4a	(Code) (E	xpenses \$	369,447 including g	grants of \$	) (Revenue \$	)
					· · · · · · · · · · · · · · · · · · ·	
4b	(Code: ) (E	xpenses \$	ıncluding ç	grants of \$	) (Revenue \$	)
		·····				
		·				
4c	(Code ) (	Expenses \$	ıncluding	orants of \$	) (Revenue \$	
40	/					'
						·
				·		·
				·		
4d	Other program service			0.1/0		
	(Expenses \$ Total program service		g grants of \$ 369,447	0) (Revenue \$	0)	

HD PGO

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

Part l	V Checklist of Required Schedules (continued)			
			Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		×
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		×
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		×
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		×
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		×
c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		x
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		×
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		×
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		×
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):	22		
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		×
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		×
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		×
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		×
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		×
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		×
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		×
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		×
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)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		×
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	35		
	Part VI	37	1	×
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	×	

31111 50	The state of the s		-	3
Part				(V)
	Check if Schedule O contains a response or note to any line in this Part V	<del></del> .	Yes	No
12	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable   1a   0			
1a b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		i	
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
_	reportable gaming (gambling) winnings to prize winners?	1c	_	×
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 4			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	×	
	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?	3a		×
þ	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	3b		
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)?	4a		^
þ	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 (FRAD)			
50	(FBAR).  Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		×
5a b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		×
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<del>                                     </del>
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?	6a		×
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			<u> </u>
	and services provided to the payor?	7a		×
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7.		×
_	required to file Form 8282?	7c		^
d e	If "Yes," indicate the number of Forms 8282 filed during the year	7e		×
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7f		×
, g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
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?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
þ	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? .	9b		
10	Section 501(c)(7) organizations. Enter:	ļ	ļ.	
a	Initiation fees and capital contributions included on Part VIII, line 12	-	}	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]			ļ
11	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders			ļ
a b	Gross income from other sources (Do not net amounts due or paid to other sources	-		
_	against amounts due or received from them.)			1
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		1
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.		)'  :	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	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		i.	
	the organization is licensed to issue qualified health plans			ş J
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		×

Part \	Governance, Management, and Disclosure For each "Yes" response to lines 2 three response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes				
•	Check if Schedule O contains a response or note to any line in this Part VI				
Section	on 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	<b>1a</b> 1			
	If there are material differences in voting rights among members of the governing body, or				
	if the governing body delegated broad authority to an executive committee or similar				
	committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent .				
2	Did any officer, director, trustee, or key employee have a family relationship or a business reany other officer, director, trustee, or key employee?				×
•	Did the organization delegate control over management duties customarily performed by or u		2		<u> </u>
3	supervision of officers, directors, or trustees, or key employees to a management company or other	person? .	3		×
4	Did the organization make any significant changes to its governing documents since the prior Form 99		4		×
5	Did the organization become aware during the year of a significant diversion of the organization		5		×
6	Did the organization have members or stockholders?		6		×
7a	Did the organization have members, stockholders, or other persons who had the power to e	lect or appoint			
	one or more members of the governing body?		7a		×
b	Are any governance decisions of the organization reserved to (or subject to approval				
	stockholders, or persons other than the governing body?		7b		×
8	Did the organization contemporaneously document the meetings held or written actions und	dertaken during			
	the year by the following:				
а	The governing body?		8a		×
ь	Each committee with authority to act on behalf of the governing body?	· ·	8b		<b>X</b>
9	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9	ŀ	×
Sacti	on B. Policies (This Section B requests information about policies not required by the			ode	
Secu	on b. 1 onoics (This occurr & requests information about policies het required by the	· · · · · · · · · · · · · · · · · · ·	100 0	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		×
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 exem		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before	e filing the form?	11a	×	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
<b>12</b> a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a		×
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give		12b		-
С	Did the organization regularly and consistently monitor and enforce compliance with the parameter of the describe in Schedule O how this was done.	olicy? If "Yes,"	12c		
40	Did the organization have a written whistleblower policy?		13	-	×
13 14	Did the organization have a written document retention and destruction policy?		14		×
15	Did the process for determining compensation of the following persons include a review a				
. =	independent persons, comparability data, and contemporaneous substantiation of the deliberation			1	
а	The organization's CEO, Executive Director, or top management official		15a		×
b	Other officers or key employees of the organization		15b		×
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			ļ	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or simil		_		
	with a taxable entity during the year?		16a		×
b	If "Yes," did the organization follow a written policy or procedure requiring the organization			le e	
	participation in joint venture arrangements under applicable federal tax law, and take steps to organization's exempt status with respect to such arrangements?		16h	<u> </u>	
Soct	ion C. Disclosure	<u> </u>	16b	<u> </u>	<u>.                                    </u>
17	Liet the states with which a copy of this Form 990 is required to be filed				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, a	nd 990-T (Section	n 501	(c)(3)	only)
	available for public inspection. Indicate how you made these available. Check all that apply.	,			,,
	Own website Another's website I Upon request Other (explain in Sch				
19	Describe in Schedule O whether (and if so, how) the organization made its governing docume	nts, conflict of ir	terest	polic	y, and
<b>.</b> -	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 Robert Widdows 7440 Valewood Drive, Parma, OH, 44134	n's books and r (216)941-500		:: ▶	

_		7
'aa	ıe	•

Eorm	non	(2047)	ı

Part VI!	Compensation of Officers,	Directors, Trustee	s, Key Employees	, Highest Compensated	d Employees, and
	Independent Contractors				

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

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees, and former such persons.

Check this box if neither the organization no	or any relate	d orga	aniz			ompe	nsa	ted any curren	t officer, director	, or trustee.
(A) Name and Title	(B) Average hours per week (list any	box, office	unles er and	Pos neck ss pe d a d	rson irect	e than on the state of the stat	an ee)	(D)  Reportable compensation from the	(E)  Reportable  compensation from  related  organizations	(F) Estimated amount of other compensation
	related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) Mick Minton	2									
President			l .	×				0	0	C
(2) Karl Kısselle	2									
Vice President			<u> </u>	×				0	0	
(3) Anne Dunn	11									
Secretary				X		ļ		0	0	(
(4) Robert Widdows	2			Ì						
Treasurer			<u> </u>	×		<u> </u>	ļ	0	0	
(5) David Wells	2	1		1	1		1	1		
Board Member		×		L	_	ļ		0	0	
(6) Edward Barrett	2		ļ							
Board Member		X					<u> </u>	0	)0	
(7)										
(8)			İ							
(9)										· .
(10)							-			
(11)			-		-					
(12)			-							
(13)							_			
(14)			-							

Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
•	(A) Name and title		office	unles er and	Pos neck is pe	ition more rson irect	than on the state of the state	an tee)	(D)  Reportable compensation from	(E) Reportab compensation related	n from	(F) Estimated amount of other
		hours for related organizations below dotted line)		nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizatio		compensation from the organization and related organizations
(15)					,							
(16)												
(17)												
(18)								-				
(19)												· · · · · · · · · · · · · · · · · · ·
(20)								_				
(21)												
(22)								_				
(23)												
(24)						<u></u>						
(25)												
	Sub-total							Ļ	0		0	
С	Total from continuation sheets to Part  Total (add lines 1b and 1c)	VII, Sectio		•	•			<b>&gt;</b>	0		0	0
2	Total number of individuals (including but reportable compensation from the organic		to th	ose	list	ed	above	e) w	ho received me	ore than \$1	00,000	) of
3	Did the organization list any former of employee on line 1a? If "Yes," complete									est compe	nsated	Yes No
4	For any individual listed on line 1a, is the organization and related organizations individual	sum of regreater the	portal an \$1	ble ( 150,	con	nper	nsatio	n a	nd other comp	pensation fr nedule J fo	om the or sucl	
5	Did any person listed on line 1a receive of for services rendered to the organization	or accrue co ? If "Yes," o	ompe compl	nsa lete	tion Sch	froi nedu	m any ule J f	un or s	irelated organiz such person	ation or inc	dıvidua 	5 ×
	on B. Independent Contractors											
1	Complete this table for your five highest compensation from the organization. Repyear.											
	(A) Name and business add	ress							(B) Description of s	ervices		(C) Compensation
								L				
2	Total number of independent contractor received more than \$100,000 of compens							 	nose listed abo	ove) who		

Part	VIII	Statement of Reve	enue						
		Check if Schedule O	contains	a resp	onse or note to				<u></u>
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts	1a	Federated campaigns	3	1a					
Srai	b	Membership dues .		1b					
is, ( Am	С	Fundraising events .		1c	87,477				
Giff	d	Related organizations		1d					
ns, Sim	e	Government grants (cor		1e					
utio	f	All other contributions, g and similar amounts not inc			420.702				
Contributions, Gifts, Grants and Other Similar Amounts				1f	430,703				
ou pu	g	Noncash contributions include Total. Add lines 1a-1				518,180			
		Total. Add lines Ta-1	<u> </u>	• •	Business Code	010,100			
enn	2a	Residential Beds			623990	53,946	53,946	<del> </del>	
Rev	ь	Service Pevenue			623990	929	929		
<u>.</u>	C	Service revenue							
er.	d								
Ē	e								
Program Service Revenue	f	All other program ser							
<u> </u>	g	Total. Add lines 2a-2				54,875			,
	3	Investment income							
		and other similar amo	•		<b>⊢</b>	71	71		
	4	Income from investmen							
	5	Royalties	//\ Rea	<u></u>	(II) Personal			<del></del>	-
	6a	Gross rents	(,, 1.02		(ily i dibelia)		,		*
	b	Less. rental expenses							
	C	Rental income or (loss)		0	0				
	d	Net rental income or	(loss)	<del></del>	<u> </u>	0	***************************************		-
	7a	Gross amount from sales of	(i) Securit		(ii) Other				
		assets other than inventory							
	b	Less. cost or other basis		-					,
		and sales expenses .							
	С	Gain or (loss)		0	0				
	d	Net gain or (loss) .			▶				
venue	8a	Gross income from forevents (not including \$	undraising						,
Other Rev		of contributions report See Part IV, line 18 .							
<b>₹</b>	b	Less: direct expense					[		
		Net income or (loss)			events . ►	0			
	9a	Gross income from gross See Part IV, line 19							
	Ь	Less: direct expense							· · · · · · · · · · · · · · · · · · ·
	C	Net income or (loss)	-	-	ivities ▶	0			
	10a	Gross sales of in							
	١.	returns and allowanc							
	b	Less: cost of goods s							
	С	Net income or (loss) to Miscellaneous F		01 1110	Business Code	0		<del></del>	
	11a	Miscellaricous			Business Code				
	b				<del></del>				
	C								
	d	All other revenue .							
	e	Total. Add lines 11a-			•	0			
	12					572 126	54.040		<del></del>

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete

Section	n 501(c)(3) and 501(c)(4) organizations must com				
	Check if Schedule O contains a respons			· · · · · · ·	
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> 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				
6	Compensation not included above, to disqualified			<del></del>	
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)			;	
7	Other salaries and wages	90,308	90,308		<del></del>
8	Pension plan accruals and contributions (include		30,000		
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	3,360	3,360		
10	Payroll taxes	6,290	6,290		
11	Fees for services (non-employees):				
а	Management				
b	Legal	65	65		
c	Accounting	820	820	<del></del>	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) .				
12	Advertising and promotion				
13	Office expenses	32,980	32,980		
14	Information technology			<del></del> _	
15	Royalties				
16	Occupancy	2,147	2,147		
17 18	Payments of travel or entertainment expenses	2,147	2,147		
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				ļ
20	Interest			<del></del>	
21 22	Payments to affiliates	0			
23	Insurance	22,894	22,894		
23 24	Other expenses. Itemize expenses not covered	22,034	22,034		<del></del>
24	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)	]	ļ		
а	Real Estate Taxes	4,255	4,255		<del></del>
b	Utilities	72,499	72,499		
С	Repairs/Maintenance	71,741	71,741		
d	Supplies	6,823	6,823		
e	All other expenses	55,265	20,263	0	35,002
25	Total functional expenses. Add lines 1 through 24e	369,447	334,445	0	35,002
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and	Į į			į
	fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (B) (A) End of year Beginning of year 208,006 Cash-non-interest-bearing 1 172,114 2 2 Savings and temporary cash investments . 3 Pledges and grants receivable, net . . 3 4 Accounts receivable, net . . . 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . . . . . . . . . . . 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . . . . . . . . . 6 Assets 7 Notes and loans receivable, net . 7 . . . . Inventories for sale or use . . . . . . 8 8 9 Prepaid expenses and deferred charges . . 9 10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 10a Less: accumulated depreciation . . . 10b 1,265,325 10c 1,504,896 11 Investments - publicly traded securities 11 . . . Investments - other securities. See Part IV, line 11 . 12 12 Investments - program-related. See Part IV, line 11. 13 13 14 14 15 Other assets. See Part IV, line 11 . . . . . . . . . 15 1,473,331 16 1,677,010 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 17 17 Accounts payable and accrued expenses . . . . . . 18 18 19 Deferred revenue . . . . . . . . . 19 Tax-exempt bond liabilities . . . . . . . . 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, Liabilities 22 trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 24 Unsecured notes and loans payable to unrelated third parties . . . 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 . . . . . 25 Total liabilities. Add lines 17 through 25 . 0 26 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and **Net Assets or Fund Balances** complete lines 27 through 29, and lines 33 and 34. 27 27 Temporarily restricted net assets . . 28 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ 🕱 and complete lines 30 through 34. Capital stock or trust principal, or current funds . . . . . 30 30 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 32 Retained earnings, endowment, accumulated income, or other funds . 1,473,331 32 1,677,010 33 Total net assets or fund balances . . . 1,473,331 33 1,677,010 Total liabilities and net assets/fund balances 1,473,331 34 1,677,010

orm 99	0 (2017)			Pa	ge <b>12</b>
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		57	3,126
2	Total expenses (must equal Part IX, column (A), line 25)	2		36	9,447
3	Revenue less expenses. Subtract line 2 from line 1	3		20	3,679
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)).	4		1,47	3,331
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		1,67	7,010
rait	XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII	<u></u>	<u>.,.,</u>		
1	Accounting method used to prepare the Form 990 🗷 Cash 🔲 Accrual 🔲 Other	plaın ın		Yes	No
2a			2a		×
	Separate basis Consolidated basis Both consolidated and separate basis		,		
b	Were the organization's financial statements audited by an independent accountant?		2b		×
	If "Yes," check a box below to indicate whether the financial statements for the year were audit separate basis, consolidated basis, or both	ed on a			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for of the audit, review, or compilation of its financial statements and selection of an independent according to the compilation of the second control of the second control of the control of the second control of the control o	-	2c		
	If the organization changed either its oversight process or selection process during the tax year, ex Schedule O	cplain in			
20	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth in			

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 in Schedule O and describe any steps taken to undergo such audits.

3a

3b

Form **990** (2017)

the Single Audit Act and OMB Circular A-133?. . .

#### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization Employer identification number The Lantern Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) Я An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 🗷 An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g ☐ Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV. Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having b control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV. Sections A. D. and E. ☐ Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Provide the following information about the supported organization(s). (i) Name of supported organization ON FIN (iii) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of (described on lines 1~10) listed in your governing support (see other support (see document? above (see instructions)) instructions) instructions) Yes No (A) (B) (C) (D) (E)

Total

# 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	on A. Public Support				<del></del>	<u>,                                     </u>	
Calen	dar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees						(7)
	received. (Do not include any "unusual grants.")	215,530	412,638	246,121	931,048	518,180	2,323,517
2	Gross receipts from admissions, merchandise		· · · · · · · · · · · · · · · · · · ·				
	sold or services performed, or facilities				į		
	furnished in any activity that is related to the organization's tax-exempt purpose						0
3	Gross receipts from activities that are not an						
•	unrelated trade or business under section 513						0
4	Tax revenues levied for the			-			
7	organization's benefit and either paid to						
	or expended on its behalf					]	
_	•						0
5	The value of services or facilities			•			
	furnished by a governmental unit to the organization without charge			-			_
•		045 500	440.000	040.404			0
6	Total. Add lines 1 through 5	215,530	412,638	246,121	931,048	518,180	2,323,517
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						0
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						0
С	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support. (Subtract line 7c from	:					
	line 6.)						2,323,517
	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	215,530	412,638	246,121	931,048	518,180	2,323,517
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources .	50	80	84	79	71	364
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses				Ī		
	acquired after June 30, 1975						0
С	Add lines 10a and 10b	50	80	84	79	71	364
11	Net income from unrelated business			·			
	activities not included in line 10b, whether						
	or not the business is regularly carried on						0
12	Other income. Do not include gain or						
	loss from the sale of capital assets			}			
	(Explain in Part VI.)						0
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	215,580	412,718	246,205	931,127	518,251	2,323,881
14	First five years. If the Form 990 is for the	ne organization		d, third, fourth,			
organization, check this box and stop here							
Secti	on C. Computation of Public Suppor						<del></del>
15	Public support percentage for 2017 (line 8	B, column (f) div	vided by line 1	3, column (f))		15	100 %
16	Public support percentage from 2016 Sci					16	0 %
Secti	on D. Computation of Investment In					· · · · · · · · · · · · · · · · · · ·	
17	Investment income percentage for 2017 (			y line 13, colun	nn (f))	17	0.02 %
18	Investment income percentage from 2016					18	0.00 %
19a	331/3% support tests-2017. If the organ						
	17 is not more than 331/3%, check this box						
b	331/3% support tests - 2016. If the organiz		_			•	ننب
~	line 18 is not more than 331/3%, check this						
20	Private foundation, If the organization di				-	• •	

#### **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

Open to Public Inspection

Name of	the or	ganization		Employer	dentification number
The La	ntern				27-2051836
Part		Organizations Maintaining Donor Adv Complete if the organization answered			counts.
			(a) Donor advised funds	(t	) Funds and other accounts
1	Total	number at end of year			
2	Aggr	egate value of contributions to (during year)			
3	Aggre	egate value of grants from (during year)			
4		egate value at end of year		]	
5		he organization inform all donors and donor are the organization's property, subject to the			
	only	he organization inform all grantees, donors, a for charitable purposes and not for the bene erring impermissible private benefit?		for any oth	ner purpose
Part	11	Conservation Easements.			
		Complete if the organization answered		•	
1		ose(s) of conservation easements held by the			
		reservation of land for public use (e.g., recrea			- ·
	=	rotection of natural habitat		of a certifie	d historic structure
_		reservation of open space			
2		plete lines 2a through 2d if the organization h	eld a qualified conservation contribution	_	
		ment on the last day of the tax year.		<b>*</b> -2	· · · · · · · · · · · · · · · · · · ·
a				_	a
b		acreage restricted by conservation easemen			<del></del>
C		ber of conservation easements on a certified	• •		c
d		ber of conservation easements included in	· ·	l l	
_		_			d
3		ber of conservation easements modified, tran	sterred, released, extinguished, or teri	minated b	y the organization during the
	-	ear ►			
4		ber of states where property subject to conse			
5		the organization have a written policy re tions, and enforcement of the conservation ea			
•					· · · □ Yes □ No
6	Staff	and volunteer hours devoted to monitoring, inspec	iting, nandling of violations, and enforcing	conservation	on easements during the year
_	<b>&gt;</b>		tdt		
7		unt of expenses incurred in monitoring, inspecti	ng, handling of violations, and enforcing	conservat	ion easements during the year
•	<b>▶</b> \$	and appropriate appropriate an income	Old shave esticts the requirements of	f	70/5V/4V/DV/3
8		seach conservation easement reported on line section 170(h)(4)(B)(ii)?			· · · · · · · · · · · · · · · · · · ·
_		, , , , , , , ,			
9		art XIII, describe how the organization reports		•	
		nce sheet, and include, if applicable, the text		nanciai sta	itements that describes the
0		nization's accounting for conservation easem		. 045 0	N
Part	Ш	Organizations Maintaining Collection			similar Assets.
		Complete if the organization answered			
1a		organization elected, as permitted under SF			
		s of art, historical treasures, or other simila	The state of the s		
	•	c service, provide, in Part XIII, the text of the			
b	work publ	e organization elected, as permitted under S is of art, historical treasures, or other simila ic service, provide the following amounts relat	r assets held for public exhibition, eating to these items:	ducation,	or research in furtherance of
	(i) R	evenue included on Form 990, Part VIII, line 1			. <b>&gt;</b> \$
	(ii) A	ssets included in Form 990, Part X			. ▶ \$
2	If the	e organization received or held works of art	, historical treasures, or other simila	r assets f	or financial gain, provide the
		wing amounts required to be reported under S			
а	Reve	enue included on Form 990, Part VIII, line 1			. > \$
b	Asse	ets included in Form 990, Part X			. ▶ \$

0	٠.	٠.	2

	Organizations Maintaining	Collections of	Art Historical T	reasures or Of	her Similar Acc	Page 2
	Using the organization's acquisition, a					
•	collection items (check all that apply).	2000001011, 4114 011	10, 1000140, 01100	it any or the lone.	iring that are a eig	militarit 400 or ito
а	☐ Public exhibition		<b>d</b> 🗌 Loan	or exchange prog	rams	
b	Scholarly research		e 🗌 Other			
С	☐ Preservation for future generations	1				
4	Provide a description of the organizat XIII	ion's collections a	ind explain how th	ney further the org	ganization's exemp	ot purpose in Part
5	During the year, did the organization	solicit or receive	donations of art, I	nistorical treasure	s, or other similar	
	assets to be sold to raise funds rather	than to be mainta	ined as part of the	organization's co	ollection?	☐ Yes ☐ No
Part		•				
	Complete if the organization 990, Part X, line 21.				•	
1a	Is the organization an agent, trustee, included on Form 990, Part X?					☐ Yes ☒ No
b	If "Yes," explain the arrangement in Pa					Tes NO
U	ii res, explain the arrangement iir ra	art Am and comple	ste the following to	ible.	Am	ount
С	Beginning balance			10		
d						
е				10	,	
f	Ending balance			. 1	F	0
2a	Did the organization include an amour	nt on Form 990, Pa	art X, line 21, for e	scrow or custodia	I account liability?	☐ Yes ☐ No
ь	If "Yes," explain the arrangement in Pa	art XIII. Check here	e if the explanation	n has been provid	ed on Part XIII .	🗆
Par	t V Endowment Funds.		2			
	Complete if the organization	answered "Yes	' on Form 990, F	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					
b	Contributions					
C	Net investment earnings, gains, and					
	losses					
	Grants or scholarships					
е	Other expenditures for facilities and					
	programs					
f	Administrative expenses	0	0	0		0
~	End of year balance				I <u> </u>	<u> </u>
g	Provide the estimated percentage of t			, column (a)) nela	as:	
2	December 1981 and 198		70			
2 a	Board designated or quasi-endowmen	0/	.= '			
2 a b	Permanent endowment ▶	%	. <del>-</del> '			
2 a	Permanent endowment ►  Temporarily restricted endowment ►	% %				
2 a b	Permanent endowment ►  Temporarily restricted endowment ►  The percentages on lines 2a, 2b, and	% 	00%.	at are held and a	dministered for the	

#### Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment.

 $\,b\,$  If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? .

(i) unrelated organizations . . . . .

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	62,100		<b>2</b> 5	62,100
b	Buildings	1,403,557			1,403,557
С	Leasehold improvements				0
d	Equipment	39,239			39,239
e	Other				0
Total.	Add lines 1a through 1e. (Column (d) must	equal Form 990, Part	X, column (B), line 1	0c.) <b>&gt;</b>	1,504,896

3a(i)

3a(ii)

3b

## SCHEDULE G (Form 990 or 990-EZ)

#### Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No 1545-0047

Department of the Treasury

► Attach to Form 990 or Form 990-EZ.

	Revenue Service	L	► Go to www	.ırs.gov/Form!	990 for the la	test instructions.		Inspection
	of the organization antern						Employer identific	ation number 2051836
Par		ising Activities	Complete if th	ne organiza	tion answ	vered "Yes" on I	Form 990, Part IV,	
ı aı		90-EZ filers are n				vered res on i	om 550, raitiv,	iiiie i7.
1			<del></del>			owing activities. C	heck all that apply.	
а	Mail solicit	tations		е [	Solicitati	on of non-govern	ment grants	
b	Internet ar	nd email solicitatio	ns	f [	] Solicitati	on of government	grants	
c	☐ Phone sol	icitations		g [	] Special 1	fundraising events	3	
d		solicitations						
2a							cers, directors, trust fundraising services?	
b		ne 10 highest paid at least \$5,000 by			Iraisers) pu	ursuant to agreem	ents under which th	e fundraiser is to be
	(i) Name and addre or entity (fu		(II) Activity	custody o	draiser have r control of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
			· · · · · · · · · · · · · · · · · · ·	Yes	No	<b> </b>		
1								
2				<del> </del>				
3								
4								
5				-				
6								
7								
8	····	··		<del>                                     </del>		-		
9								
10								
						0	0	
Total	List all states		nization is roas	torod or lic	onsod to s	clicit contribution	s or has been notific	nd it is everythe
3	registration of		inzation is regit	stered or ne	crisca to s	olicit contribution	S Of Has been noun	ed it is exempt from
	registration of	incerionig.						
				·				
		·						
			*			·		
				·				
			· <b></b>					
				- <b></b>				

	(a) Event #1  Reverse Raffle  (event type)	(b) Event #2 Golf Outing (event type)	(c) Other events Reverse Raffle (total number)	(d) Total events (add col (a) through col (c))
Gross receipts	24,660	45,645	17,172	87,477
Less Contributions				0
Gross income (line 1 minus line 2)	24,660	45,645	17,172	87,477
Cash prizes				0
Noncash prizes				0
Rent/facility costs	1,350	19,859	1,350	22,559
Food and beverages .	430		4,540	4,970
Entertainment ,				0
Other direct expenses .	1,923	645	3,125	5,693
Gaming. Complete if th	e organization answer 990-EZ, line 6a.	ed "Yes" on Form 99	00, Part IV, line 19, or	(d) Total gaming (add
	(a) Billigo	bingo/progressive bingo	(c) Other gaming	col (a) through col (c))
Gross revenue				0
Cash prizes				0
Noncash prizes				0
Rent/facility costs		· · · · · · · · · · · · · · · · · · ·		0
Other direct expenses .				0
Volunteer labor	☐ Yes%	☐ Yes% ☐ No	│	
Direct expense summary. A	dd lines 2 through 5 in c	olumn (d)		0
Net gaming income summa	ry. Subtract line 7 from li	ne 1, column (d)		0
Enter the state(s) in which the o	rganization conducts ga	ming activities:		🔲 Yes 🗌 No
	Less Contributions . Gross income (line 1 minus line 2)	Gross receipts	Gross receipts	(event type)   (event type)   (total number)

#### 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

2017

Open to Public Inspection

Name of the organization The Lantern	Employer identification number 27-2051836
Part V Line 3B Did not have unrelated business gross income of 1000	<u> </u>
Part V Line 14A The organization does not deal with indoor tanning facilities therefore did not receive	re any payments.
Part VI Line 11A and 19. The board reviews the 990 before signing it. The documents are available	e upon request
	e e e e e e e e e e e e e e e e e e e
	., 0. 400-0