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MAR 30

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

Open to Public

Department of the Treasury ▶ The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service

A For the 2008 calendar year, or tax year beginning and ending C Name of organization D Employer identification number Check if applicable Please use IRS label or Address change LIGHTHOUSE MINISTRIES, print or Name change type 59-1722768 Doing Business As Initial Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Specific Termin-863-687-4076 P.O. BOX 3112 Instruc-X Amended City or town, state or country, and ZIP + 4 G Gross receipts \$ 2.667 Applica-tion pending LAKELAND, FL 33802 H(a) Is this a group return F Name and address of principal officer: STEVE TURBEVILLE Yes X No for affiliates? 33801 215 E. MAGNOLIA STREET, LAKELAND, H(b) Are all affiliates included? Yes No 4947(a)(1) or I Tax-exempt status: X 501(c) (3 If "No," attach a list. (see instructions)) ◀ (insert no) J Website: ► WWW.LIGHTHOUSEMIN.ORG **H(c)** Group exemption number ▶ Other > K Type of organization: X Corporation Trust Association L Year of formation: 1977 M State of legal domicile: FL Part I | Summary Briefly describe the organization's mission or most significant activities. FOOD & SHELTER FOR THE HOMELESS Activities & Governance Check this box
If the organization discontinued its operations or disposed of more than 25% of its assets Number of voting members of the governing body (Part VI, line 1a) 14 Number of independent voting members of the governing body (Part VI, line 1b) 4 77 Total number of employees (Part V, line 2a) 5 5 1150 Total number of volunteers (estimate if necessary) 6 7a 0. 7a Total gross unrelated business revenue from Part VIII, line 12, column (C) 0. Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 1,360,018 1,827,366. Contributions and grants (Part VIII, line 1h) Revenue 191,976. Program service revenue (Part VIII, line 2g) <u>231,549.</u> 3,145. <u>8,750.</u> Investment income (Part VIII, column (A), lines 3, 4, and 7d) 555,215 600,112. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 2.110.354 2.667.777. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 1,174,642 228,687. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 191,511 219,670. 16a Professional fundraising fees (Part IX, column (A), line 11e) 219,670. b Total fundraising expenses (Part IX, column (D), line 25) 854,636 1,161,882. Other expenses (Part IX, column (A), lines, 11a-11d; 18 Total expenses Add lines 13-17 (must equal Part IX Example 25) 2,220,789. 2,610,239. Revenue less expenses Subtract line 18 from line 12 <110,435. <u>57,538.</u> OS(185 **Beginning of Year End of Year** MAR 0 9 2010 20 Total assets (Part X, line 16) 4,063,660 <u>4,695,596.</u> RS 21 Total liabilities (Part X, line 26) 1,264,195 1,838,593. Net assets or fund balances Subtract line 21 from Pac N. U. 2,799,465 2,857,003. Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Signature of officer Date Here STEVE TURBEVILLE, PRESIDENT Type or print name and title Date Check if Preparer's identifying number (see instructions) Preparer's Paid self-employed 3-4signature Preparer's Firm's name (or BEASLEY, SPEED & CO. EIN > yours if self-employed), Use Only 4940 SOUTHFORK DRIVE address, and LAKELAND, FL 33813 Phone no. \triangleright 863-646-1373 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes _ No

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Part IV Checklist of Required Schedules

| | | | Yes | No |
|-----|---|----------|--|-------------------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | |
| | If "Yes," complete Schedule A | 1 | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | Х | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | |
| | public office? If "Yes," complete Schedule C, Part I | 3 | | _X_ |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | 4 | | <u> </u> |
| 5 | Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and | | | |
| | reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III | 5 | | <u>X</u> |
| 6 | Did the organization maintain any donor advised funds or any accounts where 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 | | <u>X</u> |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7_ | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | |
| | Schedule D, Part III | 8 | | <u> X</u> |
| 9 | Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide | | | |
| | credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | | _X_ |
| 10 | Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | <u> </u> |
| 11 | Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? | | | |
| | If "Yes," complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable | 11 | X | |
| 12 | Did the organization receive an audited financial statement for the year for which it is completing this return that was | | ļ | |
| | prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII | 12 | X | |
| 13 | Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | ļ | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the U.S.? | 14a | | X |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | | | |
| | and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I | 14b | ļ | X |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity | | | |
| | located outside the United States? If "Yes," complete Schedule F, Part II | 15 | | X |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals | | | |
| | located outside the United States? If "Yes," complete Schedule F, Part III | 16 | | <u>X</u> |
| 17 | Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I | 17 | | X |
| 18 | Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | X |
| 19 | Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | 19 | | X |
| 20 | Did the organization operate one or more hospitals? If "Yes," complete Schedule H | 20 | | X |
| 21 | Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | X |
| 22 | Did the organization report more than \$5,000 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, questions 3, 4, or 5? If "Yes," complete Schedule J | 23 | | X |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | | | |
| | last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K | | | ٦, |
| | If "No", go to question 25 | 24a | | X |
| | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | ٠. | | |
| | 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) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a | | | v |
| | disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | <u> </u> |
| b | Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a | 6 | | |
| | prior year? If "Yes," complete Schedule L, Part I | 25b | | <u> </u> |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified | | | v |
| | person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II | _26 | - | <u> </u> |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial | | | v |
| | contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III | Eorm | gan / | <u>X</u> 2008) |
| | | LOUD | 23U (| 2UUO) |

Part IV | Checklist of Required Schedules (continued)

| | | | Yes | No |
|----|--|------|-------|-------|
| 28 | During the tax year, did any person who is a current or former officer, director, trustee, or key employee. | 1 | | |
| а | Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an | ļ | | |
| | indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other | | | |
| | person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV | 28a | x | |
| b | Have a family member who had a direct or indirect business relationship with the organization? | | | |
| | If "Yes," complete Schedule L, Part IV | 28b | X | |
| C | Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional | | | |
| | corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV | 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? If "Yes," complete Schedule M | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? | | | |
| | If "Yes," complete Schedule N, Part I | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | | | |
| | Schedule N, Part II | 32 | | 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? If "Yes," complete Schedule R, Part I | 33 | | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? | | | |
| | If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 | 34 | | X |
| 35 | Is any related organization a controlled entity within the meaning of section 512(b)(13)? | | | |
| | If "Yes," complete Schedule R, Part V, line 2 | 35 | | X |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | | | |
| | If "Yes," complete Schedule R, Part V, line 2 | 36 | | X |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | X |
| | | Form | aan / | 20097 |

Form **990** (2008)

12a

b Gross income from other sources (Do not net amounts due or paid to other sources against

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

amounts due or received from them)

Form 990 (2008) LIGHTHOUSE MINISTRIES, INC. 59-1722768 Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code)

| Sec | tion A. Governing Body and Management | | | | |
|----------------|---|------------|---------------------------------------|--------------|----------|
| | | | | Yes | No |
| | For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, | Γ | | | |
| | processes, or changes in Schedule O See instructions. | ı | | | |
| 1a | Enter the number of voting members of the governing body | 14 | | | İ |
| b | Enter the number of voting members that are independent 1b | 14 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other | ŀ | | | |
| | officer, director, trustee, or key employee? | | 2 | X | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision | | | | |
| | of officers, directors or trustees, or key employees to a management company or other person? | L | 3 | | X |
| 4 | Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? | _ | 4 | | X |
| 5 | Did the organization become aware during the year of a material diversion of the organization's assets? | | 5 | | X |
| 6 | Does the organization have members or stockholders? | _ | 6 | | X |
| 7a | Does the organization have members, stockholders, or other persons who may elect one or more members of the | | | | |
| | governing body? | | 7a | | <u>X</u> |
| b | Are any decisions of the governing body subject to approval by members, stockholders, or other persons? | | 7b | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year | i | | | |
| | by the following | | | | |
| а | The governing body? | | 8a | X | <u></u> |
| b | Each committee with authority to act on behalf of the governing body? | \vdash | 8b | X | |
| | Does the organization have local chapters, branches, or affiliates? | - | <u>9a</u> | | X |
| þ | If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, | | | | |
| | and branches to ensure their operations are consistent with those of the organization? | \vdash | 9b | | |
| 10 | Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must | | _ | | |
| | describe in Schedule O the process, if any, the organization uses to review the Form 990 | - | 10 | Х | |
| 11 | Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the | | | | 3.7 |
| Sec | organization's mailing address? If "Yes," provide the names and addresses in Schedule O | | 11 | | X |
| 500 | uon b. i onoico | | · · · · · · · · · · · · · · · · · · · | Yes | No |
| 12a | Does the organization have a written conflict of interest policy? If "No," go to line 13 | Γ. | 12a | X | NA. |
| | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise | _ <u> </u> | IZd | | |
| | to conflicts? |]. | 12b | х | |
| c | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe | <u> </u> | 120 | | |
| _ | in Schedule O how this is done | ١. | 12c | х | |
| 13 | Does the organization have a written whistleblower policy? | | 13 | X | |
| 14 | Does the organization have a written document retention and destruction policy? | | 14 | | X |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent | | | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision | | | | |
| а | The organization's CEO, Executive Director, or top management official? | . | 15a | x | |
| | Other officers or key employees of the organization? | | 15b | | X |
| | Describe the process in Schedule O (see instructions) | | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a | | | | |
| | taxable entity during the year? | L, | 16a | | X |
| b | If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation | | | | |
| | in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's | | | | |
| | exempt status with respect to such arrangements? | 1 | 16b | | |
| Sec | tion C. Disclosure | | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed ► NONE | | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available. | ble fo | or | | |
| | public inspection Indicate how you make these available. Check all that apply | | | | |
| | Own website Another's website X Upon request | | | | |
| 19 | Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy | , and | l finar | ncial | |
| | statements available to the public | | | | |
| 20 | State the name, physical address, and telephone number of the person who possesses the books and records of the organ | ıızatıo | on 🕨 | | |
| | STEVE TURBEVILLE - 863-687-4076 | | | | |
| 32006 | 215 E. MAGNOLIA STREET, LAKELAND, FL 33801 | | | | |
| 2-18- | ba | F | orm 9 | 990 (| 2008) |

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

Check this box if the organization did not compensate any officer, director, trustee, or key employee

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order individual trustees or directors; institutional trustees; officers; key employees, highest compensated employees; and former such persons

| (A) Name and Title | (B) Average | | | (C Posit | tion | | | (D) Reportable | (E) Reportable | (F) Estimated |
|------------------------------|----------------------|----------------|--------------|-------------|------|------------------------------|----------|--|--|--|
| | hours per week | director | onal trustee | | | Highest compensated employee | <u> </u> | compensation from the organization (W-2/1099-MISC) | compensation from related organizations (W-2/1099-MISC) | amount of other compensation from the organization and related organizations |
| CHUCK STRAUBEL DIRECTOR | | x | | | | | | 0. | 0. | 0. |
| ROBERT ZOLKOSKY | | <u> </u> | | - | | | ├─ | <u>0.</u> | 0. | <u> </u> |
| DIRECTOR | | x | | | | | | 0. | 0. | 0. |
| GINA SAUNDERS | | ^ | | | | | | | | <u> </u> |
| DIRECTOR | | $ \mathbf{x} $ | | | | | | 0. | 0. | 0. |
| STEVE BELLAMY | | | j | | - | | \vdash | · | <u> </u> | |
| DIRECTOR | i | х | İ | i | | İ | İ | i o.i | 0. | 0. |
| JIM EDWARDS | | | | | | | | | | |
| DIRECTOR | | x | | | | | | 0. | 0. | 0. |
| DANE PARKER | | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| JOE TEDDER | | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| BRETT VOGELER | | | | | | | | | _ | |
| DIRECTOR | | х | | | | _ | _ | 0. | 0. | 0. |
| STEPHANIE MADDEN | | , | | | | : | | | 0 | _ |
| DIRECTOR | | X | | | | | _ | 0. | 0. | 0. |
| LYNETTE ABBOTT DIRECTOR | | $ \mathbf{x} $ | Ì | | | | | 0. | 0. | 0. |
| BLAIR CLARK | | ^ | - | | | - | - | 0. | 0. | <u> </u> |
| VICE CHAIRMAN | | | | x | | | | 0. | 0. | 0. |
| DIANE BISHOP | | | | | | | | 0. | 0. | |
| SECRETARY | | | | x | | | | 0. | 0. | 0. |
| KATRINA LUNSFORD | | | | | | | | | <u> </u> | |
| TREASURER | | | | х | | | | 0. | 0. | 0. |
| DAVE WICKENKAMP | | | | | | | | | | |
| CHAIRMAN | | | | х | | | | 0. | 0. | 0. |
| STEVE TURBEVILLE | | | | | | | | | | |
| PRESIDENT | 40.00 | | _ | Х | | | | 81,200. | 0. | 0. |
| | | | | | | | | | | |
| | | | | | | <u> </u> | | <u> </u> | | 000 |

| Part VII Section A. Officers, Directors, Tru | stees, Key E | mple | oyee | s, a | nd l | High | est | Compensated Employ | ees (continued) | | | | |
|--|---|----------|-----------------------|---------------|----------------|------------------------------|--------|--|---|----------|------------------------|---|-----------------------|
| (A) | (B) | | | (0 | C) | | | (D) | (E) | | | (F) | |
| Name and title | Average Position hours (check all that apply) | | | | | | . I. A | Reportable | Reportable | _ | | stimate | - |
| | hours per week | director | Institutional trustee | | Key employee | Highest compensated employee | | compensation trom the organization (W-2/1099-MISC) | compensation trom related organizations (W-2/1099-MIS | 5 | com fr org an | nount other pensa- rom the anizate d relate anizate | tion e on ed |
| | _ | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | _ | | | | | | · · · · · · · · · · · · · · · · · · · | | | | |
| | | | | | | | | | | | | | |
| | | | | | <u> </u> | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Ab Tard | | | | <u></u> | | Ļ | | 81,200. | | 0. | | | 0 . |
| Total Total number of individuals (including those | in 1a) who re | CEIV | ed m | ore | tha | n \$1 | 00 | · · · · · · · · · · · · · · · · · · · | | <u> </u> | | | <u> </u> |
| compensation from the organization | , III, 14, III 10 10 | 00,, | | | | ψ. | 00, | ooo iii reportable | | • | | | (|
| | | | | | | | | | | | | Yes | No |
| 3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s | | | , ke | y em | plo | yee, | or l | highest compensated er | nployee on | | 3 | | х |
| 4 For any individual listed on line 1a, is the su | m of reportab | le co | | | | | | · | the organization | | | | x |
| and related organizations greater than \$150Did any person listed on line 1a receive or a | | | | | | | | | ices rendered to | | 4 | | Δ. |
| the organization? If "Yes," complete Sched | ule J for such | pers | on | | | | | | | | 5 | | X |
| Section B. Independent Contractors 1 Complete this table for your five highest co | mpensated in | dene | ende | nt c | ontr | racto | ors : | that received more than | \$100,000 of com | nens | ation 1 | from | |
| the organization | | | | | | | | | | | | | |
| (A) Name and business | address | | | | | | | (B) Description of s | ervices | С | ompe | C) nsatio | n |
| RUSS REID, TWO NORTH LAKI 600, PASADENA, CA 91101-1 | | E 5 | SU | [T] | 3 —— | | | FUNDRAISING | | | 18 | 5,8 | 21. |
| | | | | . | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| 2 Total number of independent contractors (in from the organization ▶ | ncluding those | e in ' | 1) wł | no re | ecer | ved | mo | re than \$100,000 in com | pensation | | | | |
| | | | | | | | | | | | | | |

| | | 2008) LIGHTHOUSE MINISTRIES | INC. | | 59-1722 | 2768 Page 9 |
|---------------------------|---------------|---|-------------------------------|--|---|---|
| | · VIII | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | Revenue excluded from tax under sections 512, 513, or 514 |
| and other similar amounts | | Federated campaigns 1a | | | | |
| ֓֟֝֟֟֟֟֟֟֟֟֟֟֟֟ | С | Fundraising events 1c | | | | |
| are | ď | Related organizations 1d | | | | |
| Ē | | Government grants (contributions) 1e | | | | |
| <u></u> | | All other contributions, gifts, grants, and | | | | |
| | • | similar amounts not included above 1f 1827366. | | | | |
| 9 | a | Noncash contributions included in lines 1a-1f \$ 686,807. | | | | |
| a | - | | ,827,366. | | | 1 |
| | | Business Code | | | | |
| , | 2 a | PRESCHOOL | 157,862. | | | 157,862 |
| ? | | TRANSIENT DONATIONS | 73,687. | | | 73,687 |
| | c | | 7370071 | | | 73,007 |
| ē | d | | | | | |
| Revenue | _ | | | | | |
| 2 | e | All other program service revenue | <u>-</u> | | | |
| | | Total, Add lines 2a-2f | 231,549. | | | |
| \dashv | <u>ч</u> 3 | Investment income (including dividends, interest, and | 231,343. | | | |
| | 3 | other similar amounts) | 475. | | | 475 |
| | | · · · · · · · · · · · · · · · · · · · | 4/3• | | | 4/3 |
| - 1 | 4 | Income from investment of tax-exempt bond proceeds | | | | |
| | 5 | Royalties (V. Royalties | | | | |
| | _ | (i) Real (ii) Personal Gross Rents 23,010. | | | | |
| | 6 a | | | | | |
| | b | Less rental expenses | | | | |
| | С | Rental income or (loss) 23,010. | 02 010 | | | 22 010 |
| - | | Net rental income or (loss) | 23,010. | | | 23,010 |
| | 7 a | Gross amount from sales of (i) Securities (ii) Other | | | | |
| | | assets other than inventory 8,275. | | | | |
| | b | Less: cost or other basis | | | | |
| | | and sales expenses | | | | |
| | | Gain or (loss) 8,275. | 0 005 | 0 055 | | |
| | | Net gain or (loss) | 8,275. | 8,275. | | |
| Other Revenue | 8 a | Gross income from fundraising events (not including \$ of | | | | |
| ê B | | contributions reported on line 1c) See | | | | |
| ĕ | | Part IV, line 18 a 101,843. | | | | |
| ₹ | | Less direct expenses b | 101 042 | | | 101 042 |
| | | Net income or (loss) from fundraising events | 101,843. | | | 101,843 |
| | 9 a | Gross income from gaming activities. See | | | | |
| | | Part IV, line 19 a | | | | |
| | | Less direct expenses b | | | | |
| | | Net income or (loss) from gaming activities | | | | |
| 1 | 10 a | Gross sales of inventory, less returns | | | | |
| | | and allowances $a = 436,807$. | | | | |
| | | Less cost of goods sold b | 406 657 | | | 1 425 225 |
| ┡ | _ c | Net income or (loss) from sales of inventory | 436,807. | | | 436,807 |
| <u> </u> | | Miscellaneous Revenue Business Code | | | | |
| 1 | 11 a | OTHER INCOME | 38,452. | | | 38,452 |
| | b | | | | | |
| 1 | С | | | | | |
| | d | All other revenue | | | | |
| | | | 20 452 | 1 T | | 1 |
| | е | Total. Add lines 11a-11d | 38, <u>452.</u> 2,667,777. | | | 832,136 |

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part Vili. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|----------|---|-----------------------|------------------------------|-------------------------------------|--------------------------------|
| 1 | Grants and other assistance to governments and | | • | | |
| | organizations in the U.S. See Part IV, line 21 | | | | |
| 2 | Grants and other assistance to individuals in | | | | |
| | the U.S. See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to governments, | | | | |
| | organizations, and individuals outside the US | | | | |
| | See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | | | | |
| | trustees, and key employees | | | | |
| 6 | Compensation not included above, to disqualified | | | • | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | | | | |
| 7 | Other salaries and wages | 973,670. | 837,467. | 136,203. | |
| 8 | Pension plan contributions (include section 401(k) | | İ | j | |
| | and section 403(b) employer contributions) | 105 200 | 164 555 | 00 500 | |
| 9 | Other employee benefits | 185,088. | 164,388. | 20,700. | |
| 10 | Payroll taxes | 69,929. | 59,509. | 10,420. | |
| 11 | Fees for services (non-employees). | | | | |
| а | Management | | | | |
| b | Legal | 7.600 | | 7 600 | |
| С | Accounting | 7,688. | | 7,688. | |
| d | Lobbying | 210 670 | | - | 010 670 |
| e | Professional fundraising services. See Part IV, line 17 | 219,670. | | | 219,670. |
| f | Investment management fees | 0 607 | 0.426 | 1 261 | |
| g | Other | 9,697. 13,240. | 8,436. 13,240. | 1,261. | |
| 12 | Advertising and promotion | 20,025. | 20,025. | | |
| 13 | Office expenses | 20,025. | 20,025. | | |
| 14 | Information technology Royalties | | | | |
| 15 16 | Occupancy | 219,803. | 219,803. | | |
| 17 | Travel | 1,232. | 217,005. | 1,232. | |
| 18 | Payments of travel or entertainment expenses | 1,252. | | 1,252. | |
| 10 | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 7,498. | | 7,498. | |
| 20 | Interest | 106,760. | 106,760. | 7,1500 | · |
| 21 | Payments to affiliates | 2007.000 | | | 1-21-21 |
| 22 | Depreciation, depletion, and amortization | 144,135. | 144,135. | | |
| 23 | Insurance | | | | |
| 24 | Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) | | | | |
| а | FOOD MINISTRY OUTREACH | 229,758. | 229,758. | | |
| b | CONTRACT LABOR | 62,446. | 62,446. | | |
| С | INSURANCE | 46,116. | 46,116. | | |
| d | FOOD | 44,490. | 44,490. | | |
| е | AUTO | 38,024. | | 38,024. | |
| f | All other expenses | 210,970. | 158,654. | 52,316. | |
| 25 | Total functional expenses Add lines 1 through 24f | 2,610,239. | 2,115,227. | 275,342. | 219,670. |
| 26 | Joint Costs. Check here ▶ ☐ If following | | | | |
| | SOP 98-2. Complete this line only if the organization | į | | | |
| | reported in column (B) joint costs from a combined | ļ | | | |
| | educational campaign and fundraising solicitation | l | | ļ | |

832010 12-18-08

| TAUMUOUGE | MINISTRIES | . INC. |
|------------|------------|--------|
| TIGULIOUSE | MINIDIKIDO | · INC. |

| Par | t X | Balance Sheet | | | |
|----------------------------|--------------------|---|------------------------------------|----------|--------------------|
| | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | 145,857. | 1 | 120,179 |
| İ | 2 | Savings and temporary cash investments | | 2 | |
| | 3 | Pledges and grants receivable, net | | 3 | |
| ĺ | 4 | Accounts receivable, net | 988. | 4 | 1,850 |
| | 5 | Receivables from current and former officers, directors, trustees, key | | | |
| | | employees, or other related parties. Complete Part II of Schedule L. | | 5 | |
| | 6 | Receivables from other disqualified persons (as defined under section | | | _ |
| | | 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete | | | |
| | | Part II of Schedule L | | 6 | |
| ம | 7 | Notes and loans receivable, net | | 7 | |
| Assets | 8 | Inventories for sale or use | 150,000. | 8 | 208,000 |
| ۲¥ | 9 | Prepaid expenses and deferred charges | | 9 | |
| | 10a | Land, buildings, and equipment cost basis 10a 5,554,5 | 50. | | |
| | | Less accumulated depreciation Complete | | | |
| | _ | Part VI of Schedule D 10b 1,197,5 | 39. 3,758,065. | 10c | 4,357,011 |
| | 11 | Investments - publicly traded securities | 2, 21, 21, 21 | 11 | |
| | 12 | Investments · other securities See Part IV, line 11 | | 12 | |
| | 13 | Investments · program-related. See Part IV, line 11 | | 13 | |
| | 14 | Intangible assets | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | 8,750. | 15 | 8,556 |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 4,063,660. | 16 | 4,695,596 |
| | 17 | Accounts payable and accrued expenses | 85,342. | 17 | 125,838 |
| | 18 | Grants payable | 03/342. | 18 | 123,030 |
| | 19 | Deferred revenue | | 19 | |
| | 20 | Tax-exempt bond liabilities | | 20 | |
| ,, | 21 | Escrow account liability Complete Part IV of Schedule D | | 21 | |
| Liabilities | 22 | Payables to current and former officers, directors, trustees, key employees | | 21 | |
| Pili | 22 | highest compensated employees, and disqualified persons. Complete Part | | | |
| _ <u> </u> | | of Schedule L | . " | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | 1,173,799. | 23 | 1,699,155 |
| | 24 | Unsecured notes and loans payable | 1,113,133. | 24 | 1,000,100 |
| | 25 | Other liabilities Complete Part X of Schedule D | 5,054. | 25 | 13,600 |
| | 26 | Total liabilities. Add lines 17 through 25 | 1,264,195. | 26 | 1,838,593 |
| | 20 | Organizations that follow SFAS 117, check here X and comple | | 20 | 1,030,333 |
| v | | lines 27 through 29, and lines 33 and 34. | rte | | |
| Ce | 27 | Unrestricted net assets | 2,730,965. | 27 | 2,850,156 |
| ılar | 28 | Temporarily restricted net assets | 68,500. | 28 | 6,847 |
| B | 29 | , | 00,500. | | 0,041 |
| un | 29 | Permanently restricted net assets Organizations that do not follow SFAS 117, check here | | _29 | |
| Ē | | • | | | |
| Net Assets or Fund Balance | 20 | complete lines 30 through 34. Capital stock or trust principal, or current funds | | 30 | |
| se | 30 | Paid-in or capital surplus, or land, building, or equipment fund | | | |
| t As | 31 | | | 31 | |
| Net | 32 | Retained earnings, endowment, accumulated income, or other funds | 2,799,465. | 32 | 2,857,003 |
| | 33 | Total net assets or fund balances | 4,063,660. | 33 | 4,695,596 |
| Pai | <u>34</u> rt XI | Total liabilities and net assets/fund balances Financial Statements and Reporting | 4,003,000. | 34 | 4,093,390 |
| <u> </u> | - 71 | Timanolal Statements and Neporting | | | Yes No |
| | ۸ | ounting method used to prepare the Form 990 Cash X Accrual | Other | | |
| 1 | | | | | • |
| 2a | | the organization's financial statements compiled or reviewed by an indepen | | | 2a X |
| b | | the organization's financial statements audited by an independent account | | | . 2b X |
| C | | es" to lines 2a or 2b, does the organization have a committee that assumes | | e audit, | 1 1 |
| Ŭ | revie | w, or compilation of its financial statements and selection of an independent | | | 2c X |
| | | and the first of the contract | | | |
| | As a | result of a federal award, was the organization required to undergo an audit | or audits as set forth in the Sing | le Aud | |
| 3а | As a Act a | result of a federal award, was the organization required to undergo an audit and OMB Circular A-133? | or audits as set forth in the Sing | jle Aud | 3a X |

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

OMB No 1545-0047

2008 Open to Public Inspection

Name of the organization

Employer identification number

| Part I Reason for Public Charity Status (All organizations must complete this part) (see instructions) The organization is not a private foundation because it is: (Please check only one organization) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) | |
|---|------|
| A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) | |
| 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) | - |
| | |
| A household and appropriate the property of the state of | |
| 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.) | |
| 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name | e, |
| city, and state | |
| 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in | |
| section 170(b)(1)(A)(iv). (Complete Part II) | |
| A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). | |
| 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in | n |
| section 170(b)(1)(A)(vi). (Complete Part II) | |
| 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) | |
| 9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts f | from |
| activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investr | |
| income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 | |
| See section 509(a)(2). (Complete the Part III.) | _ |
| 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4), (see instructions) | |
| 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one of | or. |
| more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that | |
| describes the type of supporting organization and complete lines 11e through 11h | |
| a Type I b Type II c Type IiI · Functionally integrated d Type III · Other | |
| e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than | n |
| foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). | |
| f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III | |
| supporting organization, check this box | |
| g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? | |
| (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, | No |
| the governing body of the supported organization? | 110 |
| (ii) A family member of a person described in (i) above? | |
| | |
| | |
| (iii) A 35% controlled entity of a person described in (i) or (ii) above? | |
| | |
| (iii) A 35% controlled entity of a person described in (i) or (ii) above? h Provide the following information about the organizations the organization supports | : |
| (iii) A 35% controlled entity of a person described in (i) or (ii) above? h Provide the following information about the organizations the organization supports (i) Name of supported (ii) EIN (iii) Type of organization (v) Did you notify the organization in col. (vii) Is the organization in col. (viii) Amount of organization in col. | f |
| (iii) A 35% controlled entity of a person described in (i) or (ii) above? h Provide the following information about the organizations the organization supports (i) Name of supported organization (ii) EIN (iii) Type of organization organization (v) Did you notify the organization in col. (i) listed in your organization in col. (ii) organization in col. (ii) organization in col. (ii) organization in col. (ii) organization in col. (ii) organization in col. (ii) organization in col. (ii) organization in col. (iii) organization in col. (iii) organization in col. (iii) organization in col. (iii) organization in col. (iiii) organization in col. (iiii) organization in col. (iiiii) organization in col. (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii | f |
| (iii) A 35% controlled entity of a person described in (i) or (ii) above? h Provide the following information about the organizations the organization supports (i) Name of supported (ii) EIN (iii) Type of organization (v) Did you notify the organization in col. (vii) Is the organization in col. (viii) Amount of organization in col. | |
| (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the organizations the organization supports (i) Name of supported organization (ii) EIN (iii) Type of organization (described on lines 1-9 above or IRC section (iv) Is the organization (v) Did you notify the organization in col. (i) listed in your governing document? (iv) Is the organization in col. (i) organization in col. (ii) organization in col. (ii) organized in the U.S.? | f |
| (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the organizations the organization supports (i) Name of supported organization (ii) EIN (iii) Type of organization (described on lines 1-9 above or IRC section (iv) Is the organization (v) Did you notify the organization in col. (i) listed in your governing document? (iv) Is the organization in col. (i) organization in col. (ii) organization in col. (ii) organized in the U.S.? | f |
| (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the organizations the organization supports (i) Name of supported organization (ii) EIN (iii) Type of organization (described on lines 1-9 above or IRC section (iv) Is the organization (v) Did you notify the organization in col. (i) listed in your governing document? (iv) Is the organization in col. (i) organization in col. (ii) organization in col. (ii) organized in the U.S.? | f |
| (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the organizations the organization supports (i) Name of supported organization (ii) EIN (iii) Type of organization (described on lines 1-9 above or IRC section (iv) Is the organization (v) Did you notify the organization in col. (i) listed in your governing document? (iv) Is the organization in col. (i) organization in col. (ii) organization in col. (ii) organized in the U.S.? | f |
| (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the organizations the organization supports (i) Name of supported organization (ii) EIN (iii) Type of organization (described on lines 1-9 above or IRC section (iv) Is the organization (v) Did you notify the organization in col. (i) listed in your governing document? (iv) Is the organization in col. (i) organization in col. (ii) organization in col. (ii) organized in the U.S.? | f |
| (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the organizations the organization supports (i) Name of supported organization (ii) EIN (iii) Type of organization (described on lines 1-9 above or IRC section (iv) Is the organization (v) Did you notify the organization in col. (i) listed in your governing document? (iv) Is the organization in col. (i) organization in col. (ii) organization in col. (ii) organized in the U.S.? | f |
| (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the organizations the organization supports (i) Name of supported organization (ii) EIN (iii) Type of organization (described on lines 1-9 above or IRC section (iv) Is the organization (v) Did you notify the organization in col. (i) listed in your governing document? (iv) Is the organization in col. (i) organization in col. (ii) organization in col. (ii) organized in the U.S.? | f |
| (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the organizations the organization supports (i) Name of supported organization (ii) EIN (iii) Type of organization (described on lines 1-9 above or IRC section (iv) Is the organization (v) Did you notify the organization in col. (i) listed in your governing document? (iv) Is the organization in col. (i) organization in col. (ii) organization in col. (ii) organized in the U.S.? | f |
| (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the organizations the organization supports (i) Name of supported organization (ii) EIN (iii) Type of organization (described on lines 1-9 above or IRC section (iv) Is the organization (v) Did you notify the organization in col. (i) listed in your governing document? (iv) Is the organization in col. (i) organization in col. (ii) organization in col. (ii) organized in the U.S.? | f |
| (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the organizations the organization supports (i) Name of supported organization (ii) EIN (iii) Type of organization (described on lines 1-9 above or IRC section (iv) Is the organization (v) Did you notify the organization in col. (i) listed in your governing document? (iv) Is the organization in col. (i) organization in col. (ii) organization in col. (ii) organized in the U.S.? | f |
| (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the organizations the organization supports (i) Name of supported organization (ii) EIN (iii) Type of organization (described on lines 1-9 above or IRC section (iv) Is the organization (v) Did you notify the organization in col. (i) listed in your governing document? (iv) Is the organization in col. (i) organization in col. (ii) organization in col. (ii) organized in the U.S.? | |
| (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the organizations the organization supports (i) Name of supported organization (ii) EIN (iii) Type of organization (described on lines 1-9 above or IRC section (iv) Is the organization (v) Did you notify the organization in col. (i) of your support? (iv) Is the organization in col. (i) of your support? (iv) Is the organization in col. (i) organization in col. (i) organization in col. (i) organized in the U.S.? | f |

Schedule A (Form 990 or 990 EZ) 2008 LIGHTHOUSE MINISTRIES, INC. 59-1722768 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 1265544. 1273044. 1353518. 1360018. include any "unusual grants.") 5252124. 2 Tax revenues levied for the organization'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 1265544. 1273044. 1353518. 1360018. 5252124. 4 Total, Add lines 1 - 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 5252124. 6 Public Support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2004 **(b)** 2005 (c) 2006 (d) 2007 (f) Total (e) 2008 7 Amounts from line 4 1265544. 1273044. 1353518. 1360018 5252124. 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties 12,375 12,375. 11,445. 11,445 47,640. and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) 5299764. 11 Total support. Add lines 7 through 10

| 12 | Gross receipts from related activities, etc (see instructions) | 12 | |
|-----|--|--------------|-------------------------|
| 13 | First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section | n 501(c)(3) | J |
| | organization, check this box and stop here | | ▶□ |
| Se | ction C. Computation of Public Support Percentage | | _ |
| 14 | Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) | 14 | 99.10 % |
| 15 | Public support percentage from 2007 Schedule A, Part IV-A, line 26f | 15 | 98.90 % |
| 16a | 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or n | nore, chec | k this box and |
| | stop here. The organization qualifies as a publicly supported organization | | ▶ 🛣 |
| t | 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% | or more, | check this box |
| | and stop here. The organization qualifies as a publicly supported organization | | ▶□ |
| 17a | 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, a | and line 14 | is 10% or more, |
| | and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Pai | rt IV how tl | ne organization |
| | meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | | ▶□ |
| Ł | 10% -facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or | 7a, and Iir | ne 15 is 10% or |
| | more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain | ın Part IV | how the |
| | organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization | anızatıon | ightharpoons |
| 18 | Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box a | nd see ins | tructions |
| | Sche | dule A (Fo | orm 990 or 990-EZ) 2008 |

| Section A. Public Support | _ | T | | T | | |
|---|--------------------|-----------------------|------------------------|--------------------|-------------------|-----------------------|
| Calendar year (or fiscal year beginning in) | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
| 1 Gifts, grants, contributions, and | | } | | | | |
| membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the 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 · 5 | | <u> </u> | | | | . |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 | | | | | | |
| c Add lines 7a and 7b | - | | | | | |
| 8 Public support (Subtract line 7c from line 6) | | | | | | |
| Section B. Total Support | | · | | <u> </u> | • | |
| Calendar year (or fiscal year beginning in) | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b Unrelated business taxable income | | | | | | |
| (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) | | | | | | |
| 13 Total support (Add lines 9, 10c, 11, and 12) | | | <u> </u> | | | |
| 14 First five years. If the Form 990 is for | the organization | 's first, second, thi | rd, fourth, or fifth t | tax year as a sect | ion 501(c)(3) org | janization, |
| check this box and stop here | - Cumarat D | | | | | ▶∟_ |
| Section C. Computation of Public | | | | | 1.21 | |
| 15 Public support percentage for 2008 (lii | | | column (t)) | | 15 | % |
| 16 Public support percentage from 2007 Section D. Computation of Inves | | | , | | 16 | % |
| 17 Investment income percentage for 200 | 08 (line 10c, colu | mn (f) divided by li | ne 13, column (f)) | | 17 | % |
| 18 Investment income percentage from 2 | | | | | 18 | % |
| 19a 33 1/3% support tests - 2008. If the | | | | e 15 is more than | 33 1/3%, and I | ne 17 is not |
| more than 33 1/3%, check this box an | | | | | | ▶□ |
| b 33 1/3% support tests - 2007. If the | - | _ | | | | 3%, and _ |
| line 18 is not more than 33 1/3%, chec | | | | | | |
| 20 Private foundation. If the organization | | | | | | ▶□ |
| | | | | S | hedule A /Forr | n 990 or 990-EZ) 2004 |

Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

2008
Open to Public Inspection

Employer identification number Name of the organization LIGHTHOUSE MINISTRIES, INC 59-1722768 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Part II | Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year 6 7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year > \$ Does each 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)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III | Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: a Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2008

832051 12-23-08

Schedule D (Form 990) 2008

| | dule D (Form 990) 2008 LIGHTHOUSE MINISTRIES, INC | | | | | <u>-1722768</u> | Page 4 |
|-----------|--|-------------|--------------|--------------|---------------|-----------------------|----------------|
| Pai | t XI Reconciliation of Change in Net Assets from Form 990 to | Fina | ncial Stat | emen | ts | | |
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | | | 1 | | 2,667 | ,777. |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | | | 2 | | 2,610 | |
| 3 | Excess or (deficit) for the year. Subtract line 2 from line 1 | | | 3 | | | ,538. |
| 4 | Net unrealized gains (iosses) on investments | | • | 4 | | - | |
| 5 | Donated services and use of facilities | | | 5 | | | |
| 6 | Investment expenses | | | 6 | | | |
| 7 | Prior period adjustments | | | 7 | | | · |
| 8 | Other (Describe in Part XIV) | | | 8 | | • | |
| 9 | Total adjustments (net). Add lines 4-8 | | | 9 | | | 0. |
| - | Excess or (deficit) for the year per financial statements. Combine lines 3 and 9 | | | 10 | | 57 | ,538. |
| 10 Par | t XII Reconciliation of Revenue per Audited Financial Statement | ents W | ith Reve | | r Retu | | , ,,,,,,,, |
| | | JIICO V | itti i icvo | nue pe | | | 777 |
| 1 | Total revenue, gains, and other support per audited financial statements | | • | • | 1 | 2,667 | , / / / • |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | 1 _ | ı | | | | |
| а | Net unrealized gains on investments | 2a | | | | | |
| b | Donated services and use of facilities | 2b | | <u> </u> | _ | | |
| С | Recoveries of prior year grants | 2c | | | | | |
| d | Other (Describe in Part XIV) | 2d | | | | | _ |
| е | Add lines 2a through 2d | | | | _2∈ | | 0. |
| 3 | Subtract line 2e from line 1 | | | | 3 | 2,667 | <u>,777.</u> |
| 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 XIV) | 4b | | | | | |
| С | Add lines 4a and 4b | | | | 40 | | 0. |
| _ 5_ | Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) | | | | 5 | | <u>,777.</u> |
| Pa | t XIII Reconciliation of Expenses per Audited Financial Statem | ents \ | With Expe | enses | <u>per Re</u> | | |
| 1 | Total expenses and losses per audited financial statements | | | | 1 | 2,610 | ,239. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | | | | | |
| а | Donated services and use of facilities | 2a | | | | | |
| b | Prior year adjustments | 2b | | | | | |
| С | Losses reported on Form 990, Part IX, line 25 | 2c | | | | | |
| d | Other (Describe in Part XIV) | 2d | | | | | |
| e | Add lines 2a through 2d | | | | 26 | | 0. |
| 3 | Subtract line 2e from line 1 | | | | 3 | 0 640 | .239. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1 | | | | | | 1 |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | | | |
| | Other (Describe in Part XIV) | 4b | | | | | |
| | Add lines 4a and 4b | | 1 | | 40 | _ | 0. |
| 5 | Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18) | | | | 5 | 0 (10 | |
| Pa | t XIV Supplemental Information | | | | | | <u>, 233 (</u> |
| | | | 10 and 1 D | and 13.7 Jun | 15 | and Oh. Don't V. line | 4 Dort |
| | plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part I irt XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b | iii, iiries | ra ano 4, P | art IV, III | es ib ai | iu 20, Part V, iirie | 3 4, Fail |
| л, га | it Ai, iiile 6, Fait Aii, iiiles 20 aild 40, aild Fait Aiii, iiiles 20 aild 40 | | | | | | |
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SCHEDULE L

(Form 990 or 990-EZ)

Transactions with Interested Persons

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, lines 38a or 40b.

Inspection

| Name of th | e organization | | | | | | | | Er | nploye | r identifi | cation r | ıumber |
|---|-------------------------------------|-----------------|-------------------------------------|--|---------------------------|-------------|---------------|---------------------------------------|---|---|-------------------|-----------------|----------|
| LIGHTHOUSE MINISTRIES, INC Part I Excess Benefit Transactions (section 501(c)(3) and section | | | | ! • | | | 5 | 9-17 | 72276 | 8 | | | |
| Part I | Excess Benefit | t Transacti | ons (sec | tion 501(c) | (3) and sectio | n 501(c)(4) |) organizatio | ns only) | | | | | |
| | To be completed by | y organization | s that ans | wered "Ye | s" on Form 99 | 0, Part IV, | line 25a or | 25b, or F | orm 990 | -EZ, Pa | ırt V, lıne | 40b. | |
| 1 | (a) Name of de | squalified pers | son | | | (b) [| Description | of transac | ction | | | (c) Corrected? | |
| | (u) Hamo or an | | | - | | (5) | | | | | | Yes | No |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
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| | | | | | + | | | · · · · · · · · · · · · · · · · · · · | | | | | |
| | | | | - | | | | | | | | | |
| | the amount of tax imp | posed on the o | organizatio | on manage | rs or disqualifi | ed person | s during the | year und | der | ▶ \$ | • | | |
| 3 Enter t | the amount of tax, if a | any, on line 2, | above, re | mbursed b | y the organiza | ation | • | | | ▶ \$ | | | |
| | | | | | | | | | | | _ | | |
| Part II | Loans to and/o | or From Int | erested | l Person | s. | | | | | | | | |
| | To be completed by | | | | s" on Form 99 | | | | | | | | |
| | ame of interested on and purpose | (b) Loan t | to or from nization? | | jinal principal imount | (d) Bala | ance due | (e) defa | | by bo | proved pard or | (g) W agreei | |
| p 0.0 | on and parpose | | | " | ariount | | | - | | | nittee? | | |
| · | | То | From | <u> </u> | | | | Yes | No | Yes | No_ | Yes | No |
| | | | | | | | | | | | | | |
| - | | | | | | | | | | | + | | |
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| | | | | | | | | | | | | | |
| Total | | 1 | | | ▶ \$ | L | | i | i | | J | | |
| Part III | Grants or Assis | stance Ber | nefiting | Interest | | s. | | 1 | | | | | |
| | To be completed by | y organization | s that ans | wered "Ye | s" on Form 99 | 0, Part IV, | line 27 | | | | | | |
| | | | | ionship between interested person and the organization (c) | | | | | | (c) Amount of grant or type of assistance | | | |
| | | | | | | • | | | 1 | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
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| N/I | | | | | | | | | | | | | |
| Part IV | Business Trans | | _ | | | | | | | | | | |
| | To be completed by | | 1 | | | | | | | | | (a) Sho | nna of |
| | | | nip between interested (c) Am trans | | (c) Amo transa | | | | (e) Sharing o organization' revenues? | | | | |
| | | | | | | | | | | | | Yes | No_X |
| | | | | | | | | | | ELECTRICAL ELECTRICAL | | | |
| | | | | | | S OWN | | | | | | - | X |
| | NEWBER'S | | | | EMBER'S | | | | _ | | ED F | | X |
| BOARD MEMBER'S DAUGHTER MARRIED BROTHER OFFICER | | | | TO PRE | PIDEN | | | NON | | | | X | |
| PVOTUE | <u> </u> | | UP UP | LICEK | | | | <u> </u> | · DOT! | U PR | OPER | <u> </u> | X |
| LHA For P | rıvacy Act and Pape | erwork Reduc | tion Act I | Notice, see | e the Instruct | ions for F | orm 990. | s | chedule | L (For | m 990 o | r 990-E | Z) 2008 |

SEE SCHEDULE O FOR SCHEDULE L CONTINUATIONS

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

NonCash Contributions

► To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

OMB No 1545-0047

Inspection

| Name of the organization Emplo | | | | | | ployer identification number | | | | | |
|--------------------------------|---|-------------------------------|-----------------------------------|---|-------------|------------------------------|------------|-----------------------------|-------------|----------|------|
| | LIGHTHOUSE MINISTRIES, INC. | | | | | | 59-1722768 | | | | |
| Pai | rt I Types of Property | | | | | _ | | | | | |
| | | (a) Check if applicable | (b) Number of contributions | (c) Revenues reporte Form 990, Part VIII, | | | Metho | (d) od of det revenue | | g | |
| 1 | Art - Works of art | | | | | | | | | | |
| 2 | Art - Historical treasures | | | | | | | | | | |
| 3 | Art - Fractional interests | | | | | | | | | | |
| 4 | Books and publications | | | | | | | | | | |
| 5 | Clothing and household goods | X | | 436, | 807. | FAIR | MAR | KET V | JALU | E | |
| 6 | Cars and other vehicles | | | | | | | | _ | | |
| 7 | Boats and planes | | | | | | | | | | |
| 8 | Intellectual property | | | | | | | | | | |
| 9 | Securities - Publicly traded | | | | | | | | | | |
| 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 | Real estate - Residential | | | | | | | | | | |
| 16 | Real estate - Commercial | X | 1 | 250, | 000. | DONOI | <u> </u> | <u>FORM</u> | <u>828</u> | <u>3</u> | |
| 17 | Real estate - Other | | | | | | | | | | |
| 18 | Collectibles | | ļ | | | | | | | | |
| 19 | Food inventory | | ļ <u> </u> | | | | | | | | |
| 20 | Drugs and medical supplies | | - | | | | | | | | |
| 21 | Taxidermy | | | | | | | | | | |
| 22 | Historical artifacts | | | | | | | | | | |
| 23 | Scientific specimens | | | | | | | | | | |
| 24 | Archeological artifacts | | | | | | | | | | |
| 25 | Other () | | | | | | | | | | |
| 26 | Other () | | | | · ·· | | | | | | |
| 27 | Other () | | | | | | | | | | |
| 28 | Other () | | <u> </u> | | | | | | | | |
| 29 | Number of Forms 8283 received by the organiz | | | | | | | | | | |
| | for which the organization completed Form 828 | 33, Part IV, | Donee Acknov | vieagment | 29 | | | | | . 1 | |
| 20- | During the year did the argonization receive his | | | | | 0 46 -4 .4 | | lat 6a.u | | Yes | No |
| sua | During the year, did the organization receive by | * | | • • | | | | | | 1 | |
| | at least three years from the date of the initial of the entire holding period? | JOHTHOUSION | , and which is | not required to be ti | seu ior e | evenibi bi | n poses | 101 | 20- | | Х |
| L | If "Yes," describe the arrangement in Part II | | | | | | | | 30a | | |
| | • | nolicy that r | equires the re- | new of any non-eton | dard oor | ntribution | :2 | | 24 | | y |
| 31 322 | | | | | | | 31 | | X | | |
| JEd | a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash | | | | | | 200 | | Х | | |
| h | contributions? If "Yes," describe in Part II | | | | | | | | 32a | | |
| 33 | If the organization did not report revenues in co | olump (a) fa | ratune of ore | norty for which activ | mn (a) :- | chocked | | | | | |
| • | describe in Part II | olamii (C) 10 | a type of pro | perty for writeri colui | iiii (a) is | CHECKED | ı | | | | |
| _HA | For Privacy Act and Paperwork Reduction | Act Notice | see the last | ructions for Form O | <u> </u> | | 901 | hedule N | A (Form | 000) | 2000 |
| - 17 | 1 of 1 fivacy Act and Paperwork neduction | ACT MOTICE | , 300 1110 11150 | 400013 101 F011119 | 5 0. | | 30 | reduie IV | i (i Oi iii | 990) | 2000 |

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Public Inspection

| Name of the organization LIGHTHOUSE MINISTRIES, INC. | Employer identification number 59-1722768 |
|---|---|
| FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES: | |
| FOOD MINISTRY OUTREACH PROGRAM BEGAN IN THE CURRENT YEAR. | THE PROGRAM |
| PROVIDES FOOD BOXES TO VARIOUS CHURCHES. | |
| | |
| FORM 990, PART VI, SECTION A, LINE 2: TWO BOARD MEMBERS A | ARE IN BUSINESS |
| TOGETHER | |
| | |
| FORM 990, PART VI, SECTION A, LINE 10: THE AUDIT COMMITTE | EE WILL REVIEW THE |
| FORM 990 BEFORE IT IS FILED. | |
| FORM 990, PART VI, SECTION B, LINE 12C: CONFLICT OF INTER | REST POLICY AND |
| DISCLOSURE OF POTENTIAL CONFLICTS IS COMPLETED ANNUALLY I | BY BOARD MEMBERS. |
| FINANCIAL TRANSACTIONS ARE MONITORED BY A THIRD PARTY TO | ENSURE COMPLIANCE |
| WITH THE CONFLICT OF INTEREST POLICY. | |
| | |
| FORM 990, PART VI, SECTION B, LINE 15: A COMMITTEE OF THE | E BOARD OF |
| DIRECTORS (ALL INDEPENDENT) DETERMINES COMPENSATION FOR | THE ORGANIZATION'S |
| TOP MANAGEMENT OFFICIAL AND USES COMPARATIVE DATA IN THE | DELIBERATION AND |
| DECISION PROOCESS. | |
| | |
| FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION N | MAKES ITS |
| GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINA | ANCIAL STATEMENTS |
| AVAILABLE TO THE PUBLIC UPON REQUEST. | |
| COLL I DADE THE DUCTABLE ENDANGLOSS TAMOUTHE TAMOUTHE | ID DEDGONG |
| SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTI | |
| (A) NAME OF PERSON: LIGHTING HUT | Schedule O (Form 990) 2008 |

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

➤ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Public Inspection

| LIGHTHOUSE MINISTRIES, INC. | 59-1722768 |
|--|------------------|
| (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZAT | ION: |
| BOARD MEMBER IS OWNER | |
| (D) DESCRIPTION OF TRANSACTION: | |
| ELECTRICAL SUPPLIES PURCHASED DURING THE YEAR | |
| (A) NAME OF PERSON: WILSON ELECTRIC | |
| (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZAT | ION: |
| BOARD MEMBER IS OWNER | |
| (D) DESCRIPTION OF TRANSACTION: ELECTRICAL SUPPLIES PURC | HASED DURING THE |
| YEAR | |
| (A) NAME OF PERSON: LAKELAND AUTO MALL | |
| (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZAT | ION: |
| BOARD MEMBER'S WIFE IS PART OWNER | |
| (D) DESCRIPTION OF TRANSACTION: PURCHASED FORD BOX TRUCK | |
| (A) NAME OF PERSON: BOARD MEMBER'S DAUGHTER | |
| (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZAT | ION: |
| MARRIED TO PRESIDENT'S SON | |
| (A) NAME OF PERSON: BROTHER | |
| (D) DESCRIPTION OF TRANSACTION: SOLD PROPERTY TO LIGHTHO | USE |
| | |
| | |
| | |
| | |

| Form | 8868 (Rev. 4-2009) | | Page 2 | | | | | | |
|--|--|----------|--------------------------------|--|--|--|--|--|--|
| • If y | ou are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this bo Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed ou are filing for an Automatic 3-Month Extension, complete only Part I (on page 1) | | ▶ X | | | | | | |
| Par | Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed) | | | | | | | | |
| Туре | or Name of Exempt Organization | Emp | loyer identification number | | | | | | |
| print | LIGHTHOUSE MINISTRIES, INC. | 5 | 9-1722768 | | | | | | |
| File by extended due da filing th | Number, street, and room or suite no. If a P.O. box, see instructions P.O. BOX 3112 | For II | RS use only | | | | | | |
| return | See City, town or post office, state, and ZIP code. For a foreign address, see instructions | | | | | | | | |
| | k type of return to be filed (File a separate application for each return) Form 990 Form 990-EZ Form 990-T (sec. 401(a) or 408(a) trust) Form 1041-A Form 990-BL Form 990-PF Form 990-T (trust other than above) Form 4720 | = | orm 5227 Form 8870 orm 6069 | | | | | | |
| STOR | P! Do not complete Part II if you were not already granted an automatic 3-month extension on a previou | sly file | ed Form 8868. | | | | | | |
| | STEVE TURBEVILLE e books are in the care of 215 E. MAGNOLIA STREET - LAKELAND, FL 3 | 380 | 1 | | | | | | |
| | lephone No. ► 863-687-4076 FAX No ► | | | | | | | | |
| | the organization does not have an office or place of business in the United States, check this box | | ▶ ∐ | | | | | | |
| | this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the | | | | | | | | |
| box | | memb | ers the extension is for | | | | | | |
| 4 | For calendar year 2008, or other tax year beginning NOVEMBER 15, 2009, and ending | | | | | | | | |
| 5 6 | If this tax year is for less than 12 months, check reason. Initial return Final return | | Change in accounting period | | | | | | |
| 7 | State in detail why you need the extension | L | change in accounting period | | | | | | |
| • | WAITING ON ADDITIONAL INFORMATION TO FILE AN ACCURATE | RET | URN. | | | | | | |
| 8a | If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any | | | | | | | | |
| | nonrefundable credits See instructions. | 8a | \$ | | | | | | |
| b | If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated | | | | | | | | |
| | tax payments made. Include any prior year overpayment allowed as a credit and any amount paid | ļ | | | | | | | |
| | previously with Form 8868 | 8b | \$ | | | | | | |
| С | Balance Due. Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit | | | | | | | | |
| | with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions | 8c | \$ N/A | | | | | | |
| Under | Signature and Verification penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the | e best o | of my knowledge and belief. | | | | | | |
| | ue, correct, and complete, and that I am authorized to prepare this form. | | , | | | | | | |
| Signa | ture ► Title ► PRESIDENT | Date | · • | | | | | | |
| | | | Form 8868 (Rev. 4-2009) | | | | | | |