

TAXPAYERS COPY

OMB No. 1545-0047

Form **990**

Return of Organization Exempt From Income Tax

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

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2016 calendar year, or tax year beginning _____, **and ending** _____

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <div style="text-align: center; font-weight: bold;">SAINT ANDREW'S LIGHTHOUSE INC.</div> Doing business as <div style="text-align: center; font-weight: bold;">GABRIEL HOUSE OF CARE</div> Number and street (or P.O. box if mail is not delivered to street address) Room/suite 4599 WORRALL WAY City or town, state or province, country, and ZIP or foreign postal code JACKSONVILLE FL 32224	D Employer identification number <div style="text-align: center; font-size: 18pt;">31-1489868</div>
	F Name and address of principal officer <div style="text-align: center; font-weight: bold;">VALERIE CALLAHAN</div> 4599 WORRALL WAY JACKSONVILLE FL 32224	E Telephone number <div style="text-align: center; font-size: 18pt;">904-821-8995</div>
	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	G Gross receipts \$ <div style="text-align: right;">2,072,988</div>
	J Website: WWW.GABRIELHOUSEOFCARE.ORG	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
	K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	L Year of formation: 1996 M State of legal domicile: FL

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: HOSPITAL HOSPITALITY HOUSE FOR RECOVERING ORGAN TRANSPLANT AND CANCER PATIENTS AND THEIR FAMILIES		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	13
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	12
	5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	18
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0
Revenue		Prior Year	Current Year
	8 Contributions and grants (Part VIII, line 1h)	351,928	1,357,316
	9 Program service revenue (Part VIII, line 2g)	302,187	315,170
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	66,503	134,171
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	115,811	181,299
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	836,429	1,987,956
Expenses			
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	410,909	427,837
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 118,597		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	399,742	415,110
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	810,651	842,947
	19 Revenue less expenses. Subtract line 18 from line 12	25,778	1,145,009
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	5,703,069	6,414,307
	21 Total liabilities (Part X, line 26)	27,211	28,904
	22 Net assets or fund balances. Subtract line 21 from line 20	5,675,858	6,385,403

Part II Signature Block

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

Sign Here	Signature of officer <div style="text-align: center; font-weight: bold; font-size: 18pt;">VALERIE CALLAHAN</div> Type or print name and title	Date <div style="text-align: center; font-weight: bold; font-size: 18pt;">EXECUTIVE DIRECTOR</div>
Paid Preparer Use Only	Print/Type preparer's name JOEL C. CHAMBERLAIN, CPA	Preparer's signature Date Check <input type="checkbox"/> if self-employed PTIN P00262772
	Firm's name ▶ GUNNCHAMBERLAIN, P.L. 4350 PABLO PROFESSIONAL CT STE 200 JACKSONVILLE, FL 32224-3224	Firm's EIN ▶ 46-1041593 Phone no. 904-296-2024

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

For Paperwork Reduction Act Notice, see the separate instructions.

DAA