	990-T		Exempt Organiz					rn	0	MB No 1545-06	87
¢		For cale	endar year 2018 or other tax		,	2018, and ending	,, 20	·		2018	}
	nent of the Treasury Revenue Service	<b>▶</b> no	► Go to www.irs.gov/ not enter SSN numbers on					01/c\/3\	Open	to Public Inspect (3) Organization	tion for
$\overline{}$	Check box if	- 50	Name of organization (					<del></del>		dentification nu	
	address changed pt under section		CHRISTIAN LIGHT			ng see mstraction	s.,			' trust, see instruc	
_	01(c) (03)	Print	Number street and room of			structions.	-	59	-174	17173	
☐ 40		or Type	P.O. BOX 23881		.,					usiness activity	code
☐ 40	_	туре	City or town, state or proving		foreign	postal code		(See	instruc	ctions)	
□ 52			JACKSONVILLE,	• • •		•		5	3110	00	
C Book	value of all assets d of year	F Gr	roup exemption numbe	r (See instructions	.) ▶						
u. o.,	801,786.		neck organization type		<del></del>	n 🗍 501	(c) trust [	401(a	) trus	t 🔲 Other	trust
H En	ter the number	of the o	organization's unrelated	trades or busines	ses. 🕨	1	Descri	e the o	nly (o	r first) unrelat	ed
fire	st in the blank s	space a	Lessor of Commercial Re at the end of the previous complete Parts III-V.								
I Du	ring the tax year,	was th	e corporation a subsidiar	y in an affiliated gro	up or a	parent-subsidi	ary controlled	group?	▶	Yes 🛚	No.
lf '	'Yes," enter the	name a	and identifying number	of the parent corp	oratio						
			► ANGELICA CRAW				ephone numb	er ▶ (:	904)	732-9567	
Part			<u>le or Business Incor</u>	ne		(A) Income	(B) E	Expenses	$\perp$	(C) Net	
1a	Gross receipts			┧ 、. 、		0 400					
b	Less returns and a			<b>c</b> Balance ►	1c	9,400			$\rightarrow$		
2	_	•	Schedule A, line 7)		2	0 400			$\rightarrow$		<u> </u>
3	•		t line 2 from line 1c		3	9,400	<del>                                     </del>	-	$\dashv$		
4a			me (attach Schedule D)		4a			-	+		├──
b		•	4797, Part II, line 17) (at	•	4b		<del>                                     </del>	+			
C E			n for trusts		4c 5		<del>                                     </del>		+		<del> </del>
⇒5			tnership or an S corporation		6						
0262 7	•		ıle C)		7				_		
က <b>8</b>			, and rents from a controlled or	•	<b>—</b>	<del></del>	<del>                                     </del>		+		
		-	ction 501(c)(7), (9), or (17) org		9		<del></del>		+		<u> </u>
-			tivity income (Schedule		10		<del>                                     </del>	<del></del>	_		
2.10 11	=	•	Schedule J)	•	11						
	•	•	tructions; attach schedul		12				-+		
	•			•	$\rightarrow$	9,400			_	9,400	
Part	Deduction	ns Not	3 through 12	ee instructions fo	r limita	ations on ded	uctions.) (Ex	cept for	cont	ributions.	<b>!</b>
7			be directly connected							,	
C14			cers, directors, and trus					. [	14		
<b>4</b> 5	Salaries and w	ages			Ţ.	RECEI	VED	. [	15		
16			ance			<del></del>	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	. [	16		
17	Bad debts .				33	'NOV' <b>2</b> ' <b>5</b>	2019: 350-5	. [	17		
18	Interest (attach	n sched	dule) (see instructions) .		B633	NO A 7 9		· .	18		
19							E	·   _	19		
20			ons (See instructions fo	·		OGDEN	4, UT · ·	.·	20		
21			Form 4562)		<u> </u>	<del> 21  </del>	·	<u>'</u>   -			
22			umed on Schedule A ar						22b		
23								· -	23		
24			rred compensation plai						24		
25			ograms						25		<u> </u>
26			nses (Schedule I)						26		<u> </u>
27			osts (Schedule J)						27		
28			ach schedule)						28	2 124	<del> </del>
29	i otal deductio	ons. Ac	dd lines 14 through 28					· L	29	2,134	L

 $\alpha \geqslant$ 

7,266

7,266

Form **990-T** (2018)

30

31

32

Unrelated business taxable income. Subtract line 31 from line 30

Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13

Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)

30

31

T OITH BO	0 1 (2010)	,					age =
Part l	III To	otal Unrelated Business Taxable Income					
33	Total of	of unrelated business taxable income computed from all unrelated trades or business	ses (see				
	instruct	tions)		33	7	,266	
34	Amoun	nts paid for disallowed fringes		34		1	
35		tion for net operating loss arising in tax years beginning before January 1, 20					
		tions)		35		ì	
36		of unrelated business taxable income before specific deduction. Subtract line 35 from			<del></del>		
30					_		
		3 33 and 34		36		,266	
37		c deduction (Generally \$1,000, but see line 37 instructions for exceptions)		37			
38		ited business taxable income. Subtract line 37 from line 36. If line 37 is greater than		1 '	ĺ	Ì	
	enter th	he smaller of zero or line 36		38	7	, 266	
Part	V Ta	ax Computation					
39	Organi	izations Taxable as Corporations. Multiply line 38 by 21% (0.21)	. ▶	39	1.	526	
40	<b>Trusts</b>	Taxable at Trust Rates. See instructions for tax computation. Income	tax on	1			
	the ame	ount on line 38 from: Tax rate schedule or Schedule D (Form 1041)	. ▶	40		Į.	
41		tax. See instructions		41	í ————		
42		ative minimum tax (trusts only)		42		$\dashv$	
43		Noncompliant Facility Income. See instructions		43	<del>                                     </del>		
44		Add lines 41, 42, and 43 to line 39 or 40, whichever applies		44	<del></del> 1	526	
		ax and Payments	<del></del>	1444		. 3201	
		<del></del>			<sub></sub>	<del></del>	
45a		tax credit (corporations attach Form 1118; trusts attach Form 1116) . 45a	-+	-  ;	į		
b		credits (see instructions)		_			
C		al business credit. Attach Form 3800 (see instructions)		.		i	
d		for prior year minimum tax (attach Form 8801 or 8827)			ļ		
е		credits. Add lines 45a through 45d		45e			
46		ct line 45e from line 44		46	1	526	
47	Other tax	ixes. Check if from: 🔲 Form 4255 🔲 Form 8611 🔲 Form 8697 🔲 Form 8866 🔲 Other (attach sche	edule) .	47			
48	Total ta	ax. Add lines 46 and 47 (see instructions)		48	1,	526	
49	2018 ne	et 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2.		49			
50a		nts: A 2017 overpayment credited to 2018					
b	-	stimated tax payments		_		i	
C		posited with Form 8868		┑			
ď		n organizations: Tax paid or withheld at source (see instructions) . 50d		-			
e		withholding (see instructions)		┥ !		1	
_	•	for small employer health insurance premiums (attach Form 8941) . 50f		<b>⊣</b> j			
		credits, adjustments, and payments: Form 2439		- ; <b>'</b>	Ì	i	
		4400		· '	İ	<b>\</b>	
	Form			- <del> </del>			
51		payments. Add lines 50a through 50g	٠. ٠	51	<b> </b>		
52		ted tax penalty (see instructions). Check if Form 2220 is attached	. ▶ ∟	52	<u> </u>		
53		e. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed		53	1	, 526	
	-	<b>ayment.</b> If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	1. ▶	54			
55			nded ▶	55	<u> </u>		
Part \	<u>Λ</u> Si	tatements Regarding Certain Activities and Other Information (see instruct	ions)				
56	At any 1	time during the 2018 calendar year, did the organization have an interest in or a signa	ature or	other a	uthority	Yes	No
		financial account (bank, securities, or other) in a foreign country? If "Yes," the organia				10 - All All	را فال
	FinCEN	I Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name	of the f	oreign (	country		5
	here 🟲						×
57	During tl	the tax year, did the organization receive a distribution from, or was it the grantor of, or transfero	or to, a fo	reign tr	ust? .		×
	_	" see instructions for other forms the organization may have to file.		•			
58		he amount of tax-exempt interest received or accrued during the tax year ▶ \$				<u> </u>	١
	Under	penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, a	nd to the b	est of my	knowledge	and bel	ief, it is
Sign	true, co	orrect, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has an	knowledg	e			<del>-</del>
Here	Dv (	X (1-13-19) PRESIDENT		with t	he IRS disc he preparer	shown	below
		ure of officer Date Title		(see in	structions)?	XYes [	⊒No
		Print/Type preparer's name Preparer's signature Date			7   12	ΠN	==
Paid			2010	Check 2	ן זוני		507
Prepa	arer			elf-emplo		1596	
Use (	Only	Firm's name ► Ebb Tide Accounting Solutions, LLC			▶ 82-4		
	-	Firm's address ▶ 4647 Reedbark Ln, Jacksonville, FL 32246	l P	hone no.	(904)	349-2	2173

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Enrm	$aan_{-}T$	(2018)

			•
Pα	^	۵	. 1

1 01111 3	30-1 (2010)								Page 3
Sche	dule A—Cost of Goods S	Sold. En	ter method of i	nventory	valuation >				
1	Inventory at beginning of ye	ear	1	6	Inventory	at end of year	6		T
2	Purchases		2	7		goods sold. Subtract			
3	Cost of labor	. [	3			n line 5. Enter here and			
4a	Additional section 263A				in Part I, III	ne 2	7		
	(attach schedule)	.   4	ta l	8	Do the ru	les of section 263A (wit	h respect	to Yes	No
b	Other costs (attach schedu	ıle)	\$b			produced or acquired for			
5	Total. Add lines 1 through	4b	5		to the orga	anızatıon?		.	
Sche	dule C-Rent Income (F	rom Rea	al Property and	Person	al Property	Leased With Real Pro	perty)	•	
(see	instructions)								
1. Desc	ription of property								
(1)				-					
(2)									
(3)									
(4)									
	2.1	Rent receive	ed or accrued		•		•		
	m personal property (if the percenta personal property is more than 10% more than 50%)		(b) From real as percentage of rent 50% or if the rent	for personal	property exceeds	3(a) Deductions directly in columns 2(a) and			ne
(1)									
(2)	-		-						
(3)									
(4)									
Total			Total						
(c) Tota	al income. Add totals of column d on page 1, Part I, line 6, colum	ns 2(a) and	d 2(b). Enter			(b) Total deductions. Enter here and on page Part I, line 6, column (B)			
Sche	dule E—Unrelated Debt-	-Finance	ed Income (see	instructio	ns)	T tart i, into 0, obtainin (D)			
~	Description of debt-fine		· · · · ·	2. Gross	income from or to debt-financed	3. Deductions directly con debt-finance	nected with o	r allocable t	:O
		and prop			property	(a) Straight line depreciation (attach schedule)		er deduction h schedule)	
(1)	<u> </u>								
(2)									
(3)							_		
(4)									
	Amount of average acquisition debt on or locable to debt-financed operty (attach schedule)	of or a debt-fina	e adjusted basis allocable to inced property h schedule)	4	. Column divided column 5	7. Gross income reportable (column 2 × column 6)	(column 6 ×	ole deduction total of coli and 3(b))	
(1)					%				
(2)			-		%				
(3)		·			%				
(4)					%				
Totals						Enter here and on page 1, Part I, line 7, column (A).	Enter here Part I, line	and on pa 7, column	
	ividends-received deductions	included i	n column 8	· · ·	· · · · · ·	<u> </u>			

Schedule F-Interest, Ann	uities, Royalties,				<b>janizations</b> (se	e instruc	ctions)	
		Exempt	Controlled	Organizations	<u> </u>		<del></del>	
Name of controlled organization	2. Employer identification number		lated income instructions)	4. Total of specifie payments made	5. Part of column included in the corganization's grant in the corganization of the column included in the column	controlling	conn	eductions directly ected with income in column 5
(1)					<u> </u>		1"	
(2)								
(3)								_
(4)		† <del></del>						
Nonexempt Controlled Organiz	ations	· -		<u> </u>	1		<u> </u>	-
			-		10. Part of colum	nn Q that is	11 [	eductions directly
7. Taxable Income	8. Net unrelated ii (loss) (see instruc			otal of specified yments made	included in the organization's gro	controlling	conne	cted with income in column 10
(1)								-
(2)								
(3)								
(4)								
Table					Add columns 5 Enter here and c Part I, line 8, co	on page 1,	Enter I	columns 6 and 11 nere and on page 1, line 8, column (B).
Totals		 Han 504/	- \ (7) (0)		<b>&gt;</b>		<u>,</u>	
Schedule G-Investment I	ncome of a Sec	tion 501(		Or (17) Organi Deductions				tal dadications
1. Description of income	2. Amount o	of income	dire	ctly connected ach schedule)	4. Set-aside (attach schede		and s	otal deductions et-asides (col. 3 plus col. 4)
(1)								
(2)								
(3)			<u></u>					
(4)								
Totals	Part I, line 9,	column (A).					Part I, li	re and on page 1, ne 9, column (B).
Schedule I-Exploited Exe	mpt Activity Inc	ome, Oth	<u>ner Than</u>	Advertising In	come (see inst	tructions	)	
Description of exploited activit	2. Gross unrelated business inco from trade business	ome conn or proc	expenses Irrectly ected with duction of irelated ess 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	attribut	enses table to mn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)								
(2)	··· -							
(3)						<u> </u>		
(4)	<u> </u>					<del>                                     </del>		
Totals	Enter here and page 1, Part line 10, col. (	il, page	nere and on 1, Part I, 0, col (B).			I		Enter here and on page 1, Part II, line 26.
Schedule J-Advertising I	ncome (see instru	ctions)						L
Part I Income From Po			Consoli	dated Basis				
				4. Advertising		1		7. Excess readership
1. Name of periodical	2. Gross advertising income		Direct tising costs	gain or (loss) (col. 2 minus col. 3). If a gain, compute cols 5 through 7.	5. Circulation income		dership sts	costs (column 6 minus column 5, but not more than column 4)
(1)								
(2)								]
(3)		i				Γ		1 l
(4)								]
Totals (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.)

4. Advertising

7. Excess readership

1. Name of penodical	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)			, , , , , , , , , , , , , , , , , , , ,			
(2)						
(3)						
(4)						L
Totals from Part I						
	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
Totals, Part II (lines 1-5)						

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

1. Name		2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)			%	
(2)			%	,
(3)			%	
(4)			%	
Total. Enter here and on page 1, Part I	l, line 14		•	

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