## Extended to November 15, 2022

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.

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



Department of the Treasury Internal Revenue Service

	or th	e 2021 calendar year, or tax year beginning an	d ending				
B c a	heck if pplicab	e: C Name of organization		D Employer identi	fication number		
	Addre	Lighthouse Family Retreat, Inc.					
	Name			58-2509728			
	Initial returr		Room/suite	E Telephone numb	er		
	Final	2555 Northwinds Drug	800	404-403-322			
	termi ated	City or town, state or province, country, and ZIP or foreign postal code	-	G Gross receipts \$	4,751,376.		
	Amer returr			H(a) Is this a group			
	Appli	F Name and address of principal officer; Chris Woodruff		for subordinate			
	pend	<sup>ng</sup> same as C above		H(b) Are all subordinates			
IT	ax-ex	empt status: 🗴 501(c)(3) 🛄 501(c) ( )◀ (insert no.) 🛄 4947(a)(1	) or 52		a list. See instructions		
		te: www.lighthousefamilyretreat.org	,	H(c) Group exempti			
κF	orm o	f organization: 🗴 Corporation 🔄 Trust 🦲 Association 🔄 Other 🕨	L Yea		M State of legal domicile: GA		
	rt I	Summary			•		
	1	Briefly describe the organization's mission or most significant activities: To pr	ovide res	pite for families	3		
Ű		caring for a child with cancer.					
rna	2	Check this box      if the organization discontinued its operations or disp	osed of mo	re than 25% of its net a	assets.		
Governance	3	Number of voting members of the governing body (Part VI, line 1a)		1			
	4	Number of independent voting members of the governing body (Part VI, line 1b)					
ŝ	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)		17			
vitie	6	Total number of volunteers (estimate if necessary)		3311			
Activities &	7a	Total unrelated business revenue from Part VIII, column (C), line 12		a 0.			
٩		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.		
				Prior Year	Current Year		
Ð	8	Contributions and grants (Part VIII, line 1h)		2,979,106	4,436,329.		
nué	9	Program service revenue (Part VIII, line 2g)		0	. 0.		
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		934	. 331		
œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		80,032	. 169,089.		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,060,072	4,605,749.		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0	. 0.		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0	. 0.		
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10	1,439,656	. 1,583,607.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	. 0.			
xpe		Total fundraising expenses (Part IX, column (D), line 25)					
Ш́		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	820,864	. 2,653,958.			
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,260,520	4,237,565.			
	19	Revenue less expenses. Subtract line 18 from line 12		799,552	. 368,184.		
s or			В	eginning of Current Year	End of Year		
sets alan	20	Total assets (Part X, line 16)		2,666,144	. 2,831,425.		
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)		263,740	. 60,837.		
Fur	22	Net assets or fund balances. Subtract line 21 from line 20		2,402,404	. 2,770,588.		
Pa	rt II	Signature Block					
		alties of perjury, I declare that I have examined this return, including accompanying schedu			my knowledge and belief, it is		
true	corre	at and complete. Declaration of preparer (other than officer) is based on all information of y	which prepare	er has any knowledge			

Sign Here	Signature of officer Chris Woodruff, Executive Director Type or print name and title	Date	
Paid	51 1 1	Preparer's signature Lois S. Lazenby	Date Check PTIN if self-employed P00295161
Preparer	Firm's name 🕒 Mersereau, Lazenby & Rocl	kas, LLC	Firm's EIN 🕨 58-2115374
Use Only	Firm's address 🔊 3469 Lawrenceville-Suwan	ee Rd.	
	Suwanee, GA 30024	Phone no.770-614-6800	
May the IF	RS discuss this return with the preparer shown abo	ve? See instructions	X Yes No

	n 990 (2021) Lighthouse Family Retreat, Inc. 58-2509728 rt III Statement of Program Service Accomplishments	Pa
	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.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	X
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	X
	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 by expense	s.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses,	and
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$3, 264, 837. 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 2021 Lighthouse	
	served 266 families at 20 week long retreats and 4 regional retreats.	
	Approximately 1,919 volunteers served during the year at the retreats,	
	and vendors also participated in the retreat by providing meals,	
	supplies and discountig or donating the use of beach homes for the	
	retreat.	
4b	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$ )	
	(Expenses \$ including grants of \$ ) (Revenue \$ )         Total program service expenses ► 3,264,837.	
4e	(Expenses \$ including grants of \$ ) (Revenue \$ )	

orm	990 (2021) Lighthouse Family Retreat, Inc. 58-2509728		Pa	age <b>3</b>
Par	IV Checklist of Required Schedules			
			Yes	No
1	s the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	f "Yes," complete Schedule A	1	X	
2	s 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 bublic office? If "Yes," complete Schedule C, Part I	3		x
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	s 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? <i>If "Yes," complete Schedule C, Part III</i>	5		x
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? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete</i> Schedule D, Part III	8		x
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?			
	f "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

- If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X, 11 as applicable.
- a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI
- 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
- c 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 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 e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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
- 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 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 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13
- 14a Did the organization maintain an office, employees, or agents outside of the United States? **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
- Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any 15 foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to 16
- or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 17 column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions
- Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 18 1c and 8a? If "Yes," complete Schedule G, Part II
- Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 complete Schedule G, Part III

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2021.05000 Lighthouse Family Retreat,

- 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?
- Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

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Form 990 (2021)

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FOUL	990	(2021)

Form 990 (2021) Lighthouse Family Retreat, Inc. Part IV Checklist of Required Schedules (continued)

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? <i>If "Yes," complete</i>			
	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? <i>If</i> "Yes," <i>answer lines 24b through 24d and complete</i>			
	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		
	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	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
	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? <i>If</i> "Yes," <i>complete Schedule L, Part I</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? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		x
	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? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28a		x
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28c		x
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? <i>If</i> "Yes," <i>complete Schedule M</i>	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete Schedule N, Part II</i>	32		x
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? <i>If</i> "Yes," <i>complete Schedule R, Part I</i>	33		x
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		x
				-
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i>			X
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)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i>	35a		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i>	35a 35b 36		x
b 36	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)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i>	35a 35b 36 37	x	x
ь 36 37 38	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)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i>	35a 35b 36 37 38	x	x
ь 36 37 38	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)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i>	35a 35b 36 37 38		x
ь 36 37 38 Раг	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)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i>	35a 35b 36 37 38		x
b 36 37 38 <b>Par</b> 1a	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	35a 35b 36 37 38		x
b 336 337 338 Par 1a 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	35a 35b 36 37 38		x x x
b 336 337 338 Par 1a b c	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)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i>	35a 35b 36 37 38		x x

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	V         Statements Regarding Other IRS Filings and Tax Compliance (continued)	)	58-2509728		P	age
Part		)			Yes	N
<b>2</b> a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
f	iled for the calendar year ending with or within the year covered by this return	2a	17			
bΙ	f at least one is reported on line 2a, did the organization file all required federal employment tax retu	ırns?		2b	х	
I	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instruction	າຣ				
3a l	Did the organization have unrelated business gross income of $1,000$ or more during the year?			3a		
bΙ	f "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedul	θΟ		3b		
4a /	At any time during the calendar year, did the organization have an interest in, or a signature or other	autho	rity over, a			
f	inancial account in a foreign country (such as a bank account, securities account, or other financia	accou	int)?	4a		
bΙ	f "Yes," enter the name of the foreign country					
5	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial	Accour	nts (FBAR).			
5a \	Nas the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans			5b		
сI	f "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
<b>6a</b> [	Does the organization have annual gross receipts that are normally greater than \$100,000, and did $\pm$	the org	anization solicit			ĺ
	any contributions that were not tax deductible as charitable contributions?			6a		
bΙ	f "Yes," did the organization include with every solicitation an express statement that such contribu	itions o	or gifts			
١	were not tax deductible?			6b		L
7 (	Organizations that may receive deductible contributions under section 170(c).					
aĺ	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and s	ervices	provided to the payor?	7a		
bΙ	f "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it $v$		-			ĺ
	o file Form 8282?	1		7c		
	f "Yes," indicate the number of Forms 8282 filed during the year		1			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			7e		L
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit con			7f		L
	f the organization received a contribution of qualified intellectual property, did the organization file F			7g		┡
	f the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz			7h		╘
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintaine					
	sponsoring organization have excess business holdings at any time during the year?			8		⊢
	Sponsoring organizations maintaining donor advised funds.			0-		ŀ
				9a 9b		┝
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:			90		⊢
	nitiation fees and capital contributions included on Part VIII, line 12	10a	I			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities					
	Gross income from members or shareholders	11a	1			
	Gross income from other sources. (Do not net amounts due or paid to other sources against			-		
	amounts due or received from them.)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		2	12a		ľ
	f "Yes," enter the amount of tax-exempt interest received or accrued during the year	1	ĺ	12u		F
	Section 501(c)(29) qualified nonprofit health insurance issuers.	12.5				
	s the organization licensed to issue qualified health plans in more than one state?			13a		Γ
	Note: See the instructions for additional information the organization must report on Schedule O.					
	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand					
	Did the organization receive any payments for indoor tanning services during the tax year?			14a		Г
1a [	f "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Sched			14b		
			) or			
bΙ	s the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remun					
b   5	s the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remun excess parachute payment(s) during the year?			15		
b   5	s the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remunexcess parachute payment(s) during the year?			15		
b   5   	excess parachute payment(s) during the year?			15 16		
b   5     6	excess parachute payment(s) during the year? f "Yes," see the instructions and file Form 4720, Schedule N.					
b   5     6   	excess parachute payment(s) during the year?	nt incc				-
b   5   6   7 \$	excess parachute payment(s) during the year? f "Yes," see the instructions and file Form 4720, Schedule N. s the organization an educational institution subject to the section 4968 excise tax on net investme f "Yes," complete Form 4720, Schedule O.	nt inco n any	ome?			
b   5   6   7 \$	excess parachute payment(s) during the year? f "Yes," see the instructions and file Form 4720, Schedule N. s the organization an educational institution subject to the section 4968 excise tax on net investme f "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in	nt inco n any	ome?	16		

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Pa	rt VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below		lo" re	espoi	nse
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructio				
ec	Check if Schedule O contains a response or note to any line in this Part VI tion A. Governing Body and Management				
				Yes	r
1a	Enter the number of voting members of the governing body at the end of the tax year	10			
	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	10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other				
_	officer, director, trustee, or key employee?		2		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervi				
	of officers, directors, trustees, or key employees to a management company or other person?				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		-		
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		-		
6 7-	Did the organization have members or stockholders?		<u> </u>		-
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	-			
h	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or		a		$\vdash$
D			'n		
8	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		~		$\vdash$
	The governing body?		a	х	
b	Each committee with authority to act on behalf of the governing body?	8			┢
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the		-		F
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)				
				Yes	
0a	Did the organization have local chapters, branches, or affiliates?	10	Da		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliate	s,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?		Db		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the	ie form?	1a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				
	Did the organization have a written conflict of interest policy? If "No," go to line 13		2a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		2b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe				
	on Schedule O how this was done		2c		
13	Did the organization have a written whistleblower policy?		3	X	
14	Did the organization have a written document retention and destruction policy?		4	X	
15	Did the process for determining compensation of the following persons include a review and approval by independe	nt			
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			v	
	The organization's CEO, Executive Director, or top management official			Х	$\vdash$
b	Other officers or key employees of the organization		ac		
162	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 arrangement with a				
lua		16	6a		
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participati		ba		$\vdash$
D	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's				
		16	sh		
ec	exempt status with respect to such arrangements?				
7	List the states with which a copy of this Form 990 is required to be filed FGA				
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section	on 501(c)(3)s o	nlv)	avail	ał
-	for public inspection. Indicate how you made these available. Check all that apply.		, <b>,</b> ,		
	Own website X Another's website Upon request Other (explain on Schedule O	)			
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interes		inano	cial	
	statements available to the public during the tax year.	- p =, , a			
20	State the name, address, and telephone number of the person who possesses the organization's books and records	s 🕨			
~	The Organization - 404-403-3223				
	2555 Northwinds Pkwy, 800, Alpharetta, GA 30009				
32000	6 12-09-21	Fr	orm 🤅	990	(2
	6				•
11	115 146762 30094 2021.05000 Lighthouse Family Retr	eat, 3	00	94_	

Form 990 (2	2021) Lighthouse Family Retreat, Inc.	58-2509728	Page <b>7</b>
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Con	mpensated	
	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 Comple	to this table for all persons required to be listed. Popert compensation for the calendar year anding w	ith or within the organization'	e tax yoar

omplete 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 report-

able compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

т

 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 trustee.

(A)	(B) (C)							(D)	(E)	(F)
Name and title	Average	Position (do not check more than one						Reportable	Reportable	Estimated
	hours per	box	, unle	ess pe	s person is both an I a director/trustee)			compensation	compensation	amount of
	week	<u> </u>				rector/trustee)		from	from related	other
	(list any hours for	irecto						the	organizations (W-2/1099-MISC/	compensation from the
	related	e or d	tee			sated		organization (W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	al trus		yee	mpen		1099-NEC)		and related
	below	Individual trustee or director	Institutional trustee	5	Key employee	est co o yee	er	,		organizations
	line)	Indiv	In stit	Officer	Keye	Highest compensated employee	Former			-
(1) Chris Woodruff	40.00									
Executive Director				х				194,830.	0.	14,846.
(2) Janet Bridges	2.00									
Treasurer				х				0.	0.	0.
(3) Ken Carney	2.00									
Director		х						0.	0.	0.
(4) Kelly Dixon	2.00									
Secretary				х				0.	0.	0.
(5) Chip Debartola	2.00									
Director		х						0.	0.	0.
(6) Rebecca Sills	2.00									
Director		х						٥.	0.	0.
(7) Dennis Lattimer	2.00									
Vice Chairman				Х				0.	0.	0.
(8) Courtney White	2.00									
Director		х						0.	0.	0.
(9) Jon Vaughan	2.00									
Chairman				X				0.	0.	0.
(10) Becki Cedrone	2.00									
Director		Х						0.	0.	0.
(11) Jon Hall	2.00									
Director		Х						0.	0.	0.
		-								
132007 12-09-21										Form <b>990</b> (2021)

132007 12-09-21

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	990 (2021) Lighthouse Fa									58-2509	728		Pa	age <b>8</b>		
Par	art VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)															
	(A) Name and title	hours per     (do not check more than one box, unless person is both an officer and a director/trustee)     compensation     compensation       week     officer and a director/trustee)     from     from related											(F) stimate nount other			
		(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-MIS 1099-NEC)		fr org an	pensa om the anizat d relat anizatie	e ion ed		
	Subtotal								194,830.		0. 0.		14,	846.		
	Total from continuation sheets to Part VI Total (add lines 1b and 1c)								194,830.		0.	-				
2	Total number of individuals (including but n								eceived more than \$100	,000 of reportabl	е		,	1		
	compensation from the organization												Yes	No		
3	Did the organization list any <b>former</b> officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for s</i>			-	•	-			ghest compensated emp	•		3		x		
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	ım of reportab	le co	omp	ensa	atior	n and	d ot	her compensation from	the organization		4	x			
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If "Yes," com</i>	accrue comper	nsat	ion f	from	any	/ unr	elat	ted organization or indiv	idual for services		5		x		
Sec	tion B. Independent Contractors			0/ 00	uon	porc						<u> </u>				
1	Complete this table for your five highest control the organization. Report compensation for the organization for the organization compensation compensation for the organization compensation comp										ipens	ation	from			
	(A) Name and business		NO						(B) Description of s		C	) compe	<b>;)</b> nsatio	n		
2	Total number of independent contractors (in \$100,000 of compensation from the organia	•	iot lii	mite	d to	tho	se li: 0	stec	d above) who received m	nore than						
												Form	<b>990</b> (2	2021)		

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						y Re	etreat, Inc.			58-2509728	Page 🤇
Pa	rt \	VIII									
			Check if Schedule O	<u>conta</u>	iins a respo	nse	or note to any lin	<u>e in this Part VIII</u> (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated	(D) Revenue exclude
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts		b c d e f g	Federated campaigns Membership dues Fundraising events Related organizations Government grants (cont All other contributions, gifts, similar amounts not included Noncash contributions included in <b>Total.</b> Add lines 1a-1f	ributio grants 1 abov	1b           1c           1d           1d           onns)         1e           s, and         1f           1a-1f         1g		31,725. 466,743. 3,937,861. 58,368. ▶ Business Code	4,436,329.			sections 512 - 51
gran Rev		d									
Pro		e f	All other program service	rever	านอ						
			Total. Add lines 2a-2f				►				
	3 4		Investment income (inclu- other similar amounts) Income from investment of	of tax	-exempt bo	nd p	roceeds	331.			331
	5	5	Royalties		(i) Real		(ii) Personal				
	6		Gross rents Less: rental expenses	6a 6b	(i) neai						
			Rental income or (loss)	6c							
ne	7	'a	Net rental income or (loss Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses	7a 7b	(i) Securiti		(ii) Other				
evenue		с	Gain or (loss)	7c							
		d	Net gain or (loss)				►				
Other R	8		Gross income from fundraisi including \$ contributions reported or Part IV, line 18 Less: direct expenses	31, 1 line <sup>-</sup>	725. of 1c). See	8a 8b	267,426. 122,379.				
			Net income or (loss) from				►	145,047.			145,047
	9	a	Gross income from gamir Part IV, line 19 Less: direct expenses	ng act	tivities. See						
			Net income or (loss) from								
	10		Gross sales of inventory, and allowances Less: cost of goods sold			10a 10b					
			Net income or (loss) from					23,111.	23,111.		
Miscellaneous Revenue	11		Miscellaneous				Business Code 900099	931.	931.		
Reve		с				_					
Mis			All other revenue					931.			
	12		Total. Add lines 11a-11d Total revenue. See instruction					4,605,749.	24,042.	0.	145,378
13200						<u></u>	<b>F</b>	-,·,· <b></b> ,	,		Form <b>990</b> (202 <sup>-</sup>
211	.11	15	146762 30094			2(	021.05000	9 Lighthous	se Family 1	Retreat,	300941

12211115 146762 30094

Page 10

52,418.

248,281.

26,327.

13,461.

83,467.

152,409.

8,732.

21,592.

28,121.

6,223.

5,180.

9,430.

10,833.

20,516.

690,906.

3,916.

Lighthouse Family Retreat, Inc. 58-2509728 Form 990 (2021) 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). Check if Schedule O contains a response or note to any line in this Part IX (D) (A) (B) (C) Do not include amounts reported on lines 6b, Program service expenses Total expenses Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign 3 organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members 4 5 Compensation of current officers, directors, 209,676 104,839 52,419 trustees, and key employees 6 Compensation not included above to disgualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 10,318. 1,182,137 923,538 Other salaries and wages 7 Pension plan accruals and contributions (include 8 section 401(k) and 403(b) employer contributions) Other employee benefits 126,904 91,981 8,596 9 64,890 47,033 4,396 Payroll taxes 10 11 Fees for services (nonemployees): а Management 846 846 b Legal 78,666 78,666. С Accounting d Lobbying Professional fundraising services. See Part IV, line 17 е Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, q column (A), amount, list line 11g expenses on Sch O.) 173,424 29,403 60,554 163,890 304 11,177 Advertising and promotion 12 49,655 60,760 2,373. 13 Office expenses Information technology 14 Royalties 15 12,704 75,397 41,101 16 Occupancy 173,704 141,408 4,175 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... 49,392 29,889 13,280. Conferences, conventions, and meetings 19 20 Interest Payments to affiliates \_\_\_\_\_ 21 36,998 28,488 3,330 Depreciation, depletion, and amortization 22 61,569 51,865 274 23 Insurance Other expenses. Itemize expenses not covered 24 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 0.) Retreat facility 1,137,844 1,137,844 а Retreat activit & mat'l 533,698 533,698 b Telephone and Technolog 51,585 37,141 3,611. С 38,087 5,679 Supplies and Materials 11,892 d 18,098 4,758 9,424 е All other expenses 3,264,837 4,237,565 281,822 Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization 26 reported in column (B) joint costs from a combined

132010 12-09-21

Form 990 (2021)

12211115 146762 30094

Check here

educational campaign and fundraising solicitation.

if following SOP 98-2 (ASC 958-720)

10 2021.05000 Lighthouse Family Retreat, 30094 1 Lighthouse Family Retreat, Inc.

58-2509728

Page **11** 

Par	t X	Balance Sheet					
		Check if Schedule O contains a response or	note to an	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			2,499,105.	1	2,375,381
	2	Savings and temporary cash investments	13,305.	2	18,894		
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	244,543
	5	Loans and other receivables from any currer					
		trustee, key employee, creator or founder, su	ubstantial o	contributor, or 35%			
		controlled entity or family member of any of the	these pers	ons		5	
	6	Loans and other receivables from other disq	ualified pe	rsons (as defined			
		under section 4958(f)(1)), and persons descr	ibed in sea	ction 4958(c)(3)(B)		6	
2	7	Notes and loans receivable, net				7	
ASSEIS	8	Inventories for sale or use			21,599.	8	13,007
Ϊ	9	Prepaid expenses and deferred charges			57,089.	9	108,245
	10a	Land, buildings, and equipment: cost or othe	er				
		basis. Complete Part VI of Schedule D	10a	276,265.			
	b	Less: accumulated depreciation	10b	204,910.	75,046.	10c	71,355
	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			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must e			2,666,144.	16	2,831,425
	17	Accounts payable and accrued expenses	41,540.	17	60,837		
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
ß	22	Loans and other payables to any current or f	ormer offic	cer, director,			
		trustee, key employee, creator or founder, su	ubstantial o	contributor, or 35%			
		controlled entity or family member of any of		22			
5	23	Secured mortgages and notes payable to un				23	
	24	Unsecured notes and loans payable to unrel	ated third	parties		24	
	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			222,200.	25	0
	26	Total liabilities. Add lines 17 through 25			263,740.	26	60,837
		Organizations that follow FASB ASC 958,	check her	e 🕨 X			
Ű		and complete lines 27, 28, 32, and 33.					
	27	Net assets without donor restrictions			1,981,354.	27	2,421,538
	28	Net assets with donor restrictions			421,050.	28	349,050
		Organizations that do not follow FASB AS					
Net Assets of Fund Dalances		and complete lines 29 through 33.					
	29	Capital stock or trust principal, or current fur	nds			29	
	30	Paid-in or capital surplus, or land, building, o				30	
2	31	Retained earnings, endowment, accumulate				31	
	32	Total net assets or fund balances			2,402,404.	32	2,770,588
	33	Total liabilities and net assets/fund balances			2,666,144.	33	2,831,425
							Form <b>990</b> (2021

132011 12-09-21

Form 99	90(2021) Lighthouse Family Retreat, Inc.	58-2509728		Pa	ge <b>12</b>
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
<b>1</b> Te	otal revenue (must equal Part VIII, column (A), line 12)	1	4	,605	,749.
<b>2</b> T	otal expenses (must equal Part IX, column (A), line 25)	2	4	,237	,565.
<b>3</b> R	evenue less expenses. Subtract line 2 from line 1	3		368	,184.
<b>4</b> N	et assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2	,402	,404.
5 N	et unrealized gains (losses) on investments	5			
<b>6</b> D	onated services and use of facilities	6			
<b>7</b> Ir	ivestment expenses	7			
<b>8</b> P	rior period adjustments	8			
<b>9</b> O	ther changes in net assets or fund balances (explain on Schedule O)	9			0.
<b>10</b> N	et assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
C	olumn (B))	10	2	,770	,588.
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
<b>1</b> A	ccounting method used to prepare the Form 990: L Cash LX_ Accrual L Other				
lf	the organization changed its method of accounting from a prior year or checked "Other," explain on Schedul	e O.			
<b>2a</b> W	/ere the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
lf	"Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
S	eparate basis, consolidated basis, or both:				
L	Separate basis Consolidated basis Both consolidated and separate basis				
b W	/ere the organization's financial statements audited by an independent accountant?		2b	Х	
lf	"Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
c	onsolidated basis, or both:				
L	X Separate basis Consolidated basis Both consolidated and separate basis				
<b>c</b> If	"Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
re	eview, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
lf	the organization changed either its oversight process or selection process during the tax year, explain on Scl	nedule O.			
<b>3a</b> A	s a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
A	ct and OMB Circular A-133?		3a		х
	"Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
0	r audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2021)

132012 12-09-21

Department of the Treasury

Internal Revenue Service

(Form 990)

# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2021
Open to Public

#### Name of the organization

Name	e of t	he organization	_					Employer	identification number	
			ouse Family Ret						8-2509728	
Par	tl	Reason for Public (	Charity Status.	All organizations must o	omplete th	nis part.) S	ee instructior	ıs.		
г	rgan	ization is not a private found					() ( A ) (:)			
1 L		A church, convention of ch				)(a)011 n	I)(A)(I).			
2 [		A school described in section				/L///////				
3 L		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).								
4 [	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,									
5 [		city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in								
r		section 170(b)(1)(A)(iv). (C								
<b>6</b> [		A federal, state, or local gov								
7	X	An organization that norma section 170(b)(1)(A)(vi). (Comparison of the section 170(b)(1)(Comparison of the section of the sec		ntial part of its support f	rom a gov	ernmental	unit or from t	he general	public described in	
8 [		A community trust describe		1)(A)(vi). (Complete Par	t II.)					
9		An agricultural research org				ed in coniu	inction with a	land-grant	college	
		or university or a non-land-g	-			-		-	-	
		university:	9999			···-, -··,	,			
10		An organization that norma	Illy receives (1) more	than 33 1/3% of its sup	port from o	contributio	ns, members	hip fees, a	nd gross receipts from	
		activities related to its exen								
		income and unrelated busir								
		See section 509(a)(2). (Cor	mplete Part III.)							
11 [		An organization organized a		ively to test for public sa	fety. See	section 50	)9(a)(4).			
12		An organization organized a	and operated exclus	ively for the benefit of, to	perform	the functio	ons of, or to c	arry out the	e purposes of one or	
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3). (	Check the box on	
		lines 12a through 12d that	describes the type of	f supporting organizatio	n and com	nplete lines	s 12e, 12f, an	d 12g.		
а		<b>Type I.</b> A supporting orga	anization operated, s	upervised, or controlled	by its sup	ported org	anization(s),	typically by	' giving	
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority (	of the dire	ctors or truste	ees of the s	supporting	
		organization. You must o	complete Part IV, Se	ections A and B.						
b		<b>Type II.</b> A supporting org	anization supervised	l or controlled in connec	tion with it	s support	ed organizatio	on(s), by ha	iving	
		control or management o	of the supporting orga	anization vested in the s	ame perso	ons that co	ontrol or mana	age the sup	ported	
		organization(s). You mus	t complete Part IV,	Sections A and C.						
с		Type III functionally inte	grated. A supporting	g organization operated	in connec	tion with, a	and functiona	Ily integrate	ed with,	
		its supported organization	n(s) (see instructions	). You must complete I	Part IV, Se	ections A,	D, and E.			
d		Type III non-functionally	y integrated. A supp	orting organization oper	ated in co	nnection v	vith its suppo	rted organi	zation(s)	
		that is not functionally int	tegrated. The organiz	ation generally must sat	tisfy a dist	ribution re	quirement an	d an attent	iveness	
		requirement (see instruct	ions). You must con	nplete Part IV, Sections	s A and D,	and Part	<b>v</b> .			
е		Check this box if the orga						II, Type III		
		functionally integrated, or	r Type III non-functio	nally integrated support	ing organi:	zation.				
f	Ente	er the number of supported o	organizations							
		vide the following information		ed organization(s).						
	(i	i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	nization listed ng document?	(v) Amount of	-	(vi) Amount of other	
		organization		above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)	
Total										

Schedule A	Eorm	000	202-
Schedule A	FOUL	990	202

						50.050050	
-	edule A (Form 990) 2021 Li art II Support Schedule for (		y Retreat, Inc		(1)(1)(1)	58-2509728	i ugo 🗖
ГС	(Complete only if you checked	-					-
	fails to qualify under the tests			-	Tailed to quality t		organization
50	ction A. Public Support	libited below, piede		)			
	endar year (or fiscal year beginning in)	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and	(d) 2017	(b) 2018	(0) 2019	( <b>u</b> ) 2020	(e) 2021	(I) TOTAI
	membership fees received. (Do not						
	include any "unusual grants.")	2,676,374.	3,450,870.	4,342,146.	2,977,775.	3,937,530.	17,384,695.
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	2,676,374.	3,450,870.	4,342,146.	2,977,775.	3,937,530.	17,384,695.
	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)						478,896.
	Public support. Subtract line 5 from line 4.						16,905,799.
	ction B. Total Support	i		i-		i	
	endar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	2,676,374.	3,450,870.	4,342,146.	2,977,775.	3,937,530.	17,384,695.
•							
8	Gross income from interest,						
ð	dividends, payments received on						
8	dividends, payments received on securities loans, rents, royalties,	0.41	400	1 700	1 224	221	4 005
-	dividends, payments received on securities loans, rents, royalties, and income from similar sources	941.	490.	1,709.	1,334.	331.	4,805.
-	dividends, payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business	941.	490.	1,709.	1,334.	331.	4,805.
-	dividends, payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business activities, whether or not the	941.	490.	1,709.	1,334.	331.	4,805.
9	dividends, payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on	941.	490.	1,709.	1,334.	331.	4,805.
9	dividends, payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain	941.	490.	1,709.	1,334.	331.	4,805.
9	dividends, payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital	941.	490.	1,709.	1,334.	331.	4,805.
9 10	dividends, payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	941.	490.	1,709.	1,334.	331.	
9 10 11	dividends, payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) <b>Total support.</b> Add lines 7 through 10						17,389,500.
9 10 11 12	dividends, payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) <b>Total support.</b> Add lines 7 through 10 Gross receipts from related activities,	etc. (see instructio	ins)		· · · · · · · · · · · · · · · · · · ·	12	
9 10 11 12	dividends, payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) <b>Total support.</b> Add lines 7 through 10 Gross receipts from related activities, <b>First 5 years.</b> If the Form 990 is for the	etc. (see instructio	ns)st, second, third, fo	purth, or fifth tax ye	ear as a section 5	<b>12</b> 501(c)(3)	17,389,500. 89,131.
9 10 11 12 13	dividends, payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) <b>Total support.</b> Add lines 7 through 10 Gross receipts from related activities,	etc. (see instructio e organization's firm <b>here</b>	ns)st, second, third, fo	purth, or fifth tax ye	ear as a section 5	12	17,389,500. 89,131.
9 10 11 12 13 <b>Sec</b>	dividends, payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) <b>Total support.</b> Add lines 7 through 10 Gross receipts from related activities, <b>First 5 years.</b> If the Form 990 is for the organization, check this box and <b>stop</b> <b>ction C. Computation of Public</b>	etc. (see instructio e organization's fir here c Support Per	ns) st, second, third, fo	purth, or fifth tax ye	ear as a section 5	<b>12</b> 501(c)(3)	17,389,500. 89,131.
9 10 11 12 13 Sec 14	dividends, payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) <b>Total support.</b> Add lines 7 through 10 Gross receipts from related activities, <b>First 5 years.</b> If the Form 990 is for the organization, check this box and <b>stop</b> <b>ction C. Computation of Publi</b> Public support percentage for 2021 (II	etc. (see instructic e organization's fir here c Support Per ne 6, column (f), di	ns) st, second, third, fo <b>centage</b> vided by line 11, c	purth, or fifth tax ye	ear as a section 5	<b>12</b> 501(c)(3)	17,389,500. 89,131. ▶□
9 10 11 12 13 <b>Sec</b> 14 15	dividends, payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) <b>Total support.</b> Add lines 7 through 10 Gross receipts from related activities, <b>First 5 years.</b> If the Form 990 is for the organization, check this box and <b>stop</b> <b>ction C. Computation of Public</b>	etc. (see instruction e organization's firm here <b>c Support Per</b> ne 6, column (f), di Schedule A, Part I	ins) st, second, third, fr <b>centage</b> vided by line 11, c I, line 14	olumn (f))	ear as a section 5	12 501(c)(3) 14 15	17,389,500. 89,131. ▶□ 97.22 % 97.58 %
9 10 11 12 13 <b>Sec</b> 14 15	dividends, payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) <b>Total support.</b> Add lines 7 through 10 Gross receipts from related activities, <b>First 5 years.</b> If the Form 990 is for the organization, check this box and <b>stop</b> <b>Ction C. Computation of Publi</b> Public support percentage for 2021 (if Public support percentage from 2020 <b>a 33 1/3% support test - 2021.</b> If the or	etc. (see instruction e organization's firm here c Support Per ne 6, column (f), di Schedule A, Part I rganization did not	ns) st, second, third, function centage vided by line 11, c I, line 14 t check the box on	olumn (f))	ear as a section 5 4 is 33 1/3% or n	12 501(c)(3) 14 15 nore, check this bo	17,389,500. 89,131. ▶□ 97.22 % 97.58 % x and
9 10 11 12 13 <b>Sec</b> 14 15 16a	dividends, payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) <b>Total support.</b> Add lines 7 through 10 Gross receipts from related activities, <b>First 5 years.</b> If the Form 990 is for the organization, check this box and <b>stop</b> <b>ction C. Computation of Publi</b> Public support percentage for 2021 (If Public support percentage from 2020)	etc. (see instruction e organization's firm here c Support Per ne 6, column (f), di Schedule A, Part I rganization did not as a publicly support	ns) st, second, third, for centage vided by line 11, c I, line 14 t check the box on orted organization	olumn (f))	ear as a section 5 4 is 33 1/3% or n	12 501(c)(3) 14 15 nore, check this bo	17,389,500. 89,131. ▶□ 97.22 % 97.58 % x and ▶ X
9 10 11 12 13 <b>Sec</b> 14 15 16a	dividends, payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) <b>Total support.</b> Add lines 7 through 10 Gross receipts from related activities, <b>First 5 years.</b> If the Form 990 is for the organization, check this box and <b>stop</b> <b>ction C. Computation of Publi</b> Public support percentage for 2021 (if Public support percentage from 2020 <b>a 33 1/3% support test - 2021.</b> If the or <b>stop here.</b> The organization qualifies	etc. (see instruction e organization's firm here c Support Per ne 6, column (f), di Schedule A, Part I rganization did not as a publicly suppor rganization did not	ns) st, second, third, fo <b>centage</b> vided by line 11, c I, line 14 t check the box on orted organization t check a box on lir	olumn (f) line 13, and line 14	ear as a section 5 4 is 33 1/3% or n ine 15 is 33 1/3%	12           501(c)(3)           14           15           nore, check this bo           o or more, check th	17,389,500. 89,131. 
9 10 11 12 13 <b>Sec</b> 14 15 16a t	dividends, payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) <b>Total support.</b> Add lines 7 through 10 Gross receipts from related activities, <b>First 5 years.</b> If the Form 990 is for the organization, check this box and <b>stop</b> <b>ction C. Computation of Publi</b> Public support percentage for 2021 (If Public support percentage from 2020 <b>a 33 1/3% support test - 2021.</b> If the of <b>a 33 1/3% support test - 2020.</b> If the of	etc. (see instruction e organization's firm here <b>c Support Per</b> ne 6, column (f), di Schedule A, Part I rganization did not as a publicly suppor rganization did not fies as a publicly s	ns) st, second, third, for <b>centage</b> vided by line 11, c I, line 14 check the box on prted organization t check a box on lin upported organiza	olumn (f)) line 13, and line 14 tion	ear as a section 5 4 is 33 1/3% or n ine 15 is 33 1/3%	12           301(c)(3)           14           15           nore, check this bo           o or more, check th	17,389,500. 89,131. ▶□ 97.22 % 97.58 % x and is box 
9 10 11 12 13 <b>Sec</b> 14 15 16a t	dividends, payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) <b>Total support.</b> Add lines 7 through 10 Gross receipts from related activities, <b>First 5 years.</b> If the Form 990 is for the organization, check this box and <b>stop</b> <b>ction C. Computation of Publi</b> Public support percentage from 2020 <b>a 33 1/3% support test - 2021.</b> If the or and <b>stop here.</b> The organization qualifies	etc. (see instruction e organization's firm <b>here</b> <b>c Support Per</b> ne 6, column (f), di Schedule A, Part I rganization did not as a publicly support rganization did not fies as a publicly s - <b>2021.</b> If the organization	ns) st, second, third, for centage vided by line 11, c I, line 14 t check the box on prted organization t check a box on lin upported organiza anization did not ch	olumn (f)) line 13, and line 14 ne 13 or 16a, and li tion neck a box on line	ear as a section 5 4 is 33 1/3% or n ine 15 is 33 1/3% 13, 16a, or 16b, a	12         501(c)(3)         14         15         nore, check this bo         o or more, check this         and line 14 is 10%	17,389,500. 89,131. 

more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or

Schedule A (Form 990) 2021

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#### Page 3

(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.)

Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	(b) 2018	(c) 2019	(d) 2020	(e)	2021	(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 disgualified persons							
b	Amounts included on lines 2 and 3 received							
	from other than disqualified persons that							
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
	Add lines 7a and 7b							
	Public support. (Subtract line 7c from line 6.)							
Sec	ction B. Total Support							
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e)	2021	(f) Total
	Amounts from line 6	(4) 2011	(0) 2010	(0) 2010	(0,2020			
	Gross income from interest,							
100	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources							
C	Unrelated business taxable income							
	(less section 511 taxes) from businesses							
	acquired after June 30, 1975							
	Add lines 10a and 10b							
11	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 assets (Explain in Part VI.)							
13	Total support. (Add lines 9, 10c, 11, and 12.)							
14	First 5 years. If the Form 990 is for th	e organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3	) organizat	ion,
	check this box and stop here							
Se	ction C. Computation of Publ	ic Support Pe						
15	Public support percentage for 2021 (I	ine 8, column (f), o	divided by line 13,	column (f))		15		%
16	Public support percentage from 2020	Schedule A, Part	III, line 15			16		%
Se	ction D. Computation of Invest							
17	Investment income percentage for 20	<b>21</b> (line 10c, colu	mn (f), divided by I	ine 13, column (f))		17		%
18	Investment income percentage from 2					18		%
19a	<b>33 1/3% support tests - 2021.</b> If the					33 1/3%	, and line 1	
	more than 33 1/3%, check this box a	-					,	
b	<b>33 1/3% support tests - 2020.</b> If the						33 1/3%	and
~	line 18 is not more than 33 1/3%, che							
20	Private foundation. If the organizatio							
	23 01-04-22	I GIG HOL CHECK A	557 01 1116 14, 18		110 DON AND SEE IN			A (Form 990) 2021
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Page 4

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

#### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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.)

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10b Schedule A (Form 990) 2021

Schedule A (Form 990) 2021	
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Lighthouse Family Retreat, Inc.

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Yes

1

2

No

 Part IV
 Supporting Organizations (continued)

 11
 Has the organization accepted a gift or contribution from any of the following persons?
 Yes
 No

 11
 Has the organization accepted a gift or contribution from any of the following persons?
 Image: Control or Control or

#### Section B. Type I Supporting Organizations

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 <b>Part VI</b> 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.	

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, supervised, or controlled the supporting organization.

#### Section C. Type II Supporting Organizations

			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			
	the supported organization(s).	1		

#### Section D. 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			
	supported organizations played in this regard.	3		

#### Section 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).
- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*
- c L The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).

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- 2 Activities Test. Answer lines 2a and 2b below.
- a 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.*
- 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.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- a 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.**
- 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 | Schedule A (Form 990) 2021

2a

2b

3a

No

Yes

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2021.05000 Lighthouse Family Retreat, 30094\_1

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ving trust on I	Nov. 20, 1970 (explain in	Part VI). See instruction
ust complete	Sections A through E.	
	(A) Prior Year	(B) Current Year (optional)
1		
2		
3		
4		
5		
6		
7		
8		
	(A) Prior Year	(B) Current Year (optional)
1a		
1b		
1c		
1d		
2		
3		
4		
5		
6		
7		
8		
		Current Year
1		
2		
3		
4		
5		
6		
	1         1         2         3         4         5         6         7         8         6         7         8         11a         1b         1c         1d         2         3         4         5         6         7         8         2         3         4         5         6         7         8         2         3         4         5         6         7         8         1         2         3         4         5         6         7         8         1         2         3         4         5         6         7         8         1         2         3	1         2         3         4         5         6         7         8         (A) Prior Year         1a         1b         1c         1d         2         3         4         5         6         7         8         11a         1b         1c         1d         2         3         4         5         6         7         8         1         2         3         4         5         6         7         8         1         2         3         4         5         3         4         5         3         4         5

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see 7 instructions).

Schedule A (Form 990) 2021

132026 01-04-22

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Secti	on D - Distributions		•		Current Year		
1	Amounts paid to supported organizations to accomplish exe		1				
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported					
	organizations, in excess of income from activity		2				
3	Administrative expenses paid to accomplish exempt purpose	าร	3				
4	Amounts paid to acquire exempt-use assets		4				
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in <b>Part VI</b> )		5			
6	Other distributions (describe in Part VI). See instructions.			6			
7	Total annual distributions. Add lines 1 through 6.			7			
8	Distributions to attentive supported organizations to which the	ne organization is responsiv	e				
	(provide details in Part VI). See instructions.			8			
9	Distributable amount for 2021 from Section C, line 6			9			
10	Line 8 amount divided by line 9 amount			10			
		(i)	(ii)		(iii)		
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2021	ns	Distributable Amount for 2021		
1	Distributable amount for 2021 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2021 (reason-						
	able cause required - explain in Part VI). See instructions.						
3	Excess distributions carryover, if any, to 2021						
а	From 2016						
b	From 2017						
c	From 2018						
d	From 2019						
e	From 2020						
f	Total of lines 3a through 3e						
g	Applied to underdistributions of prior years						
h	Applied to 2021 distributable amount						
i	Carryover from 2016 not applied (see instructions)						
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.						
4	Distributions for 2021 from Section D,						
	line 7: \$						
а	Applied to underdistributions of prior years						
b	Applied to 2021 distributable amount						
c	Remainder. Subtract lines 4a and 4b from line 4.						
5	Remaining underdistributions for years prior to 2021, if						
	any. Subtract lines 3g and 4a from line 2. For result greater						
	than zero, explain in Part VI. See instructions.						
6	Remaining underdistributions for 2021. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2022. Add lines 3j						
	and 4c.						
8	Breakdown of line 7:						
а	Excess from 2017						
b	Excess from 2018						
c	Excess from 2019						
d	Excess from 2020						
е	Excess from 2021						

Schedule A (Form 990) 2021

132027 01-04-22

Schedule A (Form	n 990) 2021	
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28	Page <b>8</b>
line 12;	

	Form 990) 2021 Lighthouse Family Retreat, Inc.	58-2509728	Page 8
	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17 Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lir 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; P Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any ad (See instructions.)	nes 1 and 2; Part IV, Sectic Part V, Section B, line 1e; P	on C, Part V,
32028 01-04-2	20	Schedule A (Form	990) 202

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SCHEDULE D	Sup
(Form 990)	► Con

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.

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

1 Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of contributions to (during year) 4 Aggregate value of contributions to (during year) 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? 2art III Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV. lin 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of and for public use (for example, recreation or education) Protection of natural habitat Protection of natural habitat Protection of natural habitat Protection of conservation easements 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a considy of the tax year. 2 I total acreage restricted by conservation easements 2 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization and the organization in periodic monitoring, inspection, handling of violations, and enforcing conservation easement is located > 4 Number of states where property subject to conservation easements is located > 5 Does the organization and written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements. 6 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(l) and acetion framization reports conservation easements. 7 Mount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation	Employer identification n 58-2509728
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<ul> <li>are the organization's property, subject to the organization's exclusive legal control?</li> <li>Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor advisor, or for any other purpose conferring impermissible private benefit?</li> <li><b>art til Conservation Easements</b>. Complete if the organization answered "Yes" on Form 990, Part IV, lin Purpose(s) of conservation easements held by the organization (check all that apply).</li> <li>Preservation of land for public use (for example, recreation or education)</li> <li>Preservation of on atural habitat</li> <li>Preservation of open space</li> <li>Complete lines 2 a through 2d if the organization held a qualified conservation contribution in the form of a conservation easements here organization easements</li> <li>Total acreage restricted by conservation easements</li> <li>Total acreage restricted by conservation easements for a certified historic structure included in (a)</li> <li>Wumber of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure is listed in the National Register</li> <li>Number of states where property subject to conservation easement is located </li> <li>Number of states where property subject to conservation easements in located </li> <li>Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements.</li> <li>Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements.</li> <li>Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)(i) and section 170(h)(4)(B)(ii) for conservation easements.</li> <li>In Part XIII. Gescribe how the organization reports conservation easements in its revenue statement and balance of art, historical treasures, or other similar assets held for public exhibition, education, or r</li></ul>	
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Impermissible private benefit?         Part II       Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, Im         Purpose(s) of conservation easements held by the organization (check all that apply).       Preservation of natural habitat         Protection of natural habitat       Preservation of open space         2       Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a cortificed of the axyear.         a Total number of conservation easements       2         b Total acreage restricted by conservation easements       2         c Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easement is included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register         3       Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements it holds?         5       Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements is holds?         6       Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements.         7       Amount of expenses incurred in monitoring, inspec	
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<ul> <li>Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation of the tax year.</li> <li>Total number of conservation easements</li> <li>Number of conservation easements on a certified historic structure included in (a)</li> <li>Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register</li> <li>Number of conservation easements modified, transferred, released, extinguished, or terminated by the organizat year &gt;</li> <li>A number of states where property subject to conservation easement is located &gt;</li> <li>Cose the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements it holds?</li> <li>So taff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easement is located &gt;</li> <li>So and only the conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?</li> <li>In Part XIII, describe how the organization reports conservation easements in its revenue and expense statemer balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that organizations's accounting for conservation easements.</li> <li>Part XIII Organization SMaintaining Collections of Art, Historical Treasures, or Other Sir Complete if the organization answered "Yes" on Form 990, Part IV, line 8.</li> <li>If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance service, provide in Part XIII the text of the footnote to its financial statements that describes these items.</li> <li>If the organization relating to these items:</li> <li>(i) Revenue included on Form 990, Part VII, line 1</li> <li>(ii) Assets included in Form 990, Part XIII, line 1</li> <li>(iii) Assets included on Form 990, Part XIII,</li></ul>	ed historic structure
day of the tax year.       I otal number of conservation easements       Image: Conservation easements <td></td>	
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<ul> <li>a Revenue included on Form 990, Part VIII, line 1</li> <li>b Assets included in Form 990, Part X</li> </ul>	
b Assets included in Form 990, Part X	▶ \$
	<b>\$</b>
	Schedule D (Form 99
2051 10-28-21	

Sche	dule D (Form 990) 2021 Lighthouse	Family Retreat,	Inc.			58-2509	9728	P	age <b>2</b>
Par	t III Organizations Maintaining C	ollections of Ar	rt, Historical 1	reasures, or	Other	Similar Ass	ets(conti	nued)	
3	Using the organization's acquisition, accession	on, and other record	ls, check any of th	e following that	make sigr	nificant use of it	S		
	collection items (check all that apply):								
а	Public exhibition	d	Loan or e	change progran	n				
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	ellections and explair	n how they further	the organizatior	n's exemp	t purpose in Pa	art XIII.		
5	During the year, did the organization solicit o	r receive donations o	of art, historical tre	easures, or other	similar as	sets		_	_
	to be sold to raise funds rather than to be ma	aintained as part of t	he organization's	collection?		L	Yes		No
Par	t IV Escrow and Custodial Arran		ete if the organizat	ion answered "Y	′es" on Fo	orm 990, Part IV	', line 9, o	r	
	reported an amount on Form 990, Par	t X, line 21.							
1a	Is the organization an agent, trustee, custodi					_	_	_	_
	on Form 990, Part X?					L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:						
							Amour	ıt	
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
	Ending balance					1f			
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for escrow or	custodial accou	nt liability	?L	Yes		
	If "Yes," explain the arrangement in Part XIII.								
Par	t V Endowment Funds. Complete it						1 ( ) 5		<u> </u>
		(a) Current year	(b) Prior year	(c) Two years	Dack (d)	Three years back	< (e) Fou	r years	раск
1a	Beginning of year balance								
b	Contributions								
	Net investment earnings, gains, and losses								
	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the curr	•		(a)) held as:					
a	Board designated or quasi-endowment		_%						
	Permanent endowment	%							
С	· · · · · · · · · · · · · · · · · · ·	%							
•	The percentages on lines 2a, 2b, and 2c sho								
за	Are there endowment funds not in the posse	ssion of the organiza	ation that are held	and administere	ed for the	organization		Yes	No
	by:						2-(1)	103	
	(i) Unrelated organizations						3a(i)		
h	(ii) Related organizations								
				۲۲			3b		
4 Par	Describe in Part XIII the intended uses of the           t VI         Land, Buildings, and Equipm		wment lunds.						
1 41	Complete if the organization answered		) Part IV line 11a	See Form 990	Part X lin	o 10			
							(d) Doc		
	Description of property	(a) Cost or of basis (investn	. ,	st or other s (other)		imulated ciation	( <b>d)</b> Boo	k valu	e
10	Land				acpie				
	Land								
	Buildings								
	Leasehold improvements			276,265.		204,910.		71	,355.
	Equipment			2,0,200.		201, 510.		<u>, , , , , , , , , , , , , , , , , , , </u>	, <u>,,,,</u> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Other		X column (P) line	100)		•		71	,355.
TUL	$\cdot$ $\neg uu$ intes ta through te. (Column (u) must en	quai i 0111 330, Fall						<u>, + ,</u>	,

Schedule D (Form 990) 2021

132052 10-28-21

Part VII Investments - Other Securities.	Retreat, Inc.	58-2509728	Page
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	value
	(b) Book value		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" of			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market	value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets.			
Complete if the organization answered "Yes" of			
(a) L	Description	(b) Book v	alue
(a) L (1)	Description	(b) Book V	alue
	Jescription	(b) Book V	alue
(1)	Description	(b) Book v	alue
(1) (2) (3)	Description		alue
(1) (2) (3) (4)	Jescription		alue
(1) (2) (3) (4) (5)	Jescription		alue
(1) (2) (3) (4) (5) (6)	Jescription		alue
(1)         (2)         (3)         (4)         (5)         (6)         (7)	Jescription		alue
(1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)	Jescription		alue
(1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)			
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line			
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	15.)		
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of	15.)	≥ 11e or 11f. See Form 990, Part X, line 25.	
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Complete if the organization answered "Yes" of (b) Description of liability	15.)		
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Complete if the organization answered "Yes" of (b) Description of liability	15.)	≥ 11e or 11f. See Form 990, Part X, line 25.	
(1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line         Part X         Other Liabilities.         Complete if the organization answered "Yes" of         1.       (a) Description of liability	15.)	≥ 11e or 11f. See Form 990, Part X, line 25.	
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes (2)	15.)	≥ 11e or 11f. See Form 990, Part X, line 25.	
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes (2) (3)	15.)	≥ 11e or 11f. See Form 990, Part X, line 25.	
(1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line         Part X         Other Liabilities.         Complete if the organization answered "Yes" of         1.       (a) Description of liability         (1) Federal income taxes         (2)         (3)         (4)	15.)	≥ 11e or 11f. See Form 990, Part X, line 25.	
(1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         Fotal. (Column (b) must equal Form 990, Part X, col. (B) line         Part X         Other Liabilities.         Complete if the organization answered "Yes" of         1.       (a) Description of liability         (1) Federal income taxes         (2)         (3)         (4)         (5)	15.)	≥ 11e or 11f. See Form 990, Part X, line 25.	
(1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         Fotal. (Column (b) must equal Form 990, Part X, col. (B) line         Part X       Other Liabilities.         Complete if the organization answered "Yes" of the organization of liability         (1)       Federal income taxes         (2)       (3)         (4)       (5)         (6)       (6)	15.)	≥ 11e or 11f. See Form 990, Part X, line 25.	
(1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         Fotal. (Column (b) must equal Form 990, Part X, col. (B) line         Part X       Other Liabilities.         Complete if the organization answered "Yes" of the organization of liability         (1)       Federal income taxes         (2)       (3)         (4)       (5)         (6)       (7)	15.)	≥ 11e or 11f. See Form 990, Part X, line 25.	
(1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         Fotal. (Column (b) must equal Form 990, Part X, col. (B) line         Part X         Other Liabilities.         Complete if the organization answered "Yes" of         1.       (a) Description of liability         (1) Federal income taxes         (2)         (3)         (4)         (5)         (6)         (7)         (8)	15.)	≥ 11e or 11f. See Form 990, Part X, line 25.	
(1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         Fotal. (Column (b) must equal Form 990, Part X, col. (B) line         Part X       Other Liabilities.         Complete if the organization answered "Yes" of the organization of liability         (1)       Federal income taxes         (2)       (3)         (4)       (5)         (6)       (7)         (8)       (9)	15.) on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 25.	
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	15.) on Form 990, Part IV, line 25.)	e 11e or 11f. See Form 990, Part X, line 25. (b) Book v	

Schedule D (Form 990) 2021

132053 10-28-21

Sche	dule D (Form 990) 2021 Lighthouse Family Retreat, Inc.			58-2509728	Page <b>4</b>
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	nts With	Revenue per R	eturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	4,708,483.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	102,734.		
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	102,734.
3	Subtract line 2e from line 1			3	4,605,749.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines <b>4a</b> and <b>4b</b>			4c	0.
5					4,605,749.
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme	ents With	Expenses per	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			· · · ·	
1	Total expenses and losses per audited financial statements			1	4,340,299.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities		102,734.		
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	102,734.
3	Subtract line 2e from line 1			3	4,237,565.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.)	4b			
С	Add lines <b>4a</b> and <b>4b</b>			4c	0.
5	Total expenses. Add lines <b>3</b> and <b>4c</b> . ( <i>This must equal Form 990, Part I, line 18.</i> )			5	4,237,565.
	t XIII Supplemental Information.				
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I			4; Part X, line 2	; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addi	tional inform	nation.		

Part X, Line 2:

Generally accepted accounting principles in the United States require a

tax position to be recognized in the financial statements when it is more

likely than not, based on the technical merits, that the position will be

sustained on examination. The Organization has determined that there are

no material uncertain tax positions that require recognition or disclosure

in the financial statements.

132054 10-28-21

12211115 146762 30094

SCHEDULE G	Suppleme	ntal Information Regarding	Fun	drais	ing or Gaming	Acti	ivities	OMB No. 1545-0047
(Form 990)	Complete if the	, or if the	2021					
Department of the Treasury	organization entered more than \$15,000 on Form 990-EZ, line 6a. ► Attach to Form 990 or Form 990-EZ.							Open to Public
Internal Revenue Service		o to www.irs.gov/Form990 for instr	uction	s and	I the latest informat	ion.	<u> </u>	Inspection
Name of the organizatio		Family Retreat, Inc.					Employer id	entification number
	sing Activities	Complete if the organization answe	ered "Y	es" o	n Form 990, Part IV,	line 1	17. Form 990-E	Z filers are not
	complete this par	τ. sed funds through any of the followi	ng acti	vities.	Check all that apply			
a 📃 Mail solicita	•		•		overnment grants			
	l email solicitations			-	nment grants			
c Phone solici d In-person so		g 🛄 Special	fundra	aising	events			
•		or oral agreement with any individual	l (inclu	ding o	fficers, directors, tru	stees	s, or	
		art VII) or entity in connection with p			•		Ye	
compensated at le	•	viduals or entities (fundraisers) pursu organization.	Jant to	agree	ements under which	the fi	undraiser is to	be
			(iii)	Did		(v)	Amount paid	
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundr have c or cor contrib	aiser ustody trol of utions?	(iv) Gross receipts from activity	tò (	or retained by) fundraiser sted in col. <b>(i)</b>	(vi) Amount paid to (or retained by) organization
			Yes	No				
						<u> </u>		
						<u> </u>		
						$\vdash$		
				1				
		on in registered or licensed to calibit			or has been notified		overnet from	registration
or licensing.	ion the organizatio	on is registered or licensed to solicit	CONTIN		s of flas been notified	11115	s exempt from	registration
LHA For Paperwork R	eduction Act Not	ice, see the Instructions for Form	990 or	990-	EZ.		Schedu	e G (Form 990) 2021

58-2509728 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

		of fundraising event contributions and gr		· · · · · · · · · · · · · · · · · · ·		ipts greater than \$5,000.			
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events			
			Casino Night (Gold	1	None	(add col. (a) through			
			Party) Virtual	Golf Tournament		col. (c)			
a)			(event type)	(event type)	(total number)				
nue									
Revenue	1	Gross receipts	246,460.	. 52,691.		299,151.			
æ									
	2	Less: Contributions	31,725.			31,725.			
	3	Gross income (line 1 minus line 2)	214,735.	. 52,691.		267,426.			
	4	Cash prizes							
	5	Noncash prizes							
Direct Expenses									
	6	Rent/facility costs							
	7	Food and beverages							
		<b>c</b>							
	8	Entertainment							
	9	Other direct expenses		. 27,193.		122,379.			
	10	Direct expense summary. Add lines 4 through	122,379.						
						145,047.			
Pa	11 Net income summary. Subtract line 10 from line 3, column (d)       145,047.         Part III       Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than								
		\$15,000 on Form 990-EZ, line 6a.							
0			(a) Dingo	(b) Pull tabs/instant	(a) Other coming	(d) Total gaming (add			
nue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))			
Revenue									
щ	1	Gross revenue							
ŝ	2	Cash prizes							
Direct Expenses									
per	3	Noncash prizes							
Ě		······							
ect	4	Rent/facility costs							
Ū									

9 Enter the state(s) in which the organization conducts gaming activities: \_

8 Net gaming income summary. Subtract line 7 from line 1, column (d)

7 Direct expense summary. Add lines 2 through 5 in column (d)

a Is the organization licensed to conduct gaming activities in each of these states? Yes **b** If "No," explain:

%

Yes

No

**10a** Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? \_\_\_ Yes **b** If "Yes," explain:

Yes

No

132082 10-21-21

5 Other direct expenses

6 Volunteer labor

Schedule G (Form 990) 2021

No

\_ No

%

.....

Yes

No

%

Schedule G (Form 990) 2021	Lighthouse Family Retreat, Inc.	58-2509	728	Page <b>3</b>
11 Does the organization cond	duct gaming activities with nonmembers?		Ye	s 🗌 No
	or, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	-		
to administer charitable ga	aming?	L	Ye	s 🗌 No
<b>13</b> Indicate the percentage of	gaming activity conducted in:			
			13a	%
			13b	%
<b>14</b> Enter the name and addres	ss of the person who prepares the organization's gaming/special events books and recor	ds:		
Name				
Address				
<b>15a</b> Does the organization have	e a contract with a third party from whom the organization receives gaming revenue?	[	Ye	s 🗌 No
<b>b</b> If "Yes," enter the amount	of gaming revenue received by the organization <b>&gt;</b> \$ and the amo	unt		
	d by the third party ▶\$			
c If "Yes," enter name and a				
Name 🕨				
Address 🕨				
<b>16</b> Gaming manager informati	ion:			
Nama N				
Name				
Gaming manager compens	sation ▶ \$			
daming manager compens				
Description of services pro				
	······································			
Director/officer	Employee Independent contractor			
<b>17</b> Mandatory distributions:				
	d under state law to make charitable distributions from the gaming proceeds to	г		
	ense?		Ye	s 🛄 No
	butions required under state law to be distributed to other exempt organizations or spent	in the		
	t activities during the tax year <b>&gt;</b> \$			0 01 101
	<b>Information.</b> Provide the explanations required by Part I, line 2b, columns (iii) and (v);	; and Part	III, lines	s 9, 9b, 10b,
15D, 15C, 16, and	17b, as applicable. Also provide any additional information. See instructions.			
132083 10-21-21	24	Schedule	e G (Fo	rm 990) 2021
	31		~ ~	

12211115 146762 30094

	Schedule G (Form 99
132084 11-18-21	
2211115 146762 30094	32 2021.05000 Lighthouse Family Retreat, 30094
221111J 130/02 J00/8	2021.00000 Dignemouse ramity Recieat, 50094

SCHEDULE J (Form 990)       Compensation Information       Description of the complexity of the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.       Denote Public         Department of the Treasmy Terminal Meenine Services       Complexity of the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.       Denote Public         Name of the organization       Constructions and the latest information       Employer identification numbers of the services         Name of the organization       Lighthouse Pamily Retreat, Inc.       Se to wow virge of the organization and the latest information       Se to wow virge of the organization and possible on 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.       Yes       Yes       Yes       No         Part 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 II to explain       Ib       X         2       Id the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, particular on survey or study       Ib       X         3       Indicate which, if any, of the following the organization used to establish the compensation or the ECO/Executive Director, but explain in Part III.       Compensation committee       X         Corompens
Programment of the Treasury Internal Revenue Service
Department of the Treasity         Core to Public instructions and the latest information.         Open to Public inspection           Name of the organization         Lighthouse Family Retreat, Inc.         Employer identification numbers 58-2509728           Part I         Questions Regarding Compensation         58-2509728           Image: Comparison of 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.         Yes         No           Image: Tayle for comparisons         Payments for business use of personal use         Payments for business use of personal residence         Image: Comparison of the comparison of the comparison of the comparison of 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         Ib         X           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?         Ib         X           3         Indicate which, if any, of the following the organization used to establish the compensation of the coganization to establish compensation committee         Ib         X           4         Indicate which, if any, of the following the organization used to establish the compensation of the CEO/Executive Director, but explain in Part III.         Z         X
Name of the organization       Enclose Family Retreat, Inc.       Employer identification number 58–2509728         Part 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 VI, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.       Yes       No         Part VI, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.       Payments for business use of personal residence       Payments for business use of personal residence         Taxie If the organization and gross-up payments       Payments for business use of personal residence       Payments for business       Payments for business       Payments for business         1b       Itax indemnification and gross-up payments       Personal services (such as maid, chauffeur, chef)       Personal services (such as maid, chauffeur, chef)         1b       Ita any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       1b       X         2       X       Compensation of the CEO/Executive Director, but explain in Part III.       Participate in or receive payment or check any boxes for methods used by a related organization to establish compensation comsultant       Compensation survey or study <t< th=""></t<>
Lighthouse Pamily Retreat, Inc.       58-2509728         Part1       Questions Regarding Compensation       Yes         Ia       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.       Yes       No         Instruction of the companization and gross-up payments       Payments for business use of personal residence Instruction and gross-up payments       Payments for business use of personal residence Instruction and gross-up payments       Ib       X         Is indemnification and gross-up payments       Personal services (such as maid, chauffeur, chef)       Ib       Ib       X         Is indemnification and gross-up payments       Personal services (such as maid, chauffeur, chef)       Ib       X         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       Ib       X         2       Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, negarding the items checked on line 1a?       2       X         3       Indicate which, if any, of the following the organization used to establish the compensation or multice       Written employment contract       2       X <td< th=""></td<>
Part I       Questions Regarding Compensation         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.       Yes         Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.       Yes         Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.       Yes         Travel for companions       Payments for business use of personal residence         Tax indemnification and gross-up payments       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 reimbursment or provision of all of the expenses described above? If "No," complete Part III to explain       1b       X         2       Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the organization used to establish the compensation of the organization to establish compensation committee       1b       X         CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation consultant       Compensation survey or study       2         Guing the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization:       4a       X
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.       Yes       No         Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.       Image: Company and the sector of the s
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.
Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.       Image: Complete Part III to provide any relevant information regarding these items.         Image: Companions
Indicate which, if any, of the following the organization used to establish the compensation of the CEO/Executive Director, but explain in Part III.       Image: Compensation of the CEO/Executive Director, but explain in Compensation committee         Indicate which, if any of the following the organization set but explain in the explanation or a related organization for the compensation survey or study       Image: Compensation committee         Indicate which, if any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filling organization or a related organization:       Image: Compensation committee         Indicipate in or receive payment from an equity-based compensation arrangement?       Image: Compensation and compensation and compensation arrangement?         Image: Compensation or consultant in the response of the payment or organization arrangement?       Image: Compensation committee         Indicate which, if any of the following the organization used to establish the compensation of the organization to establish compensation committee       Image: Compensation committee         Indicate which, if any, of the following the organization used to establish the compensation committee       Image: Compensation committee         Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation consultant       Image: Compensation committee         Indicate which, if any compensation consultant       Image: Compensation committee       Image: Compensation committee         Indicate which is person listed on Form 990, Part VII, Section A, line 1a, with respect t
Travel for companions       Payments for business use of personal residence         Tax indemnification and gross-up payments       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       X         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       X         3 Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation of the CEO/Executive Director, but explain in Part III.       2       X         4 Independent compensation consultant       Written employment contract       2       X         4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization:       a Receive a severance payment from a supplemental nonqualified retirement plan?       4a       X         b Participate in or receive payment from an equity-based compensation arrangement?       4b       X         c Participate in or receive payment from an equity-based compensation arrangement?       4c       X
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       X         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       X         3       Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation of the CEO/Executive Director, but explain in Part III.       2       X         3       Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation committee       Written employment contract       2       X         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:       4a       X         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization:       4a       X         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization:
<ul> <li>Discretionary spending account</li> <li>Personal services (such as maid, chauffeur, chef)</li> <li>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</li> <li>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?</li> <li>Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation of the CEO/Executive Director, but explain in Part III.</li> <li>Compensation committee</li> <li>Written employment contract</li> <li>Independent compensation or soultant</li> <li>Compensation or a related organization:</li> <li>Approval by the board or compensation committee</li> <li>Form 990 of other organization:</li> <li>Perticipate in or receive payment from a supplemental nonqualified retirement plan?</li> <li>Participate in or receive payment from an equity-based compensation arrangement?</li> <li>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</li> </ul>
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       X         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?       1b       X         3       Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation committee       Written employment contract       2       X         3       Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation committee       Written employment contract       2       X         4       Compensation committee       Written employment contract       Compensation committee       4       X         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization:       4a       X         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization:       4a       X         4       During the year, did any person listed on a supplemental nonqualified retirement plan?       4a       X         4       During the year, did on port or a supplemental nonqualified re
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain       1b       X         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       X         3       Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation of the CEO/Executive Director, but explain in Part III.       2       X         3       Indicate organization committee       Written employment contract       1       1         4       Compensation committee       Written employment contract       1       1         4       Independent compensation consultant       Compensation survey or study       1       2       X         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization:       4       X         4       Daricipate in or receive payment from a supplemental nonqualified retirement plan?       4       X         4       X       4       X       4       X
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain       1b       X         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       X         3       Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation of the CEO/Executive Director, but explain in Part III.       2       X         3       Indicate organization committee       Written employment contract       1       1         4       Compensation committee       Written employment contract       1       1         4       Independent compensation consultant       Compensation survey or study       1       2       X         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization:       4       X         4       Daricipate in or receive payment from a supplemental nonqualified retirement plan?       4       X         4       X       4       X       4       X
<ul> <li>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?</li> <li>3 Indicate which, if any, of the following the organization used to establish the compensation of the organization is 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.</li> <li>Compensation committee</li> <li>Independent compensation consultant</li> <li>Compensation or a related organizations</li> <li>Approval by the board or compensation committee</li> <li>Porrigonalization or a related organization:</li> <li>Receive a severance payment or change-of-control payment?</li> <li>Participate in or receive payment from a supplemental nonqualified retirement plan?</li> <li>C Participate in or receive payment from an equity-based compensation arrangement?</li> <li>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</li> </ul>
trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2       X         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.       Image: Compensation committee
<ul> <li>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.</li> <li>Compensation committee</li> <li>Independent compensation consultant</li> <li>Compensation consultant</li> <li>Compensation committee</li> <li>Independent compensations</li> <li>Approval by the board or compensation committee</li> <li>During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization:</li> <li>a Receive a severance payment or change-of-control payment?</li> <li>b Participate in or receive payment from a supplemental nonqualified retirement plan?</li> <li>c Participate in or receive payment from an equity-based compensation arrangement?</li> <li>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</li> </ul>
CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to       Image: Ceo/Executive Director, but explain in Part III.         Compensation committee       Image: Written employment contract         Independent compensation consultant       Compensation survey or study         Form 990 of other organizations       X Approval by the board or compensation committee         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:         Receive a severance payment or change-of-control payment?       4a       X         b Participate in or receive payment from a supplemental nonqualified retirement plan?       4b       X         If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       Image: Ceore compension of the ceore compension arrangement?       Image: Ceore ce
CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to       Image: Ceo/Executive Director, but explain in Part III.         Compensation committee       Image: Written employment contract         Independent compensation consultant       Compensation survey or study         Form 990 of other organizations       X Approval by the board or compensation committee         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:         Receive a severance payment or change-of-control payment?       4a       X         b Participate in or receive payment from a supplemental nonqualified retirement plan?       4b       X         If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       Image: Ceore compension of the ceore compension arrangement?       Image: Ceore ce
establish compensation of the CEO/Executive Director, but explain in Part III.       Image: Compensation committee       Image: Compensation committee </th
<ul> <li>Independent compensation consultant</li> <li>Form 990 of other organizations</li> <li>Approval by the board or compensation committee</li> <li>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:</li> <li>a Receive a severance payment or change-of-control payment?</li> <li>Participate in or receive payment from a supplemental nonqualified retirement plan?</li> <li>Participate in or receive payment from an equity-based compensation arrangement?</li> <li>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</li> </ul>
<ul> <li>Form 990 of other organizations</li> <li>Approval by the board or compensation committee</li> <li>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:</li> <li>a Receive a severance payment or change-of-control payment?</li> <li>b Participate in or receive payment from a supplemental nonqualified retirement plan?</li> <li>C Participate in or receive payment from an equity-based compensation arrangement?</li> <li>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</li> </ul>
<ul> <li>Form 990 of other organizations</li> <li>Approval by the board or compensation committee</li> <li>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:</li> <li>a Receive a severance payment or change-of-control payment?</li> <li>b Participate in or receive payment from a supplemental nonqualified retirement plan?</li> <li>C Participate in or receive payment from an equity-based compensation arrangement?</li> <li>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</li> </ul>
organization or a related organization:       4a       X         a Receive a severance payment or change-of-control payment?       4a       X         b Participate in or receive payment from a supplemental nonqualified retirement plan?       4b       X         c Participate in or receive payment from an equity-based compensation arrangement?       4c       X         lf "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       Image: Comparison of the persons and provide the applicable amounts for each item in Part III.       Image: Comparison of the persons and provide the applicable amounts for each item in Part III.
organization or a related organization:       4a       X         a Receive a severance payment or change-of-control payment?       4a       X         b Participate in or receive payment from a supplemental nonqualified retirement plan?       4b       X         c Participate in or receive payment from an equity-based compensation arrangement?       4c       X         lf "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       Image: Comparison of the persons and provide the applicable amounts for each item in Part III.       Image: Comparison of the persons and provide the applicable amounts for each item in Part III.
a Receive a severance payment or change-of-control payment?       4a       X         b Participate in or receive payment from a supplemental nonqualified retirement plan?       4b       X         c Participate in or receive payment from an equity-based compensation arrangement?       4c       X         lf "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       Image: Comparison of the persons and provide the applicable amounts for each item in Part III.       Image: Comparison of the persons and provide the applicable amounts for each item in Part III.
b Participate in or receive payment from a supplemental nonqualified retirement plan?       4b       X         c Participate in or receive payment from an equity-based compensation arrangement?       4c       X         If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       Image: Comparison of the persons and provide the applicable amounts for each item in Part III.       Image: Comparison of the persons and provide the applicable amounts for each item in Part III.
C Participate in or receive payment from an equity-based compensation arrangement?     If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.
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:
a The organization?
b Any related organization? 5b X
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: a The organization?
If "Yes" on line 6a or 6b, describe in Part III.  7 For percent listed on Form 900, Part VII. Section A, line 1a, did the organization provide any penfixed payments
<ul> <li>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments</li> <li>not described on lines 5 and 6? If "Yes," describe in Part III</li> <li>7 X</li> </ul>
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       X
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in
Regulations section 53.4958-6(c)?
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule J (Form 990) 202

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Schedule J (Form 990) 2021

58-2509728

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	(C) Retirement and 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)	177,213.	17,617.	0.	8,126.	6,720.	209,676.	0
Executive Director	(ii)	٥.	0.	0.	0.	0.	. 0.	0
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(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 

ſ

Employer identification number

58-2509728

Department of the Treasury Internal Revenue Service

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.

21 L **Open to Public** Inspection

Name of the	organization
-------------	--------------

Lighthouse Family Retreat, Inc.

Par	t I Types of Property		-					
		<b>(a)</b> Check if	<b>(b)</b> Number of	(c) Noncash contribution	(d) Method of det	termini	na	
		applicable	contributions or	amounts reported on Form 990, Part VIII, line 1g	noncash contribut			5
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 traded	X	5	27,812.	FMV			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15								
16								
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts	x	125	20 556	ENG7			
25	Other ( <u>Retreat - Mat</u> )	A	125	30,556.	FMV			
26 07	Other ()							
27	Other ()							
<u>28</u> 29	Other ()	Tation durin	l					
29	Number of Forms 8283 received by the organi for which the organization completed Form 82							
	for which the organization completed Form oz	00, Fait V, L	Jonee Acknowledg	29			Yes	No
302	During the year, did the organization receive b	w contributio	n any property re	oorted in Part L lines 1 throu	ah 28 that it		165	NU
000	must hold for at least three years from the date				-			
	exempt purposes for the entire holding period			•		30a		х
h	If "Yes," describe the arrangement in Part II.	•				000		
31	Does the organization have a gift acceptance	policy that r	equires the review	of any nonstandard contribu	itions?	31		х
	Does the organization hire or use third parties							
02u			-	cit, process, or seir noncasir		32a		х
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	column (c) fo	r a type of propert	v for which column (a) is che	cked.			
	describe in Part II.				w,			

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Schedule M (Form 990) 2021

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**Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information. Part II

132142 11-17-21			Sche	dule M (Form 990) 2021
211115 146762 30094	2021 05	37	- Family Datas	+ 2000/ 1

58 - 2509728

12211115 146762 30094

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

Department of the Treasury Internal Revenue Service Name of the organization 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. ► Go to www.irs.gov/Form990 for the latest information.



Employer identification number 58-2509728

Lighthouse Family Retreat, Inc.

Form 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

and contractors. The Board may consider proposals from the Executive

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Schedule O (Form 990) 2021

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Schedule O (Form 990) 2021		Page 2
Name of the organization Lighthouse Family Ret	reat, Inc.	Employer identification number 58-2509728
Director that impact staff below the Execu	tive Director level.	
In our total compensation package, Lightho	use may provide various standard	
elements such as base salary, performance	bonuses, expense allowances (car	
or gas, housing, telephone), or benefits a	llowances. 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 1	evel, the Board reviews practices	
of like organizations in the non-profit se	ctor. We consider information in	
the local geographic markets where our emp	loyees reside, from sources such	
as recruiters, church officers and web-bas	ed surveys and publications. We	
also consider the competitive level that b	est fits the experience and	
leadership potential of a candidate or inc	umbent, in line with how we plan	
to grow the ministry in the future.		
Our Board and management team together str	ive 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.		

132212 11-11-21