Extended to November 15, 2023 Return of Organization Exempt From Income Tax

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 public.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047
2022
2022
Open to Public
Inspection

Α	For th	e 2022 calendar year, or tax year beginning	and	ending	_	
В	Check if applicab	C Name of organization			D Employer ident	ification number
	Addre					
L	Name chang	e Doing business as			58-2509728	
	Initial return		ered to street address)	Room/suite	E Telephone numb	per
	Final return	2555 Northwinds Pkwy		800	404-403-322	23
	termir ated	City or town, state or province, country, and Z	IP or foreign postal code		G Gross receipts \$	4,668,598.
	Amen return	Alpharetta, GA 30009			H(a) Is this a group	
	Application	IF Name and address of principal officer:	Woodruff		for subordinat	es? Yes X No
	pendi	same as C above			H(b) Are all subordinate	s included? Yes No
<u>L</u>	Tax-ex	empt status: X 501(c)(3) 501(c) ()	(insert no.) 4947(a)(1)	or 527	If "No," attach	a list. See instructions
J	Websi	e: www.lighthousefamilyretreat.org			H(c) Group exempt	tion number
K	Form o	organization: X Corporation Trust Asso	ociation Other	L Year	of formation: 1999	M State of legal domicile; GA
P	art I	Summary				
Ф	1	Briefly describe the organization's mission or most s	ignificant activities: To pro	vide res <u>r</u>	oite for familie	s
Governance		caring for a child with cancer.				
ž	2	Check this box if the organization discont	inued its operations or dispo	sed of more	e than 25% of its net	assets.
ŏ	3	Number of voting members of the governing body (F	Part VI, line 1a)			3 10
ه 9	4	Number of independent voting members of the gove	erning body (Part VI, line 1b)			10
es	5	Total number of individuals employed in calendar ye	ar 2022 (Part V, line 2a)			5 21
Ξ	6	Total number of volunteers (estimate if necessary)				3362
Activities	7 a	Total unrelated business revenue from Part VIII, colu	ımn (C), line 12		7	0.
_	b	Net unrelated business taxable income from Form 9	90-T, Part I, line 11			b 0.
					Prior Year	Current Year
<u>•</u>	8	Contributions and grants (Part VIII, line 1h)			4,436,329	9. 4,441,902.
enc	9	Program service revenue (Part VIII, line 2g)			(0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, a	and 7d)		331	1
ш	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9	9c, 10c, and 11e)		169,089	104,268.
	12	Total revenue - add lines 8 through 11 (must equal F	Part VIII, column (A), line 12)		4,605,749	9. 4,545,348.
	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.
S	15	Salaries, other compensation, employee benefits (Pa	art IX, column (A), lines 5-10)		1,583,607	1,630,395.
Expenses	16a	Professional fundraising fees (Part IX, column (A), lin			(0.
ă	b	Total fundraising expenses (Part IX, column (D), line	25) 701	,000.		
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d,	11f-24e)		2,653,958	2,936,706.
	18	Total expenses. Add lines 13-17 (must equal Part IX	, column (A), line 25)		4,237,565	4,567,101.
	19	Revenue less expenses. Subtract line 18 from line 1	2		368,184	
Net Assets or Find Balances	3			Ве	ginning of Current Yea	r End of Year
sets	20	Total assets (Part X, line 16)			2,831,425	2,935,351.
AP	21	Total liabilities (Part X, line 26)			60,837	7. 186,154.
		Net assets or fund balances. Subtract line 21 from li	ne 20		2,770,588	2,749,197.
	art II	Signature Block				
		Ities of perjury, I declare that I have examined this return, in				my knowledge and belief, it is
true	e, corre	t, and complete. Declaration of preparer (other than officer)	is based on all information of w	hich preparer	has any knowledge.	
		Oireach was at a ffice w			Data	
Sig	ın	Signature of officer			Date	
He	re	Chris Woodruff, Executive Director				
		Type or print name and title			S-1-	DTIN
_			Preparer's signature		Date Check if	PTIN
Pai			ois S. Lazenby		self-emp	
	parer	Firm's name Mersereau, Lazenby & Rockas	<u>′</u>		Firm's EIN	58-2115374
Use	Only	Firm's address 3469 Lawrenceville-Suwanee	Rd.			
		Suwanee, GA 30024			Phone no.77	70-614-6800
Ма	y the I	RS discuss this return with the preparer shown abov	e? See instructions			X Yes No

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Pa	Statement of Program Service Accomplishments	
_	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission: To provide respite for families caring for a child with cancer.	
	To provide respite for families carring for a child with cancer.	
_	Did the organization undertake any significant program services during the year which were not listed on the	
2		Yes X No
	prior Form 990 or 990-EZ?	L Yes A NO
•	If "Yes," describe these new services on Schedule O.	Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes 🚣 No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the tot	al expenses, and
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$3,564,262. including grants of \$) (Revenue \$))
	Lighthouse Family Retreat, Inc. ("Lighthouse"), established in 1999,	
	is a ministry that serves families living through childhood cancer. The	
	program is designed to create environments on seaside retreats that	
	provide a week away from the chaos of childhood cancer for families to	
	rest, reconnect as a family, experience joy and find hope in God.	
	Lighthouse is supported through the contributions of interested	
	individuals, churches, foundations, and businesses. In 2022 Lighthouse	
	served 235 families at 18 week long retreats and 4 regional retreats.	
	Approximately 1,773 volunteers served during the year at the retreats,	
	and vendors also participated in the retreat by providing meals,	
	supplies and discounting or donating the use of beach homes for the	
	retreat.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	/ (a.pa.iaa)	
4d	Other program services (Describe on Schedule O.)	,
_	(Expenses \$ including grants of \$) (Revenue \$)
<u>4e</u>	Total program service expenses 3,564,262.	Form 990 (2022)
		Form 330 (2022)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
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		х
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		x
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
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	6		х
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		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	•		
	Schedule D, Part III	8		х
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		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
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	Х	
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		x
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		Х
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		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	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	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	х	
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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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		Х
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		х
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		х
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		х
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	Х	
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		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	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		х

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Form 990 (2022) Lighthouse Family Retreat, Part IV Checklist of Required Schedules (continued)

	The original of Heddines contamined		V	Na
00	Did the constriction was set to see the set of 000 of swants or other assistance to set ou demonstriction dividuals as		Yes	No
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		X
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	Х	
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		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25 a	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	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		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
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		Х
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		Х
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		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
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		Х
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, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
_	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			Щ
	1 1		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 55	4		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	2		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	i

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Form **990** (2022)

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Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

				Yes	No
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 21			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?	2b	Х	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a		Х
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e organization solicit			
	any contributions that were not tax deductible as charitable contributions?		6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribute	•			
	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 and ser		7a		Х
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	·			
	to file Form 8282?		7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, airplanes, airplane		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained		8		
9	sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.		0		
а	51.11		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		
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 the	ı			
	organization is licensed to issue qualified health plans	13b			
С	Enter the amount of reserves on hand	13c			
14a			14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune		4-		v
	excess parachute payment(s) during the year?		15		Х
16	If "Yes," see the instructions and file Form 4720, Schedule N.	t incomo?	16		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment if "Ves." complete Form 4720. Schedule O	LINCOTTIE!	16		Α
17	If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivities			
"	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.				

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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI				Х
Sec	tion A. Governing Body and Management				
		1 1		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	L 0		
	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 on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent		LO		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with any other			
	officer, director, trustee, or key employee?		. 2		Х
3	Did the organization delegate control over management duties customarily performed by or under the	e direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?		3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form	990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?	5		Х
6	Did the organization have members or stockholders?		6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint one or			
	more members of the governing body?		7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	stockholders, or			
	persons other than the governing body?		7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye	ar by the following:			
а	The governing body?		8a	Х	
b	Each committee with authority to act on behalf of the governing body?		8b		Х
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		. 9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenue Code.)			
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such c	hapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	ly before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to conflicts?	12b		Х
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	'es," describe			
	on Schedule O how this was done				
13			12c		Х
	Did the organization have a written whistleblower policy?			Х	Х
14	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?		13	X	X
14 15			13		X
	Did the organization have a written document retention and destruction policy?	al by independent	13		X
15	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approve	al by independent	13		X
15 a	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approversons, comparability data, and contemporaneous substantiation of the deliberation and decision?	al by independent	13	Х	X
15 a	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approve persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	al by independent	13 14 15a	Х	
15 a b	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approve persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization	al by independent	13 14 15a	Х	
15 a b	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approve persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	al by independent	13 14 15a 15b	Х	
15 a b	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approve persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange.	al by independent	13 14 15a 15b	Х	Х
15 a b	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approve persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange taxable entity during the year?	al by independent ment with a te its participation	13 14 15a 15b	Х	Х
15 a b	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approve persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	al by independent ment with a te its participation nization's	13 14 15a 15b	Х	Х
15 a b 16a b	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approve persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluatin joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization.	al by independent ment with a te its participation nization's	13 14 15a 15b	Х	Х
15 a b 16a b	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approve persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluatin joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization status with respect to such arrangements?	al by independent ment with a te its participation nization's	13 14 15a 15b	Х	Х
15 a b 16a b	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approve persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluatin joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization C. Disclosure	al by independent ment with a te its participation nization's	13 14 15a 15b 16a	X	X
15 a b 16a b	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approve persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluating joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to evaluating the status with respect to such arrangements? Tion C. Disclosure List the states with which a copy of this Form 990 is required to be filled GA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and for public inspection. Indicate how you made these available. Check all that apply.	al by independent ment with a te its participation nization's	13 14 15a 15b 16a	X	X
15 a b 16a b	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approve persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluating joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to evaluating the status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filled GA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a for public inspection. Indicate how you made these available. Check all that apply.	al by independent ment with a te its participation nization's	13 14 15a 15b 16a	X	X
15 a b 16a b	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approve persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluating joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to evaluating the status with respect to such arrangements? Tion C. Disclosure List the states with which a copy of this Form 990 is required to be filled GA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and for public inspection. Indicate how you made these available. Check all that apply.	al by independent ment with a te its participation nization's nd 990-T (section 501(c)	13 14 15a 15b 16a 16b	x x	X
15 a b 16a b Sec 17 18	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approve persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluating joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to evaluating the status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed GA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, as for public inspection. Indicate how you made these available. Check all that apply. Own website X Another's website Upon request Other (explain)	al by independent ment with a te its participation nization's nd 990-T (section 501(c)	13 14 15a 15b 16a 16b	x x	X
15 a b 16a b Sec 17 18	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approve persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluatin joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to evaluating the status with respect to such arrangements? Ition C. Disclosure List the states with which a copy of this Form 990 is required to be filed GA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and for public inspection. Indicate how you made these available. Check all that apply. Own website X Another's website Upon request Other (explain). Describe on Schedule O whether (and if so, how) the organization made its governing documents, contributed as a position of the described organization of the described organization made its governing documents, contributed as a position of the described organization made its governing documents, contributed as a position of the described organization made its governing documents, contributed as a position of the described and decision?	ment with a te its participation nization's and 990-T (section 501(c) on Schedule O) onflict of interest policy,	13 14 15a 15b 16a 16b	x x	X
15 a b 16a b Sec 17 18	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approve persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluatin joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to exampt status with respect to such arrangements? Tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed GA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a for public inspection. Indicate how you made these available. Check all that apply. Own website X Another's website Upon request Other (explain) Describe on Schedule O whether (and if so, how) the organization made its governing documents, c statements available to the public during the tax year.	ment with a te its participation nization's and 990-T (section 501(c) on Schedule O) onflict of interest policy,	13 14 15a 15b 16a 16b	x x	X

30094___1

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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. See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trusted

(A)	(B)	l g			C)	про	1041	(D)	(E)	(F)
Name and title	Average	(do	not c	Pos heck	ition more	than	one	Reportable	Reportable	Estimated amount of
	hours per week		oox, unless officer and a					compensation	pensation compensation from related	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) Chris Woodruff	40.00	트	트	5	포	王亩	윤			
Executive Director				x				224,954.	0.	29,138.
(2) Janet Bridges	2.00							, .	-	, -
Vice Chairman		х		х				0.	0.	0.
(3) Ken Carney	2.00									
Secretary		х		х				0.	0.	0.
(4) Kelly Dixon	2.00									
Treasurer		х		х				0.	0.	0.
(5) Dennis Lattimer	2.00									
Chairman		х		х				0.	0.	0.
(6) Courtney White	2.00									_
Director		Х						0.	0.	0.
(7) Jon Vaughan	2.00									
Director		Х						0.	0.	0.
(8) Becki Cedrone	2.00									
Director		Х						0.	0.	0.
(9) Jon Hall	2.00									
Director		Х						0.	0.	0.
(10) Mindi Linscombe	2.00									
Director		Х						0.	0.	0.
(11) Fred Miller	2.00							_	_	_
Director		Х						0.	0.	0.
					<u> </u>					

232007 12-13-22

(A) Name and title	(B) Average hours per week	box, office	not ch unles	s per	tion more rson i	than o	n an	(D) Reportable compensation from	(E) Reportable compensation from related	n	an	(F) timat nount other	t of
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organization (W-2/1099-MIS 1099-NEC)		fr org and	pens om th aniza d rela anizat	ition ited
1b Subtotal								224,954.		0.		29	,138
c Total from continuation sheet d Total (add lines 1b and 1c)								224,954.		0.		29	,138
Total number of individuals (incl compensation from the organization)	-	ose	liste	d ar	oove	e) wr	io r	eceived more than \$100	,000 of reportab	ie		Yes	No
3 Did the organization list any for line 1a? If "Yes," complete Sche			•	•	•	-	_	•	•		3	100	X
 For any individual listed on line and related organizations greate 	1a, is the sum of reportab	le co	mpe	ensa	tion	anc	otl	her compensation from			4	Х	
 5 Did any person listed on line 1a rendered to the organization? If 	receive or accrue compe	nsatio	on fi	rom	any	unr	elat	ed organization or indivi			5		х
Section B. Independent Contractor 1 Complete this table for your five	rs									nene		rom	
the organization. Report compe	nsation for the calendar y							n the organization's tax		репа			
Name ar	(A) nd business address	NON	1E					(B) Description of s	ervices	C	ompe		on
							_						
							_						
							_						
2 Total number of independent co	ontractors (including but n	ot lin	nited	d to	thos	se lis	sten	above) who received m	ore than				
\$100,000 of compensation from						0		,	·		Form		

232008 12-13-22

Form 990 (2022) Lighthouse
Part VIII Statement of Revenue

		Check if Schedule O contains a response o	r note to anv lin	e in this Part VIII			
				(A)	(B)	(C)	_ (D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded
					function revenue	business revenue	from tax under sections 512 - 514
σω							000110110 012 011
		Federated campaigns1a					
윤리		Membership dues 1b					
, Gifts, (nilar Am	(Fundraising events	45,570.				
	(Related organizations 1d					
B,	6	Government grants (contributions)	9,654.				
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts, grants, and					
is t		similar amounts not included above 1f	4,386,678.				
들진	,	Noncash contributions included in lines 1a-1f	78,520.				
کرق			,	4,441,902.			
- "			Business Code	1,111,502.			
_		+	Business Code				
<u>i</u>	2 8	1					
e e	k						
S u	C	; [
e a	(i					
Program Service Revenue	•	•					
ፈ	f	All other program service revenue					
		Total. Add lines 2a-2f					
	3	Investment income (including dividends, interes					
	Ü			1,012.			1,012.
	4	other similar amounts)		1,011.			1,012.
	4	·	1				
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
	k	Less: rental expenses 6b					
	(Rental income or (loss) 6c					
		Net rental income or (loss)					
		Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a 4,846.					
		Less: cost or other basis					
<u>o</u>	•						
ne							
ther Revenue				1 024	1 024		
r R		Net gain or (loss)		-1,834.	-1,834.		
ᇣ	8 8	Gross income from fundraising events (not					
0		including \$ 45,570. of					
		contributions reported on line 1c). See					
		Part IV, line 18	175,208.				
	k	Less: direct expenses 8b	86,485.				
				88,723.			88,723.
		Gross income from gaming activities. See					
		Part IV, line 199a					
		Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns					
		and allowances 10a	45,630.				
	k	Less: cost of goods sold10b	30,085.				
	(Net income or (loss) from sales of inventory		15,545.	15,545.		
S			Business Code				
Miscellaneous Revenue	11 a	,					
uğ uğ	k						
is ell							
Sc							
Σ		All other revenue					
		• Total. Add lines 11a-11d		4 545 343	40 844		00 535
	12	Total revenue. See instructions		4,545,348.	13,711.	0.	89,735.

232009 12-13-22

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Do n	Check if Schedule O contains a respon not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	Bb, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
	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				
	Benefits paid to or for members				
	Compensation of current officers, directors,				
	trustees, and key employees	254,091.	127,045.	63,523.	63,523
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
	Other salaries and wages	1,146,477.	867,359.	48,523.	230,595
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	60,415.	42,895.	4,833.	12,687
9	Other employee benefits	98,603.	70,008.	7,888.	20,707
10	Payroll taxes	70,809.	50,274.	5,665.	14,870
11	Fees for services (nonemployees):				
	Management	140		140	
	Legal	140.		140.	
	Accounting	34,413.		34,413.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees			-	
g	Other. (If line 11g amount exceeds 10% of line 25,	106 400	120 062	21 572	16 052
	column (A), amount, list line 11g expenses on Sch 0.)	186,489. 237,707.	138,863.	31,573.	16,053
	Advertising and promotion		40,374.	3,272.	194,061
	Office expenses	70,835.	47,716.	9,918.	13,201
14	Information technology				
15	Royalties	77,230.	49,011.	17,239.	10,980
16	Occupancy	189,792.	138,833.	5,674.	45,285
	Travel	103,732.	130,033.	3,074.	45,205
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials	46,476.	4,703.	29,578.	12,195
	Conferences, conventions, and meetings	=0,=10.	=,703.	25,570.	12,193
20	Interest Payments to affiliates				
21 22	Payments to affiliates	31,591.	24,325.	4,423.	2,843
23		59,517.	45,828.	8,332.	5,357
23 24	Other expenses. Itemize expenses not covered	33,311.	25,020.	3,332.	3,337
4	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	Retreat facility	1,197,269.	1,197,269.		
b	Retreat activit & mat'l	646,908.	646,908.		
c	Supplies and Materials	69,085.	25,785.	1,991.	41,309
d	Telephone and Technolog	62,766.	44,564.	5,021.	13,181
	All other expenses	26,488.	2,502.	19,833.	4,153
25	Total functional expenses. Add lines 1 through 24e	4,567,101.	3,564,262.	301,839.	701,000
26	Joint costs. Complete this line only if the organization	, ,	, ,	, ,	,
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

58-2509728

Form 990 (2022) Part X Balance Sheet

Part	A	Balance Sneet					
		Check if Schedule O contains a response or	note to ar	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	2,375,381.	1	2,650,654		
	2	Savings and temporary cash investments			18,894.	2	12,288
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net	244,543.	4	27,946		
	5	Loans and other receivables from any currer					
		trustee, key employee, creator or founder, su	ıbstantial (contributor, or 35%			
		controlled entity or family member of any of these persons				5	
	6	Loans and other receivables from other disqualified persons (as defined					
		under section 4958(f)(1)), and persons descr	ibed in sed	ction 4958(c)(3)(B)		6	
g	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			13,007.	8	
₹	9	Prepaid expenses and deferred charges			108,245.	9	117,842
-	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	269,163.			
	b	Less: accumulated depreciation	10b	216,719.	71,355.	10c	52,444
-	11	Investments - publicly traded securities		11			
-	12	Investments - other securities. See Part IV, lin	ne 11			12	
-	13	Investments - program-related. See Part IV, li	ne 11			13	
-	14	Intangible assets				14	
-	15	Other assets. See Part IV, line 11		15	74,177		
-	16	Total assets. Add lines 1 through 15 (must e			2,831,425.	16	2,935,351
Τ.	17	Accounts payable and accrued expenses	60,837.	17	113,585		
-	18	Grants payable		18			
-	19	Deferred revenue				19	
2	20	Tax-exempt bond liabilities				20	
2	21	Escrow or custodial account liability. Comple				21	
ဖွ 2	22	Loans and other payables to any current or f	ormer offic	cer, director,			
≝		trustee, key employee, creator or founder, su	ıbstantial (contributor, or 35%			
Liabilities		controlled entity or family member of any of	hese pers	ons		22	
- <u>2</u>	23	Secured mortgages and notes payable to un	related th	rd parties		23	
2	24	Unsecured notes and loans payable to unrel	ated third	parties		24	
2	25	Other liabilities (including federal income tax,	payables	to related third			
		parties, and other liabilities not included on li	nes 17-24). Complete Part X			
		of Schedule D			0.	25	72,569
2	26	Total liabilities. Add lines 17 through 25			60,837.	26	186,154
,		Organizations that follow FASB ASC 958,	check her	e X			
<u>ĕ</u>		and complete lines 27, 28, 32, and 33.					
Net Assets or Fund Balances	27	Net assets without donor restrictions			2,421,538.	27	2,324,186
<u> </u>	28	Net assets with donor restrictions		<u></u>	349,050.	28	425,011
<u> </u>		Organizations that do not follow FASB AS	C 958, ch	eck here			
<u> </u>		and complete lines 29 through 33.					
S 2	29	Capital stock or trust principal, or current fur	ıds			29	
) Se	30	Paid-in or capital surplus, or land, building, o	r equipme	nt fund		30	
ğ 3	31	Retained earnings, endowment, accumulate	d income,	or other funds		31	
S S	32	Total net assets or fund balances			2,770,588.	32	2,749,197
3	33	Total liabilities and net assets/fund balances			2,831,425.	33	2,935,351

Form	1990 (2022) Lighthouse Family Retreat, Inc.	58-2509728	3	Pag	ge 12
Pa	rt 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		,545,	
2	Total expenses (must equal Part IX, column (A), line 25)	2	4	,567	
3	Revenue less expenses. Subtract line 2 from line 1	3			,753.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2	,770	
5	Net unrealized gains (losses) on investments	5			362.
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 on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	2	,749	,197.
Pa	rt XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				Lx_
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	e O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X 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 oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		За		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or guidite, explain why an Schadula O and describe any stone taken to undergo such guidite		26		

SCHEDULE A

(Form 990)

Total

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.

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

Lighthouse Family Retreat, Inc.

Employer identification number

58-2509728 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.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 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). 7 X 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.) 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: 10 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.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 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 on 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 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. 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) 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 III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Part II Support Schedule for Organizations Described in Sections 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	3,450,870.	4,342,146.	2,977,775.	3,937,530.	4,386,678.	19,094,999.
2	Tax revenues levied for the organ-						_
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	3,450,870.	4,342,146.	2,977,775.	3,937,530.	4,386,678.	19,094,999.
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)						508,690.
6	Public support. Subtract line 5 from line 4.						18,586,309.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	3,450,870.	4,342,146.	2,977,775.	3,937,530.	4,386,678.	19,094,999.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	490.	1,709.	1,334.	331.	1,012.	4,876.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						_
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11							19,099,875.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	134,761.
13	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third, fo	ourth, or fifth tax y	ear as a section 5	501(c)(3)	
	organization, check this box and stop	here					
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2022 (line 6, column (f), d	ivided by line 11, c	olumn (f))		14	97.31 %
15	Public support percentage from 2021	Schedule A, Part	II, line 14			15	97.22 %
16a	33 1/3% support test - 2022. If the o	organization did no	t check the box on	line 13, and line 1	4 is 33 1/3% or m	nore, check this bo	
	stop here. The organization qualifies	as a publicly supp	orted organization				X
b	33 1/3% support test - 2021. If the						
	and stop here. The organization qual	ifies as a publicly s	supported organiza	tion			
17a	10% -facts-and-circumstances tes	_					
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop here	e. Explain in Part '	VI how the organiza	ation
	meets the facts-and-circumstances to	est. The organization	on qualifies as a pu	blicly supported or	rganization		
b	10% -facts-and-circumstances tes	t - 2021. If the org	anization did not ch	neck a box on line	13, 16a, 16b, or 1	17a, and line 15 is	10% or
	more, and if the organization meets the				-		
	organization meets the facts-and-circ						
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	, 16b, 17a, or 17b,	, check this box a	nd see instructions	sL

Schedule A (Form 990) 2022

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.)

Se	ction A. Public Support	, ,	,				
Cale	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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 per-						
	formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ŀ	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						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support			•		•	•
Cale	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6	. ,		` '		, ,	
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included on 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			1			
13	assets (Explain in Part VI.)						
	First 5 years. If the Form 990 is for the	ne organization's f	irst, second, third.	fourth, or fifth tax	vear as a section	501(c)(3) organizat	ion.
-	check this box and stop here	•		,			,
Se	ction C. Computation of Publ						
	Public support percentage for 2022 (column (f))		15	%
	Public support percentage from 2021					16	%
	ction D. Computation of Inve						
	Investment income percentage for 20					17	%
	Investment income percentage from					18	%
	a 33 1/3% support tests - 2022. If the						
	more than 33 1/3%, check this box a						
ŀ	33 1/3% support tests - 2021. If the						
-	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

232023 12-09-22

Schedule A (Form 990) 2022

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
За		
3b		
3с		
4a		
4b		
4c		
5a		
- Ou		
5b		
5c		
6		
7		
8		
9a		
Ja		
9b		
9с		
10a		
46.		
10b		

Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
_	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
	<i>y</i> , 11 5 5		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
•	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2				
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		_		
<u>Sac</u>	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
<u> </u>	tion 6. Type it supporting organizations		V	Nia
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	_		
800	the supported organization(s). tion D. All Type III Supporting Organizations	1		
360	tion b. All Type III Supporting Organizations		· ·	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	-		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
0	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)	•		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structio		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	anizations	· ·				
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.							
	All other Type III non-functionally integrated supporting organizations must	comple	te Sections A through E.					
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)				
1	Net short-term capital gain	1						
2	Recoveries of prior-year distributions	2						
3	Other gross income (see instructions)	3						
4	Add lines 1 through 3.	4						
5	Depreciation and depletion	5						
6	Portion of operating expenses paid or incurred for production or							
	collection of gross income or for management, conservation, or							
	maintenance of property held for production of income (see instructions)	6						
_ 7	Other expenses (see instructions)	7						
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8						
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)				
1	Aggregate fair market value of all non-exempt-use assets (see							
	instructions for short tax year or assets held for part of year):							
а	Average monthly value of securities	1a						
b	Average monthly cash balances	1b						
c	Fair market value of other non-exempt-use assets	1c						
d	Total (add lines 1a, 1b, and 1c)	1d						
е	Discount claimed for blockage or other factors							
	(explain in detail in Part VI):							
2	Acquisition indebtedness applicable to non-exempt-use assets	2						
3	Subtract line 2 from line 1d.	3						
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,							
	see instructions).	4						
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5						
6	Multiply line 5 by 0.035.	6						
7	Recoveries of prior-year distributions	7						
8	Minimum Asset Amount (add line 7 to line 6)	8						
Sect	ion C - Distributable Amount			Current Year				
1	Adjusted net income for prior year (from Section A, line 8, column A)	1						
2	Enter 0.85 of line 1.	2						
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3						
4	Enter greater of line 2 or line 3.	4						
5	Income tax imposed in prior year	5						
6	Distributable Amount. Subtract line 5 from line 4, unless subject to							
	emergency temporary reduction (see instructions).	6						
7	Check here if the current year is the organization's first as a non-functionally	/ integr	ated Type III supporting orga	anization (see				
	instructions).							

Schedule A (Form 990) 2022

Par	t V	Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations _{(continu}	ued)	
Section	on D -	- Distributions		•		Current Year
1	Amou	unts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amou	unts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organ	nizations, in excess of income from activity		2		
3	Admii	nistrative expenses paid to accomplish exempt purpose	ns	3		
4	Amou	unts paid to acquire exempt-use assets			4	
5	Qualit	fied set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
		r distributions (describe in Part VI). See instructions.	·		6	
7	Total	annual distributions. Add lines 1 through 6.			7	
8	Distril	butions to attentive supported organizations to which the	ne organization is responsiv	e		
	(provi	ide details in Part VI). See instructions.			8	
9	Distril	butable amount for 2022 from Section C, line 6			9	
10	Line 8	3 amount divided by line 9 amount			10	
		•	(i)	(ii)		(iii)
Section	on E -	- Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2022	ns	Distributable Amount for 2022
1	Distril	butable amount for 2022 from Section C, line 6				
2	Unde	rdistributions, if any, for years prior to 2022 (reason-				
	able o	cause required - explain in Part VI). See instructions.				
3	Exces	ss distributions carryover, if any, to 2022				
а	From	2017				
b	From	2018				
С	From	2019				
d	From	2020				
е	From	2021				
f	Total	of lines 3a through 3e				
g	Applie	ed to underdistributions of prior years				
h	Applie	ed to 2022 distributable amount				
i_	Carry	over from 2017 not applied (see instructions)				
j	Rema	ainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distril	butions for 2022 from Section D,				
	line 7	: \$				
а	Applie	ed to underdistributions of prior years				
b	Applie	ed to 2022 distributable amount				
С	Rema	ainder. Subtract lines 4a and 4b from line 4.				
5	Rema	aining underdistributions for years prior to 2022, if				
	any. S	Subtract lines 3g and 4a from line 2. For result greater				
	than a	zero, explain in Part VI. See instructions.				
6	Rema	aining underdistributions for 2022. Subtract lines 3h				
	and 4	b from line 1. For result greater than zero, explain in				
	Part \	VI. See instructions.				
7	Exce	ss distributions carryover to 2023. Add lines 3j				
	and 4	c.				
8	Break	down of line 7:				
а	Exces	ss from 2018				
b	Exces	ss from 2019				
С	Exces	ss from 2020				
d	Exces	ss from 2021				
	Гист	20 from 2000				

Schedule A (Form 990) 2022

Concadio	1 490
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

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 Inspection

Name of the organization

Lighthouse Family Retreat, Inc.

Employer identification number 58-2509728

Pa	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		imilar Funds or <i>F</i>	Accounts. Complete if the
		(a) Donor advised	funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in wi	-		
	are the organization's property, subject to the organization's ex			
6	Did the organization inform all grantees, donors, and donor ad			
	for charitable purposes and not for the benefit of the donor or	·		
Da	impermissible private benefit?			
Pa			" on Form 990, Part IV	/, line 7.
1	Purpose(s) of conservation easements held by the organization	` '		
	Preservation of land for public use (for example, recreation			orically important land area
	Protection of natural habitat		Preservation of a cert	ified historic structure
_	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified	ed conservation contribu	ition in the form of a c	onservation easement on the last Held at the End of the Tax Year
	day of the tax year.			
	Total number of conservation easements			2a
	Total acreage restricted by conservation easements			2b
C	Number of conservation easements on a certified historic structure.			2c
a	Number of conservation easements included in (c) acquired af	•		
2	historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, release	ased, extinguished, or to	erminated by the orga	nization during the tax
4	year Number of states where property subject to conservation ease	oment is located		
5	Does the organization have a written policy regarding the period		on handling of	
3	violations, and enforcement of the conservation easements it h			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h			
Ū	otali and volunteer neare devoted to monitoring, inspecting, in	arraning or violations, arr	a cincioning conservat	ion oddornomo daning the year
7	Amount of expenses incurred in monitoring, inspecting, handli	ng of violations, and enf	orcina conservation e	asements during the year
	3,		g	g ,
8	Does each conservation easement reported on line 2(d) above	satisfy the requirement	s of section 170(h)(4)(l	B)(i)
	and section 170(h)(4)(B)(ii)?	•		
9	In Part XIII, describe how the organization reports conservation			
	balance sheet, and include, if applicable, the text of the footnot	te to the organization's	financial statements t	hat describes the
	organization's accounting for conservation easements.			
Pa	t III Organizations Maintaining Collections of	Art, Historical Tre	asures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form 9	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958	, not to report in its reve	nue statement and ba	alance sheet works
	of art, historical treasures, or other similar assets held for publi	c exhibition, education,	or research in furthera	ance of public
	service, provide in Part XIII the text of the footnote to its finance	cial statements that des	cribes these items.	
b	If the organization elected, as permitted under FASB ASC 958	, to report in its revenue	statement and balance	ce sheet works of
	art, historical treasures, or other similar assets held for public e	exhibition, education, or	research in furtherand	ce of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			\$ <u> </u>
	mn			
2	If the organization received or held works of art, historical treas	sures, or other similar as	sets for financial gain,	provide
	the following amounts required to be reported under FASB AS	C 958 relating to these	items:	
а	Revenue included on Form 990, Part VIII, line 1			\$
b	Assets included in Form 990, Part X			\$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2022

Pai	rt III Organizations Maintaining C	Collections of A	rt, Hist	orical Tr	easures, c	or Othe	r Simil	ar Asse	t s (conti	nued)	
3	Using the organization's acquisition, access	ion, and other record	ls, check	any of the	following tha	t make si	ignificant	use of its	i		
	collection items (check all that apply):										
а	Public exhibition	d	Щι	oan or exc	hange progra	am					
b	Scholarly research	е		Other							
С	Preservation for future generations										
4	Provide a description of the organization's c	ollections and explai	n how th	ey further t	he organizati	on's exer	npt purpo	ose in Par	t XIII.		
5	During the year, did the organization solicit of	or receive donations	of art, his	storical trea	sures, or oth	er similar	assets		_		_
	to be sold to raise funds rather than to be m								Yes		No
Pai	t IV Escrow and Custodial Arran	•	ete if the	organizatio	n answered '	"Yes" on	Form 990), Part IV,	line 9, o	r	
	reported an amount on Form 990, Pa	•									
1a	Is the organization an agent, trustee, custod		•						_		7
	on Form 990, Part X?							L	Yes		∟ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing to	able:							
									Amoun	t	
	Beginning balance										
	Additions during the year										
е	Distributions during the year										
f	Ending balance								1		T
	Did the organization include an amount on F						•	L	⊻ Yes	<u> </u>	∐ No
	If "Yes," explain the arrangement in Part XIII										
Pai	T V Endowment Funds. Complete	(a) Current year			(c) Two year			vaare hack	(a) Fou	r voare	hack
	5	(a) Current year	(b) Pi	ior year	(C) TWO year	S DACK ((a) Tillee y	tais back	(e) 1 0u	i years	Dack
	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
	Administrative expenses										
g	End of year balance		- /!:		-\\ -						
2	Provide the estimated percentage of the cur	•		j, column (a	a)) neid as:						
a	Board designated or quasi-endowment		_%								
b	Permanent endowment	% %									
С		· -									
20	The percentages on lines 2a, 2b, and 2c sho	•	ation tha	t ara bald a	and administs	rad for th					
Ja	Are there endowment funds not in the posse organization by:	sssion of the organiza	alion ina	t are rielu a	iilu auiliiliste	neu ioi ii	ic			Yes	No
	-								3a(i)		
	(ii) Unrelated organizations (iii) Related organizations										<u> </u>
h	If "Yes" on line 3a(ii), are the related organization										
4	Describe in Part XIII the intended uses of the										L
÷	t VI Land, Buildings, and Equipm		· · · · · · · · · · · · · · · · · · ·	arido.							
	Complete if the organization answere), Part IV	, line 11a. S	See Form 990), Part X,	line 10.				
	Description of property	(a) Cost or o			or other		cumulate	ed	(d) Boo	k valu	е
	, 	basis (investr			(other)		reciation		(=, 230		
	Land	,			•						
	Buildings										
	Leasehold improvements										
d	Equipment				269,163.		216,	719.		52	,444.
е	Other										
	I. Add lines 1a through 1e. (Column (d) must e		X, colum	n (B), line 1	10c.)					52	,444.

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 Lighthouse Family	Retreat, Inc.	58-2	509728	Page 3
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 11b. See Form 990, Part X, line 12.		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-year market	t value
(1) Financial derivatives				
(2) Closely held equity interests				
(3) Other			_	
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes" (
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-year market	t value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.				
Complete if the organization answered "Yes" of	on Form 990 Part IV line	a 11d See Form 990 Part Y line 15		
	Description	tra. dec romi 330, rait X, inic 13.	(b) Book v	value
	2000 Pilon		(b) Book	- Value
<u>(1)</u> (2)				
(3)				
(4)				
(5)				
(6)				
(7)		-		
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	: 15.)			
Part X Other Liabilities.	- /			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 25.		
1. (a) Description of liability			(b) Book v	value
(1) Federal income taxes				
(2) Right of Use Liability - Current and N	oncurrent			72,569.
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)			72,569.
2. Liability for uncertain tax positions. In Part XIII, provide	the text of the footnote t	to the organization's financial statements the	nat reports the)

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... X Schedule D (Form 990) 2022

Part	Reconciliation of Revenue per Audited Financial Stat		Revenue per R	leturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line				1 727 561
	Total revenue, gains, and other support per audited financial statements			1	4,727,564.
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	2a	362.		
	Net unrealized gains (losses) on investments		181,854.	-	
	Donated services and use of facilities Recoveries of prior year grants		101,031.	-	
	Other (Describe in Part XIII.)			-	
	Add lines 2a through 2d			2e	182,216.
	Subtract line 2e from line 1			3	4,545,348.
	Amounts included on Form 990. Part VIII. line 12. but not on line 1:				, ,
	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
	Other (Describe in Part XIII.)				
	Add lines 4a and 4b			4c	0.
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	4,545,348.
	XII Reconciliation of Expenses per Audited Financial Sta			Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.			
1	Total expenses and losses per audited financial statements			1	4,748,955.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a l	Donated services and use of facilities	2a	181,854.		
b I	Prior year adjustments	2b			
	Other losses				
d (Other (Describe in Part XIII.)	2d			
	Add lines 2a through 2d			2e	181,854.
3	Subtract line 2e from line 1			3	4,567,101.
	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1			
	Investment expenses not included on Form 990, Part VIII, line 7b				
	Other (Describe in Part XIII.)	4b			_
	Add lines 4a and 4b			4c	0.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	.)		5	4,567,101.
	XIII Supplemental Information.				
	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 ed and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an			4; Part X, I	ne 2; Part XI,
		,			
Part	X, Line 2:				
Gener	cally accepted accounting principles in the United States	require a			
tax p	position to be recognized in the financial statements when	it is more			
likel	ly than not, based on the technical merits, that the posit	ion will be			
cueta	ained on examination. The Organization has determined tha	t there are			
Бавса	rinea on examination. The organization has accommod that	t there are			
no ma	aterial uncertain tax positions that require recognition o	r disclosure			
in th	ne financial statements.				

SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

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.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization	- 13 - D						ntification number		
	Family Retreat, Inc. Complete if the organization answe	red "Y	es" or	n Form 990 Part IV li	ine 1	58-2509728 7 Form 990-F7	' filers are not		
required to complete this par		ieu i	C3 01	11 01111 990,1 art 10,11	iiie i	7 . 1 OIIII 990-L2	Thers are not		
 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants 									
c Phone solicitations	g Special								
d In-person solicitations									
 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the 10 highest paid individuals. 	art VII) or entity in connection with p	rofess	onal f	undraising services?		Yes			
compensated at least \$5,000 by the									
(i) Name and address of individual or entity (fundraiser)	Name and address of individual or entity (fundraiser) (ii) Activity or entity (fundraiser) (iii) Activity or entity (fundraiser) fundraiser have custody from activity from activity			Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization				
		Yes	No						
Total									
3 List all states in which the organization or licensing.				s or has been notified	l it is	exempt from re	egistration		

Schedule G (Form 990) 2022

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

ГС	ırt I	of fundraising events. Complete if the of fundraising event contributions and gr	-		· · · · · · · · · · · · · · · · · · ·	
		5	(a) Event #1	(b) Event #2	(c) Other events None	(d) Total events
			Gold Party	Golf Tournament		(add col. (a) through col. (c))
Φ			(event type)	(event type)	(total number)	COI. (C))
Revenue	1	Gross receipts	135,059.	85,719.		220,778.
	2	Less: Contributions	9,570.	36,000.		45,570.
	3	Gross income (line 1 minus line 2)	125,489.	49,719.		175,208.
	4	Cash prizes				
ω	5	Noncash prizes				
xpense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
_	8	Entertainment Other direct expenses		37,698.		86,485.
	10	Direct expense summary. Add lines 4 through		, , ,		86,485.
	11					88,723.
Pa	rt					
		\$15,000 on Form 990-EZ, line 6a.				
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Re	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	l v		
	6	Volunteer labor	Yes % No	Yes % No	Yes % No	
	7	Direct expense summary. Add lines 2 through	h 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
а	ls t	ter the state(s) in which the organization condu	ctivities in each of these	states?		Yes No
b	If "	No," explain:				
		ere any of the organization's gaming licenses re Yes," explain:			year?	Yes No
2320	82 1	0-27-22			Sche	edule G (Form 990) 2022

Sch	nedule G (Form 990) 2022 Lighthouse Family Retreat, Inc. 58-29	509728		Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	□ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?	. \square	Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:		_	
á	The organization's facility	13a		%
	o An outside facility			%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
k	o If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$			
C	c If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation \$			
	Description of services provided			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions:			
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
٠	retain the state gaming license?		Yes	☐ No
ŀ	continuo state garring licerios. Description of distributions required under state law to be distributed to other exempt organizations or spent in the			
•	organization's own exempt activities during the tax year \$			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and F	art III. I	nes 9	. 9b. 10b.
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	,		, ,
	, , , , , , , , , , , , , , , , , , , ,			

Schedule G	(Form 990) Supplemental Info	Lighthouse Family Retreat, Inc.	58-2509728	Page 4
Part IV	Supplemental Info	rmation (continued)		

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Lighthouse Family Retreat, Inc.

Employer identification number 58-2509728

Pa	art I Questions Regarding Compensation					
	·		Yes	No		
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,					
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.					
	First-class or charter travel Housing allowance or residence for personal use					
	Travel for companions Payments for business use of personal residence					
	Tax indemnification and gross-up payments Health or social club dues or initiation fees					
	Discretionary spending account Personal services (such as maid, chauffeur, chef)					
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or					
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		Х		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,					
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		Х		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's					
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to					
	establish compensation of the CEO/Executive Director, but explain in Part III.					
	Compensation committee Written employment contract					
	Independent compensation consultant Compensation survey or study					
	Form 990 of other organizations X Approval by the board or compensation committee					
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing					
	organization or a related organization:					
а	Receive a severance payment or change-of-control payment?	4a		х		
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х		
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х		
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.					
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.					
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation					
	contingent on the revenues of:					
а	The organization?	5a		Х		
b	Any related organization?	5b		Х		
	If "Yes" on line 5a or 5b, describe in Part III.					
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation					
	contingent on the net earnings of:					
а	The organization?	6a		Х		
b	Any related organization?	6b		Х		
	If "Yes" on line 6a or 6b, describe in Part III.					
7						
	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х		
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the					
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in					
	Regulations section 53 4958-6(c)?	9	1	ĺ		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2022

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W	/-2 and/or 1099-MIS compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) Chris Woodruff	(i)	199,991.	17,488.	7,475.	8,735.	20,403.	254,092.	0.
Executive Director	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii) (i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
Part I, Line 1a:
Christopher J. Woodruff, the Executive Director, receives a housing
allowance in the amount of \$58,008, which is shown in Box 14 of his W-2.
The housing allowance is approved by the Board of Directors.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

Open to Public Inspection

Employer identification number

	Lig	ghthouse Family	Retreat,	Inc.			58-2509	728		
Pai	rt I Types of Prop	erty								
	·		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	r	(d) Method of det noncash contribut		_	s
1	Art - Works of art									
2	Art - Historical treasures									
3	Art - Fractional interests .									
4	Books and publications									
5	Clothing and household	goods								
6	Cars and other vehicles .									
7	Boats and planes									
8	Intellectual property									
9	Securities - Publicly trade	ed	X	3	24,829	.FMV				
10	Securities - Closely held s	stock								
11	Securities - Partnership, L	LC, or								
12	Securities - Miscellaneous	s								
13	Qualified conservation co	ntribution -								
	Historic structures									
14	Qualified conservation co									
15	Real estate - Residential									
16	Real estate - Commercial									
17	Real estate - Other									
18	Collectibles									
19	Food inventory									
20	Drugs and medical suppli	ies								
21	Taxidermy									
22	Historical artifacts									
23	Scientific specimens									
24	Archeological artifacts .									
25	Other (Retreat -	<u>Mat'l</u>)	Х	30	53,693	.FMV				
26	Other ()								
27	Other ()								
28	Other ()								
29	Number of Forms 8283 re	, ,		•						
	for which the organization	n completed Form 82	83, Part V, [Donee Acknowledg	jement 29					
							г		Yes	No
30a		-	-		ported in Part I, lines 1 thro	_	, that it			
	must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for									
			?					30a		X
	b If "Yes," describe the arrangement in Part II.									
31								X		
32a	2a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash									
								32a		Х
	If "Yes," describe in Part									
33		report an amount in o	column (c) fo	or a type of propert	y for which column (a) is ch	ecked,				
	describe in Part II.									
LHA	For Paperwork Reduc	τιοη Act Notice, see	tne Instruc	tions for Form 99	U.		Schedule M	(Forn	n 990)	2022

232142 09-09-22

SCHEDULE O (Form 990)

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 Form 990-EZ.

OMB No. 1545-0047

2022

Open to Public

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Form 990 or 990-EZ or to provide any additional information

Attach to Form 990 or Form 990-EZ.

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

Name of the organization **Employer identification number** Lighthouse Family Retreat, Inc. 58 - 2509728Form 990, Part VI, Section A, line 8b: The organization does not have committees with authority to act on behalf of the governing body. Form 990, Part VI, Section B, line 11b: Line 11a explanation - Completed 990 will be emailed to all Board members for review, then discussed at the upcoming board meeting. Form 990, Part VI, Section B, Line 15a: Compensation Philosophy for Lighthouse Family Retreat The Lighthouse Family Retreat Board of Directors approves all compensation decisions for employees of the organization. In doing so we follow several principles that guide our decisions: The Board carefully monitors all significant expenses to ensure we use revenues in the best way to achieve our mission of serving families. The Board provides a total compensation package that attracts, retains and motivates talented employees committed to our mission, The Board independently makes all decisions regarding the hiring and compensation of the President and other senior officers. The Board approves compensation arrangements of all employees, consultants The Board may consider proposals from the Executive

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 Page 2

Name of the organization Lighthouse Family Retreat, Inc.	Employer identification number 58-2509728						
Director that impact staff below the Executive Director level.							
In our total compensation package, Lighthouse may provide various standard							
elements such as base salary, performance bonuses, expense allowances (car							
or gas, housing, telephone), or benefits allowances. As we balance these							
elements, we target the total value of the package to be conservative, yet							
competitive with other organizations with which we compete for talent.							
To determine the appropriate competitive level, the Board reviews practices							
of like organizations in the non-profit sector. We consider information in							
the local geographic markets where our employees reside, from sources such							
as recruiters, church officers and web-based surveys and publications. We							
also consider the competitive level that best fits the experience and							
leadership potential of a candidate or incumbent, in line with how we plan							
to grow the ministry in the future.							
Our Board and management team together strive to make the wisest investment							
with every dollar we spend; and to create an environment for our employees							
where they feel they are rewarded fairly, and empowered to give their all							
toward our mission of serving families and kids battling childhood cancer.							
Form 990, Part VI, Section C, Line 19:							
Upon request							
Form 990, Part XII, Line 2c:							
The Organization did not change either its oversight process or							
selection process during the tax year.							