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▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

▶ *The organization may have to use a copy of this return to satisfy state reporting requirements.*

A For the 2011 calendar year, or tax year beginning 10-01-2011, and ending 09-30-2012

B Check if applicable ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending	C Name of organization Florida Lighthouse Association Inc		D Employer identification number 59-3425184
	Number and street (or P O box, if mail is not delivered to street address) 2231 Desoto Way South	Room/suite	E Telephone number (727) 667-7775
	City or town, state or country, and ZIP + 4 St Petersburg, FL 337024141		F Group Exemption Number 

G Accounting method ☐ Cash ☒ Accrual Other (specify) ☐

H Check  ☒ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website:  www.Floridalighthouses.org

J Tax-Exempt status(check only one)—☒ 501(c)(3) ☐ 501(c)() (insert no) ☐ 4947(a)(1) or ☐ 527

K Check  if the organization is not a section 509(a)(3) supporting organization or a section 527 organization **and** its gross receipts are normally **not** more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. **\$ 100,963**

Part I **Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I ☒

Revenue	1	Contributions, gifts, grants, and similar amounts received			1	6,705		
	2	Program service revenue including government fees and contracts			2	81,623		
	3	Membership dues and assessments			3	7,548		
	4	Investment income			4			
	5a	Gross amount from sale of assets other than inventory	5a		5c			
	b	Less cost or other basis and sales expenses	5b					
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)							
	6	Gaming and fundraising events			6d			
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a					
	b	Gross income from fundraising events (not including \$ _of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)		6b				
	c	Less direct expenses from gaming and fundraising events	6c					
	d	Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b and subtract line 6c)						
	7a	Gross sales of inventory, less returns and allowances	7a	4,880	7c	1,010		
b	Less cost of goods sold	7b	3,870					
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)							
8	Other revenue (describe in Schedule O)			8	207			
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			9	97,093			
Expenses	10	Grants and similar amounts paid (list in Schedule O)			10	80,665		
	11	Benefits paid to or for members			11			
	12	Salaries, other compensation, and employee benefits			12			
	13	Professional fees and other payments to independent contractors			13	23,361		
	14	Occupancy, rent, utilities, and maintenance			14			
	15	Printing, publications, postage, and shipping			15	9,055		
	16	Other expenses (describe in Schedule O)			16	44,641		
	17	Total expenses. Add lines 10 through 16			17	157,722		
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)			18	-60,629		
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)			19	128,616		
	20	Other changes in net assets or fund balances (explain in Schedule O)			20	0		
	21	Net assets or fund balances at end of year Combine lines 18 through 20			21	67,987		

Part II

Balance Sheets

Check if the organization used Schedule O to respond to any question in this Part II

☒

(See the instructions for Part II)		(A) Beginning of year	(B) End of year	
22	Cash, savings, and investments	110,088	22	60,631
23	Land and buildings		23	
24	Other assets (describe in Schedule O)	18,528	24	7,356
25	Total assets	128,616	25	67,987
26	Total liabilities (describe in Schedule O)	0	26	0
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	128,616	27	67,987

Part III Statement of Program Service Accomplishments		Expenses	
Check if the organization used Schedule O to respond to any question in this Part III		☒	
What is the organization's primary exempt purpose? The Florida Lighthouse Association's (FLA) mission is to safeguard Florida's remaining lighthouses for future generations by supporting community based restoration, preservation and education efforts		(Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)	
Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title			
28	The Association provides grants and support to specific lighthouses and to the lighthouse historic trust for lighthouse preservations, restorations, and maintenance (Grants \$ 0) If this amount includes foreign grants, check here	☒	28a80,915
29	Provides educational resources to the public about Florida Lighthouses (Grants \$ 0) If this amount includes foreign grants, check here	☒	29a29,483
30	The Association provides several educational luncheons and meetings in Florida featuring lighthouses throughout the state and provides educational resources to the public about Florida lighthouses (Grants \$ 0) If this amount includes foreign grants, check here	☒	30a13,692
31	Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here	☒	31a
32	Total program service expenses (add lines 28a through 31a)	☒	32124,090

Part IV

List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

☒

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
See Additional Data Table				

Part V

Other Information (Note the statement requirements in the instructions for Part V.)

Check if the organization used Schedule O to respond to any question in this Part V

☐

☒

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	No
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T		
a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	No
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	No
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ☐ 37a 0		
b	Did the organization file Form 1120-POL for this year?	37b	
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on line 9	39a	
b	Gross receipts, included on line 9, for public use of club facilities	39b	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ☐ 0, section 4912 ☐ 0, section 4955 ☐ 0		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	No
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	No
41	List the states with which a copy of this return is filed ☐ FL		
42a	The organization's books are in care of ☐ John P Kennedy Telephone no ☐ (239) 482-3838 1654 S Hermitage Road Located at ☐ Fort Myers, FL ZIP + 4 ☐ 33919		
b	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)? If "Yes," enter the name of the foreign country ☐ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .	42b	No
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country ☐	42c	No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here ☐ and enter the amount of tax-exempt interest received or accrued during the tax year	43	
44a	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44a	No
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	No
c	Did the organization receive any payments for indoor tanning services during the year?	44c	No
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	No
45b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	

		Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		
46			No

Part VI

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.

All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52.

Check if the organization used Schedule O to respond to any question in this Part VI

		Yes	No
47	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		No
48	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
49a	Did the organization make any transfers to an exempt non-charitable related organization?		No
49b	If "Yes," was the related organization a section 527 organization?		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "				
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
f Total number of other employees paid over \$100,000				

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "		
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

d	Total number of other independent contractors each receiving over \$100,000	
52	Did the organization complete Schedule A? NOTE: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A	☒ Yes ☐ No

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		2013-02-12 Date		
	Ken Smith President Type or print name and title				
Paid Preparer's Use Only	Preparer's signature	Nancy M Ridenour	Date	Check if self-employed ☐	Preparer's taxpayer identification number (See instructions) P00232551
	Firm's name (or yours if self-employed), address, and ZIP + 4	PDR Certified Public Accountants 29750 US HWY 19 N 101 CLEARWATER, FL 337611510			EIN ☐ 59-1687531
					Phone no ☐ (727) 785-4447
May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No					

SCHEDULE A

(Form 990 or 990EZ)

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. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization Florida Lighthouse Association Inc	Employer identification number 59-3425184
--	--

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 11, check only one box)

1

☐

A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**

2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4

☐

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

5

☐

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)

6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7

☒

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)

8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% 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)

10

☐

An organization organized and operated exclusively to test for public safety Se**section 509(a)(4).**

11

☐

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 that describes the type of supporting organization and complete lines 11e through 11h

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II

Support Schedule for Organizations Described in IRC 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	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	23,948	48,490	54,247	47,414	14,253	188,352
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	19,055	12,861	19,814	39,524	60,354	151,608
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	43,003	61,351	74,061	86,938	74,607	339,960
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						339,960

Section B. Total Support						
Calendar year	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	43,003	61,351	74,061	86,938	74,607	339,960
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,058	504	629	385	207	2,783
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	90	128	65	62		345
11 Total support (Add lines 7 through 10)						343,088
12 Gross receipts from related activities, etc (See instructions)					12	
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage		
14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14	99 090 %
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15	99 040 %
16a 33 1/3% support test—2011. 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		
b 33 1/3% support test—2010. If the organization did not check the 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		
17a 10%-facts-and-circumstances test—2011. 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 IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		
b 10%-facts-and-circumstances test—2010. 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 IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions		

Part IIIPart III

Support Schedule for Organizations Described in IRC 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 IV.)						
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 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage		
15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2011. 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—2010. 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

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

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 to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
Florida Lighthouse Association Inc

Employer identification number
59-3425184

Identifier	Return Reference	Explanation
Income from Sales of Inventory	Form 990-EZ, Part I, Line 7	Income Gross Receipts 4,880 Returns and Allowances 0 Less Cost of Goods Sold 3,870 Gross Profit 1,010 Cost of Goods Sold Inventory at Beginning of Year 0 Merchandise Purchased 0 Cost of Labor 0 Materials and Supplies 0 Other Costs 3,870 Inventory at End of Year 0 Cost of Goods Sold 3,870
Other Revenue	Form 990-EZ, Part I, Line 8	Description Interest & Dividends Amount 176 Description Royalties Amount 31 Total to Form 990-EZ, line 8 207
Payments to Affiliates	Form 990-EZ, Part I, Line 10	Affiliate Name Hillsboro Lighthouse Preservation Society Affiliate Address P O Box 610326 Pompano Beach, FL 33061 Purpose of Payment Restoration Amount of Payment 8,000
Payments to Affiliates	Form 990-EZ, Part I, Line 10	Affiliate Name Pensacola Lighthouse Association Affiliate Address 2081 Radford Blvd Pensacola, FL 32508 Purpose of Payment Carriage House Restoration Amount of Payment 7,272
Payments to Affiliates	Form 990-EZ, Part I, Line 10	Affiliate Name Pensacola Lighthouse Association Affiliate Address 2081 Radford Blvd Pensacola, FL 32508 Purpose of Payment Lighthouse Tower Restoration Amount of Payment 20,000
Payments to Affiliates	Form 990-EZ, Part I, Line 10	Affiliate Name Port St Joe Historical Society Affiliate Address 142 Keepers Cottage Port Saint Joe, FL 32456 Purpose of Payment Restoration Amount of Payment 25,000
Payments to Affiliates	Form 990-EZ, Part I, Line 10	Affiliate Name Port St Joe Historical Society Affiliate Address 142 Keepers Cottage Port Saint Joe, FL 32456 Purpose of Payment Restoration Amount of Payment 5,000
Payments to Affiliates	Form 990-EZ, Part I, Line 10	Affiliate Name University of Florida Affiliate Address 16450 NW 31 Place Chiefland, FL 32626 Purpose of Payment Lighthouse & water cistern re-paint & maintenance Amount of Payment 15,393 Total included on Form 990-EZ, line 10 80,665
Other Expenses	Form 990-EZ, Part I, Line 16	Description Conference, Convention, Meeting Amount 12,892 Description License Plate Marketing Amount 25,491 Description Website Hosting & Support Amount 1,412 Description Visit Florida (welcome centers) advertising Amount 1,179 Description Honorariums Amount 800 Description Board Expenses Amount 576 Description Telephone, Telecommunications Amount 553 Description Insurance - Liability Amount 404 Description Supplies Amount 374 Description Miscellaneous Amount 960 Total to Form 990-EZ, line 16 44,641
Other Assets	Form 990-EZ, Part II, Line 24	Description Merchandise Inventory Beg of Year Amount 15,958 End of Year Amount 7,356 Description Multimedia Equipment Beg of Year Amount 1,674 End of Year Amount 0 Description Store Display Equipment Beg of Year Amount 184 End of Year Amount 0 Description USB Swiper Beg of Year Amount 91 End of Year Amount 0 Description Prepaid Deposits Beg of Year Amount 621 End of Year Amount 0

**TY 2011 Transfers Personal Benefits
Contracts Declaration**

Name: Florida Lighthouse Association Inc

EIN: 59-3425184

Declaration: The organization did not, during the year, receive any funds, directly,or indirectly, to pay premiums on a personal benefit contract.The organization, did not, during the year, pay any premiums, directly,or indirectly, on a personal benefit contract.

Additional Data

Software ID:

Software Version:

EIN: 59-3425184

Name: Florida Lighthouse Association Inc

Form 990-EZ, Special Condition Description:

Special Condition Description

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Ken Smith 2231 Desoto Way S St Petersburg, FL 33702	President 0 00	0	0	0
John P Kennedy 2231 Desoto Way S St Petersburg, FL 33702	Treasurer 0 00	0	0	0
Open position 2231 Desoto Way S St Petersburg, FL 33702	Executive Vice President 0 00	0	0	0
Linda Peck 2231 Desoto Way S St Petersburg, FL 33702	VP - Membership Renewal 0 00	0	0	0
Ron Ecker 2231 Desoto Way S St Petersburg, FL 33702	VP - Meeting Planning Chair 0 00	0	0	0
Teri Long 2231 Desoto Way S St Petersburg, FL 33702	Revenue Development Chair 0 00	0	0	0
Alfred King III 2231 Desoto Way S St Petersburg, FL 33702	Vice President - Grants Chair 0 00	0	0	0
Stan Beckstrom 2231 Desoto Way S St Petersburg, FL 33702	VP Information Technology/Website 0 00	0	0	0
Beverly Oakes 2231 Desoto Way S St Petersburg, FL 33702	Secretary 0 00	0	0	0
Sharon McKenzie 2231 Desoto Way S St Petersburg, FL 33702	Marketing and PR Chair 0 00	0	0	0
Neil Hurley 2231 Desoto Way S St Petersburg, FL 33702	Historian 0 00	0	0	0