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Department of the Treasury Internal Revenue Service

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)

Open to Public Inspection

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

| <u>A</u> | For the | e 2009 calendar year, or tax year beginning and ending | <u> </u> | | | | | | | | | | | | |
|-----------------------------|--------------------------|--|---------------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|
| В | Check if applicable | le Please use IRS C Name of organization | D Employer identific | cation number | | | | | | | | | | | |
| | Addre | ess label or T TOURNOUGH WINTERN THE THE | | | | | | | | | | | | | |
| | Name chang | type D D | 59-1 | 722768 | | | | | | | | | | | |
| | Initial return | C====0= | , | | | | | | | | | | | | |
| Ļ | Termii ated | Instruc P.O. BOX 3112 | 863- | <u>687-4076</u> | | | | | | | | | | | |
| Ļ | Amen return Applic | City or town, state or country, and 21P + 4 | G Gross receipts \$ | <u>3,876,885.</u> | | | | | | | | | | | |
| L | tion pendi | LAKELAND, FL 33002 | H(a) Is this a group re | | | | | | | | | | | | |
| | · | F Name and address of principal officer STEVE TURBEVILLE | for affiliates? | Yes X No | | | | | | | | | | | |
| - | Toy ov | 215 E. MAGNOLIA STREET, LAKELAND, FL 3380 empt status. | | | | | | | | | | | | | |
| | | te: NWW.LIGHTHOUSEMIN.ORG | H(c) Group exemptio | list. (see instructions) | | | | | | | | | | | |
| | | | Year of formation: 1977 | | | | | | | | | | | | |
| | art I | Summary | 700 01 101 manon. 23 7 7 16 | Totale of logar comments, 2 22 | | | | | | | | | | | |
| | 1 | Briefly describe the organization's mission or most significant activities FOOD & S | SHELTER FOR TH | F HOMELESS | | | | | | | | | | | |
| Activities & Governance | | | | | | | | | | | | | | | |
| rna | 2 | Check this box If the organization discontinued its operations or disposed of more than 25% of its net assets. | | | | | | | | | | | | | |
| Š | 3 | Number of voting members of the governing body (Part VI, line 1a) | 3 | 14 | | | | | | | | | | | |
| <u>ه</u> | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 14 | | | | | | | | | | | |
| ies | 5 | Total number of employees (Part V, line 2a) | 5 | 102 | | | | | | | | | | | |
| Ĕ | 6 | Total number of volunteers (estimate if necessary) | 6 | 1200 | | | | | | | | | | | |
| Ä | 7a | Total gross unrelated business revenue from Part VIII. column 12 | 7a | 0. | | | | | | | | | | | |
| | b | Net unrelated business taxable income from For Fault in Section 100 | 7b | 0. | | | | | | | | | | | |
| | 8 | Contributions and grants (Part VIII, line 1h) ADD 0.5 2010 | Prior Year 1,827,366. | Current Year 2,591,661. | | | | | | | | | | | |
| ž e | 9 | Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) | 231,549. | 183,434. | | | | | | | | | | | |
| Revenue | 10 | Investment income (Part VIII, column (A), lines 3, 4 and 7d) | 8,750. | 105,454. | | | | | | | | | | | |
| , œ | 11 | Other revenue (Part VIII, column (A), lines 5 6d, 80 6 10 (Em 1116) | 600,112. | 1,101,789. | | | | | | | | | | | |
| ` | | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 2,667,777. | 3,876,885. | | | | | | | | | | | |
| <u> </u> | | 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) | | | | | | | | | | | | | |
| SCANNED Expenses | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 1,228,687. | 1,405,597. | | | | | | | | | | | |
| | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | 219,670. | <u>265,377.</u> | | | | | | | | | | | |
| K | b | Total fundraising expenses (Part IX, column (D), line 25) 265,377. | 1 1 51 000 | 4 000 000 | | | | | | | | | | | |
| $\mathcal{G}_{\mathcal{G}}$ | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) | 1,161,882. | 1,932,962. | | | | | | | | | | | |
| 4) | 10 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 2,610,239. | 3,603,936. | | | | | | | | | | | |
| | 19 | Revenue less expenses Subtract line 18 from line 12 | 57,538. | 272,949. | | | | | | | | | | | |
| Net Assets or | 20 | Total accete (Part V. line 16) | Beginning of Current Year | End of Year 7,278,565. | | | | | | | | | | | |
| ASS | 20 | Total assets (Part X, line 16) Total liabilities (Part X, line 26) | 4,695,596. 1,838,593. | 4,180,387. | | | | | | | | | | | |
| E SE | 22 | Net assets or fund balances. Subtract line 21 from line 20 | 2,857,003. | 3,098,178. | | | | | | | | | | | |
| P | art II | Signature Block | 1 2/00:/0000 | 0/050/2/01 | | | | | | | | | | | |
| | | Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statem and complete Declaration of preparer (other than officer) is based on all information of which preparer has any know | ents, and to the best of my knowledge | ge and belief, it is true, correct, | | | | | | | | | | | |
| | | and complete declaration of prepare (other trian officer) is based on all miorination of which prepare has any know | leage | | | | | | | | | | | | |
| Sig | jn | Star Culcull | 03 | 10 2010 | | | | | | | | | | | |
| He | re | Signature of difficer | Date | | | | | | | | | | | | |
| | | STEVE TURBEVILLE, PRESIDENT | | | | | | | | | | | | | |
| | | Type or print name and title | Chook if Brance | ula idaatifiira musubaa | | | | | | | | | | | |
| Pai | d | Preparer's Date | colf. (see ins | er's identifying number structions) | | | | | | | | | | | |
| Pre | parer's | Firm's name (or BEASLEY, SPEED & CO, P.A. | | | | | | | | | | | | | |
| Use | Only | | EIN ► | | | | | | | | | | | | |
| | | self-employed), address, and ZIP + 4 LAKELAND, FL 33813 | Dhone no P Q | 63-646-1373 | | | | | | | | | | | |
| — Ma | v the II | RS discuss this return with the preparer shown above? (see instructions) | [Filolic ilo. P O | X Yes No. | | | | | | | | | | | |

| Da | 990 (2009) LIGHTHOUSE MINISTRIES, INC. 59 1 II Statement of Program Service Accomplishments | 9-1722768 | Pa |
|---------------------------|--|--------------------------------|--------------|
| | | | |
| 1 | Briefly describe the organization's mission | | |
| | LIGHTHOUSE MINISTRIES, INC. IS SET APART BY THE SPIRIT OF | | |
| | PREACH THE GOSPEL OF JESUS CHRIST AND TO MEET THE PHYSICAL | L, EMOTION | AL_ |
| | AND OTHER NEEDS OF THE POOR AND AT-RISK POPULATION. | | |
| | | | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on | | |
| | the prior Form 990 or 990-EZ? | Yes | 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? | Yes | \mathbf{x} |
| | If "Yes," describe these changes on Schedule O. | | |
| 4 | Describe the exempt purpose achievements for each of the organization's three largest program services by expens | ses. | |
| | Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of gran | | |
| | allocations to others, the total expenses, and revenue, if any, for each program service reported | | |
| | | | |
| 4a | (Code:) (Expenses \$ 2,511,038. including grants of \$) (Reven | ue \$ | |
| | OPERATION OF A RESCUE MISSION PROVIDING FOOD, SHELTER AND | | |
| | MEN'S RECOVERY PROGRAM AND WOMEN AND CHILDREN FAMILY LIFE | | |
| | OFFERS LONG TERM RESIDENTIAL PROGRAMS. | CDIVIDIO | |
| | OTTERD BONG TELET RESIDENTIAL PROGRAMS: | | |
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| lb | (Code) (Expenses \$ 424,009 • including grants of \$) (Reven | | - |
| | THE FOOD MINISTRY OUTREACH PROGRAM IS A COMMUNITY BASED FOOUTREACH. THROUGH COLLABORATION WITH LOCAL CHURCHES AND LI | | |
| | ORGANIZATION/MINISTRIES, THE FOOD MINISTRY OUTREACH PROGRA | | |
| | FEED POOR AND AT-RISK INDIVIDUALS IN MULTIPLE COMMUNITIES | | <u> </u> |
| | TEED FOOK AND AT-KISK INDIVIDUALS IN MODITFUE COMMONITIES. | <u> </u> | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 4c | (Code) (Expenses \$ 19,126. including grants of \$) (Reven | ¢ | |
| | | u c o | |
| | LIGHTHOUSE COMMUNITY PRESCHOOL OFFERS A SAFE AND NURTURNG | · | AL |
| | LIGHTHOUSE COMMUNITY PRESCHOOL OFFERS A SAFE AND NURTURNG ENVIRONMENT FOR PRESCHOOLERS FROM INFANTS TO PRE-KINDERGAL | EDUCATION | |
| | ENVIRONMENT FOR PRESCHOOLERS FROM INFANTS TO PRE-KINDERGAM | EDUCATION RTEN STUDE | NT |
| | ENVIRONMENT FOR PRESCHOOLERS FROM INFANTS TO PRE-KINDERGAL LIGHTHOUSE KIDCARE ALSO OPERATES THROUGH LCP AND PROVIDES | EDUCATION RTEN STUDE | NT |
| | ENVIRONMENT FOR PRESCHOOLERS FROM INFANTS TO PRE-KINDERGAM | EDUCATION RTEN STUDE | NT |
| | ENVIRONMENT FOR PRESCHOOLERS FROM INFANTS TO PRE-KINDERGAL LIGHTHOUSE KIDCARE ALSO OPERATES THROUGH LCP AND PROVIDES | EDUCATION RTEN STUDE | NT |
| | ENVIRONMENT FOR PRESCHOOLERS FROM INFANTS TO PRE-KINDERGAL LIGHTHOUSE KIDCARE ALSO OPERATES THROUGH LCP AND PROVIDES | EDUCATION RTEN STUDE | NT |
| | ENVIRONMENT FOR PRESCHOOLERS FROM INFANTS TO PRE-KINDERGAL LIGHTHOUSE KIDCARE ALSO OPERATES THROUGH LCP AND PROVIDES | EDUCATION RTEN STUDE | NT |
| | ENVIRONMENT FOR PRESCHOOLERS FROM INFANTS TO PRE-KINDERGAL LIGHTHOUSE KIDCARE ALSO OPERATES THROUGH LCP AND PROVIDES | EDUCATION RTEN STUDE | NT |
| | ENVIRONMENT FOR PRESCHOOLERS FROM INFANTS TO PRE-KINDERGAL LIGHTHOUSE KIDCARE ALSO OPERATES THROUGH LCP AND PROVIDES | EDUCATION RTEN STUDE | NT |
| | ENVIRONMENT FOR PRESCHOOLERS FROM INFANTS TO PRE-KINDERGAL LIGHTHOUSE KIDCARE ALSO OPERATES THROUGH LCP AND PROVIDES | EDUCATION RTEN STUDE | NT |
| | ENVIRONMENT FOR PRESCHOOLERS FROM INFANTS TO PRE-KINDERGAL LIGHTHOUSE KIDCARE ALSO OPERATES THROUGH LCP AND PROVIDES | EDUCATION RTEN STUDE | NT |
| | ENVIRONMENT FOR PRESCHOOLERS FROM INFANTS TO PRE-KINDERGAL LIGHTHOUSE KIDCARE ALSO OPERATES THROUGH LCP AND PROVIDES | EDUCATION RTEN STUDE | NT |
| | ENVIRONMENT FOR PRESCHOOLERS FROM INFANTS TO PRE-KINDERGAI LIGHTHOUSE KIDCARE ALSO OPERATES THROUGH LCP AND PROVIDES CHILDREN WITH SAFE, STRUCTURED AFTER SCHOOL ACTIVITES. | EDUCATION RTEN STUDE | NTS |
| | ENVIRONMENT FOR PRESCHOOLERS FROM INFANTS TO PRE-KINDERGAI LIGHTHOUSE KIDCARE ALSO OPERATES THROUGH LCP AND PROVIDES CHILDREN WITH SAFE, STRUCTURED AFTER SCHOOL ACTIVITES. Other program services. (Describe in Schedule O.) | EDUCATION RTEN STUDE | NTS |
| | ENVIRONMENT FOR PRESCHOOLERS FROM INFANTS TO PRE-KINDERGAI LIGHTHOUSE KIDCARE ALSO OPERATES THROUGH LCP AND PROVIDES CHILDREN WITH SAFE, STRUCTURED AFTER SCHOOL ACTIVITES. Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$ | EDUCATION RTEN STUDE | NT |
| | ENVIRONMENT FOR PRESCHOOLERS FROM INFANTS TO PRE-KINDERGAI LIGHTHOUSE KIDCARE ALSO OPERATES THROUGH LCP AND PROVIDES CHILDREN WITH SAFE, STRUCTURED AFTER SCHOOL ACTIVITES. Other program services. (Describe in Schedule O.) | EDUCATION RTEN STUDE SCHOOL AG | NT E |
| 4e | ENVIRONMENT FOR PRESCHOOLERS FROM INFANTS TO PRE-KINDERGAI LIGHTHOUSE KIDCARE ALSO OPERATES THROUGH LCP AND PROVIDES CHILDREN WITH SAFE, STRUCTURED AFTER SCHOOL ACTIVITES. Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$ Total program service expenses \$ 2,954,173. | EDUCATION RTEN STUDE | NT(|
| 4e | ENVIRONMENT FOR PRESCHOOLERS FROM INFANTS TO PRE-KINDERGAILIGHTHOUSE KIDCARE ALSO OPERATES THROUGH LCP AND PROVIDES CHILDREN WITH SAFE, STRUCTURED AFTER SCHOOL ACTIVITES. Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$ total program service expenses \$ 2,954,173. | EDUCATION RTEN STUDE SCHOOL AG | NT: |
| 4e 3200 7-20 | ENVIRONMENT FOR PRESCHOOLERS FROM INFANTS TO PRE-KINDERGAI LIGHTHOUSE KIDCARE ALSO OPERATES THROUGH LCP AND PROVIDES CHILDREN WITH SAFE, STRUCTURED AFTER SCHOOL ACTIVITES. Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$ Total program service expenses \$ 2,954,173. | EDUCATION RTEN STUDE SCHOOL AG | NT: |

Form **990** (2009)

18

19

X

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Did the organization operate one or more hospitals? If "Yes," complete Schedule H

complete Schedule G, Part III

1c and 8a? If "Yes," complete Schedule G, Part II

Part IV Checklist of Required Schedules (continued)

| 21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current | | X X |
|--|--------------|--------------|
| Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | | |
| column (A), line 2? If "Yes," complete Schedule I, Parts I and III | | <u> </u> |
| | | <u> </u> |
| 23. Did the organization answer "Yes" to Part VII. Section A line 3.4 or 5 about compensation of the organization's current | | |
| 20 S.2 1.15 S. garmanor anono. 155 to 1 art 1.1, coolient 1, into 6, 7, or 6 about compensation of the organization a differit | | |
| and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | | - 1 |
| Schedule J . 23 | 1 | 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 lines 24b through 24d and complete | 1 | 1 |
| Schedule K. If "No", go to question 25 | 1 | X |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | | |
| any tax-exempt bonds? | | |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | — | |
| 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a | - | |
| disqualified person during the year? If "Yes," complete Schedule L, Part I | 1 | <u> </u> |
| b is the organization aware that it engaged in an excess benefit transaction with a disquialified person in a prior year, and | 1 | ļ |
| that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete | | 1 |
| Schedule L, Part I | ┼ | X |
| Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified | | |
| person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II | ₩- | X |
| 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial | | |
| contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete | | |
| Schedule L, Part III | + | X |
| 28 Was the organization a party to a business transaction with one of the following parties, directly or indirectly (see Schedule | | - |
| L, Part IV instructions for definitions of "direct" and "indirect" and applicable filing thresholds, conditions, and exceptions) | ,, | |
| a A current or former officer. director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | | |
| b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | X | + |
| c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was | ٠. | |
| an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV | X | + |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | +≏ | |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | | |
| | + | X |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 | | x |
| If "Yes," complete Schedule N, Part I 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | + | +^- |
| Schedule N, Part II | | X |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | 123 |
| sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I | | x |
| 34 Was the organization related to any tax-exempt or taxable entity? | + | 1 |
| If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 | | х |
| 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 | | 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 | | X |
| 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | T == |
| and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | | x |
| 38 Did the organization complete Schedule O and provide explanations for Part VI, lines 11 and 19? 38 | X | |
| | • | (2009) |

Form 990 (2009) LIGHTHOUSE MINISTRIES, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance

| | | | Yes | No |
|------------|---|-----------|-------|----------|
| 1a | Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of | | | |
| | U.S. Information Returns. Enter -0- if not applicable | | | |
| | Enter the number of Forms W-2G included in line 1a Enter -0· if not applicable 1b 0 | | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | |
| | (gambling) winnings to prize winners? | 1c | | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | | |
| | filed for the calendar year ending with or within the year covered by this return 2a 102 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | Х | |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) | | | |
| | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? | 3a | | <u> </u> |
| | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | <u>3b</u> | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a | | | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | <u> </u> |
| b | If "Yes," enter the name of the foreign country: | | : | |
| | See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and | | 1 | |
| | Financial Accounts. | | | 7.5 |
| | was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | <u>5a</u> | | <u>X</u> |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | <u> </u> |
| С | If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited | _ | - 1 | |
| C - | Tax Shelter Transaction? | 5c | | |
| ьа | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? | ٥- | 1 | X |
| h | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts | <u>6a</u> | | <u></u> |
| D | were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | OD | | |
| | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services | | | |
| _ | provided to the payor? | 7a | 1 | Х |
| b | If "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 was required | | | |
| | to file Form 8282? | 7c | | X |
| đ | If "Yes," indicate the number of Forms 8282 filed during the year | | | |
| е | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal | | | |
| | benefit contract? | 7e | | <u> </u> |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | <u> </u> |
| | For all contributions of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| h | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? | 7h | X | |
| 8 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the | | | |
| | supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings | | | |
| _ | at any time during the year? | _8_ | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | _ | | |
| а | Did the organization make any taxable distributions under section 4966? | 9a | | |
| b | Did the organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter | | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 Green receipts, included on Form 200, Part VIII, line 12 for public use of club feetities. | | | |
| b 11 | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter | | | |
| 11 | Gross income from members or shareholders | | | |
| a b | Gross income from other sources (Do not net amounts due or paid to other sources against | | | |
| IJ | amounts due or received from them) | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b | ·ca | | |
| | | Form | 990 (| 20091 |

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

| Sec | tion A. Governing Body and Management | | | | | | | | |
|-----|---|---------------|-------|----------|--|--|--|--|--|
| | | | Yes | No | | | | | |
| 1a | | | | | | | | | |
| b | Enter the number of voting members that are independent 1b 1 | 4 | | | | | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other | 1 _ |] | | | | | | |
| _ | officer, director, trustee, or key employee? | 2 | Х | | | | | | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision | 1 _ | | | | | | | |
| | of officers, directors or trustees, or key employees to a management company or other person? | 3_ | | X | | | | | |
| 4 | Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? | 4 | | <u>X</u> | | | | | |
| 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 | | 1_ | | 17 | | | | | |
| | governing body? | 7a 7b | | X | | | | | |
| | | | | | | | | | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year | | | | | | | | |
| | by the following | | ٠,, | | | | | | |
| | The governing body? | 8a | X | | | | | | |
| | Each committee with authority to act on behalf of the governing body? | 8b | X | | | | | | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the | | | | | | | | |
| | organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | X | | | | | |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) | | | | | | | | |
| 40- | Does the experimental basic local charters, branches, or officiated? | 40- | Yes | No X | | | | | |
| | Does the organization have local chapters, branches, or affiliates? | 10a | | | | | | | |
| D | If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, | 405 | | | | | | | |
| | and branches to ensure their operations are consistent with those of the organization? | 10b | | | | | | | |
| 11 | Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must | | v | | | | | | |
| 40- | describe in Schedule O the process, if any, the organization uses to review the Form 990 | 11 | X | | | | | | |
| | Does the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | X | | | | | | |
| D | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 405 | v | | | | | | |
| _ | | 12b | X | | | | | | |
| С | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe | 100 | v | | | | | | |
| 40 | In Schedule O how this is done | 12c | X | | | | | | |
| 13 | Does the organization have a written whistleblower policy? | 13 | | Х | | | | | |
| 14 | Does the organization have a written document retention and destruction policy? | 14 | | Λ | | | | | |
| 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 The organization's CEO, Executive Director, or top management official? | 45- | х | | | | | | |
| _ | · · · · · · · · · · · · · · · · · · · | 15a | Δ. | Х | | | | | |
| b | Other officers or key employees of the organization? Describe the process in Schedule O (see instructions) | 15b | | Λ | | | | | |
| 16- | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a | | | | | | | | |
| ıva | taxable entity during the year? | 40- | | Х | | | | | |
| h | If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation | 16a | | _^_ | | | | | |
| D | in yount venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's | | | | | | | | |
| | exempt status with respect to such arrangements? | 16b | | | | | | | |
| Sec | tion C. Disclosure | 1 100 | | | | | | | |
| 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) availab | le for | | | | | | | |
| - | 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 fina | ncial | | | | | | |
| | statements available to the public | IIII | | | | | | | |
| 20 | State the name, physical address, and telephone number of the person who possesses the books and records of the organization of the properties available to the public | ation | • | | | | | | |
| | STEVE TURBEVILLE - 863-687-4076 | | | | | | | | |
| | 215 E. MAGNOLIA STREET, LAKELAND, FL 33801 | _ | | | | | | | |
| | | Form | 990 | 20091 | | | | | |

932006

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed

- 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. See instructions for definition of "key employee"

Check this box if the organization did not compensate any current officer, director, or trustee.

- 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) | (B) | (C) | | ,,,,, | (D) | (E) | (F) | | | |
|------------------------------|------------------|---------------------------------|-----------------------|----------|-----|--|-----|---------------------------------------|--|--|
| Name and Title | Average hours | /oh | | Posi | | app | k A | Reportable compensation | Reportable compensation | Estimated amount of |
| | per week | Individual trustee or directr r | Institutional trustee | Officer | | Highest compensated Complete Complete Complete Complete Complete Compensated Complete Complet | | from the organization (W-2/1099-MISC) | from related organizations (W-2/1099-MISC) | other compensation from the organization and related organizations |
| BLAIR CLARK | | | | | | | | | | |
| VICE CHAIRMAN | | | | X | | | | 0. | 0. | 0. |
| CHUCK STRAUBEL | | | | | | | | _ | _ | _ |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| ROBERT ZOLKOSKY | | | | | | | | | _ | |
| DIRECTOR | | X | | | | | | 0. | 0. | 0. |
| DIANE BISHOP | | | | x | | | | 0. | 0. | • |
| SECRETARY KATRINA LUNSFORD | | | | ^ | | | | U • | 0. | 0. |
| TREASURER | ļ | | | x | | | | 0. | 0. | 0. |
| GINA SAUNDERS | | | | ^ | | | | 0. | <u></u> | <u></u> |
| DIRECTOR | | x | | | | | | 0. | 0. | 0. |
| STEVE BELLAMY | | 71 | | | | - | | | | • |
| DIRECTOR | | x | | | | | | 0. | 0. | 0. |
| JIM EDWARDS | | | | | | | | | - | |
| DIRECTOR | | x | | | | | | 0. | 0. | 0. |
| DANE PARKER | | | | | | | | _ | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| DAVE WICKENKAMP | | | | | | | | | | |
| CHAIRMAN | | | | X | | | | 0. | 0. | 0. |
| JOE TEDDER | | | | | | | | | | |
| DIRECTOR | | Х | | | | _ | | 0. | 0. | 0. |
| BRETT VOGELER | | | | | | | | | _ | _ |
| DIRECTOR | | X | | | | | | 0. | 0. | 0. |
| STEPHANIE MADDEN | | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| LYNETTE ABBOTT | | ,, | | | | | | | 0 | |
| DIRECTOR STEVE TURBEVILLE | | Х | | | | _ | | 0. | 0. | 0. |
| PRESIDENT | 40.00 | | | х | | | | 80,795. | 0. | 0. |
| TVEOTDENT | 40.00 | $\mid \mid \mid$ | | <u> </u> | | ├ | | 00,133. | U • | <u> </u> |
| | | | | | | | | | | |
| | | - | | | - | | | | | · · · · · · · · · · · · · · · · · · · |
| | | | | | L. | L | | | | |
| | | | _ | _ | _ | | | | | |

Form **990** (2009)

| Part VII Section A. Officers, Directors, Tru (A) Name and title | (B) Average | | | | C) | | | (D) Reportable | (E) Reportable | | (F) Estimat | ed |
|--|------------------|--------------------------------|-----------------------|---------|--------------|------------------------------|--------|--|--|-------|---|----------------------------|
| Nume and the | hours | (cł | | | | app | y) | compensation | compensation | | amount | of |
| | per week | Individual trustee or director | institutional trustee | Officer | Key employee | Highest compensated employee | Former | from the organization (W-2/1099-MISC) | from related organizations (W-2/1099-MISC) | | other ompensa from th organizat and rela organizat | ation ie tion ted |
| | | | | | | | | | | | - | |
| | -11 | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
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| - | | | | | | | | | | - | | |
| | | | | | | | | | | | | |
| | | | | | | | - | | | | | |
| 1b Total | | | | | | ▶ | | 80,795. | | | | 0. |
| Total number of individuals (including but no compensation from the organization | ot limited to th | ose | liste | d at | oove | e) wh | o r | eceived more than \$100 | ,000 in reportable | | | 0 |
| compensation from the organization | | | - | | | | | | | | Yes | No |
| 3 Did the organization list any former officer, a line 1a? If "Yes," complete Schedule J for su | ıch ındıvıdual | | • | | | | | | | | 3 | х |
| 4 For any individual listed on line 1a, is the sui and related organizations greater than \$150 | ,000? If "Yes, | " co | mple | ete S | Sche | edule | JI | for such individual | - | _4 | , | х |
| 5 Did any person listed on line 1a receive or a the organization? If "Yes," complete Scheduler | • | | | rom | any | unr | elat | ed organization for serv | ces rendered to | | 5 | x |
| Section B. Independent Contractors | | | | | | | 4 | | \$100,000 of a common | | | |
| Complete this table for your five highest cor the organization | npensated inc | repe | nae | nt C | ontr | acto | rs ı | eceived more than | \$100,000 or compe | nsaud | on trom | |
| (A) Name and business | address | | | | | | | (B) Description of s | ervices | Com | (C) pensatio | วก |
| RUSS REID, TWO NORTH LAKE 600, PASADENA, CA 91101-1 | | 3 5 | IUE | TE | 3 | | | FUNDRAISING | | 2 | 262,4 | 42. |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | _ | | | | | | | | |
| 2 Total number of independent contractors (in | ncludina but n | ot lu | —— | d to | tho | se lis | ted | above) who received m | ore than | | | |
| \$100,000 in compensation from the organiz | | | | | | <u>L</u> | | | | Fo | m 990 (| (2000) |

932008 07-20-09

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) but are not required to complete columns (B). (C). and (D).

| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | (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 U.S. | | | | |
| | See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | <u></u> |
| 5 | Compensation of current officers, directors, | 1 | | | |
| | trustees, and key employees | | | | |
| 6 | Compensation not included above, to disqualified | | | 1-1 | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | _ | | | |
| 7 | Other salanes and wages | 1,268,469. | 1,082,147. | 186,322. | |
| 8 | Pension plan contributions (include section 401(k) | | | | |
| | and section 403(b) employer contributions) | | | | |
| 9 | Other employee benefits | 40,090. | 10,790. | 29,300. | |
| 0 | Payroll taxes | 97,038. | 82,784. | 14,254. | |
| 1 | Fees for services (non-employees) | | | | |
| а | Management | | | | |
| b | Legal | | | | |
| С | Accounting | 7,000. | | 7,000. | |
| d | Lobbying | | | | |
| е | Professional fundraising services. See Part IV, line 17 | 265,377. | | | 265,377 |
| f | Investment management fees | | | | |
| g | Other | | | | |
| 2 | Advertising and promotion | 26,646. | 26,646. | | |
| 3 | Office expenses | 27,821. | 27,821. | | |
| 4 | Information technology | | | | |
| 5 | Royalties | | | | |
| 6 | Occupancy | 288,058. | 288,058. | | |
| 7 | Travel . | 343. | | 343. | |
| 8 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | | | | |
| 9 | Conferences, conventions, and meetings | | | | |
| 0 | Interest | 221,281. | 221,281. | | |
| 21 | Payments to affiliates | | | | |
| 2 | Depreciation, depletion, and amortization | 181,730. | 181,730. | | |
| 3 | 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 | 443,685. | 443,685. | | |
| b | INSURANCE | 209,084. | 209,084. | | |
| С | CONSULTING | 76,477. | 76,477. | | |
| d | SUPPLIES | 75,990. | 75,990. | | |
| е | AUTO | 58,989. | | 58,989. | |
| f | All other expenses | 315,858. | 227,680. | 88,178. | |
| 25 | Total functional expenses. Add lines 1 through 24f | 3,603,936. | 2,954,173. | 384,386. | 265,377 |
| :6 | Joint Costs. Check here I If following | | | | |
| | SOP 98-2. Complete this line only if the organization | | | | |
| | reported in column (B) joint costs from a combined | | | | |
| | | | | | |

7,278,565. Form **990** (2009)

3,098,178.

33

Total net assets or fund balances

Total liabilities and net assets/fund balances

2,857,003.

4,695,596.

33

34

b If "Yes," did the organization undergo the required audit or audits?

3b

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section
4947(a)(1) nonexempt charitable trust.

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

2009

Open to Public Inspection

Name of the organization

Employer identification number

LTGHTHOUSE MINISTRIES INC. 59-1722768

| Pa | art I | Reason | for Public Char | ity Status (All organiz | ations mu | st comple | te this par | t) See ins | tructions | | 7 1 7 2 2 7 0 0 | | |
|-------------|----------|--|-------------------------|--|---|---------------|-------------------|--------------------|--------------------|---------------|---------------------------------------|--|--|
| The | organ | | | because it is (For lines | | | | | | | | | |
| 1 | | | • | s, or association of chur | - | | • | • |) _ | | | | |
| 2 | 一 | | | '0(b)(1)(A)(ii). (Attach Sc | | | | (=)(-)(-)(-) | ,- | | | | |
| 3 | 一 | | | tal service organization | - | | 170/6)/1) | /AV(iii) | | | | | |
| 4 | \vdash | | | operated in conjunction | | | | | /b)/1\/A\/ii | ii\ Enter th | ne hospital's name | | |
| 4 | ш | city, and stat | | operated in conjunction | With a rios | pital desci | inco in Se | | יואליו אליו | ny. Linter ti | ie nospitai s name, | | |
| - | | | | benefit of a college or ur | awaraity a | wood or or | orated by | | montalua | ıt danarıba | | | |
| 5 | Ш | | | | inversity of | wiled of of | berateu by | a governi | nemai un | it describe | iu III | | |
| | | 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). | | | | | | | | | | | |
| 6 | 믉 | | - | - | | | | | | | | | |
| 7 | LX | | | | | | | | | | | | |
| | | • | (b)(1)(A)(vi). (Comple | • | | | | | | | | | |
| C | <u> </u> | - | | ection 170(b)(1)(A)(vi). | | | | | | | | | |
| 9 | Ш | An organizat | ion that normally rec | eives. (1) more than 33 1 | 1/3% of its | support f | rom contri | butions, n | nembershi | p fees, an | d gross receipts from | | |
| | | activities rela | ited to its exempt fur | nctions - subject to certa | ıın exceptı | ons, and (| 2) no more | than 33 1 | 1/3% of its | support f | rom gross investment | | |
| | | income and i | unrelated business to | axable income (less sect | tion 511 ta | x) from bu | sinesses a | acquired b | y the orga | anization a | fter June 30, 1975 | | |
| | | See section | 509(a)(2). (Complete | e Part III) | | | | | | | | | |
| 10 | | An organizat | ion organized and or | perated exclusively to te | st for publ | ıc safety S | See sectio | n 509(a)(4 | 1). | | | | |
| 11 | | An organizat | ion organized and or | perated exclusively for th | ne benefit (| of, to perfo | orm the fu | nctions of, | or to carr | y out the p | ourposes of one or | | |
| | | more publicly | y supported organiza | ations described in section | on 509(a)([·] | 1) or section | on 509(a)(2 | 2) See se o | ction 509(| a)(3). Che | ck the box that | | |
| | | describes the | e type of supporting | organization and comple | et <u>e lin</u> es 1 | 1e through | 11h | | | | | | |
| | | a Type | l b | Type II c | : 🔲 Тур | e III - Fund | tionally int | tegrated | | d 🔙 | Type III · Other | | |
| e | | By checking | this box, I certify tha | at the organization is not | controlled | directly o | r indirectly | by one o | r more dis | qualified p | ersons other than | | |
| | | foundation m | nanagers and other t | han one or more publicly | y supporte | d organiza | ations des | cribed in s | ection 50 | 9(a)(1) or s | ection 509(a)(2) | | |
| f | | If the organiz | ation received a writ | ten determination from t | the IRS tha | atıtısa.Ty | pe I, Type | II, or Type | e III | | | | |
| | | _ | rganization, check th | | | · | | . ,, | | | | | |
| ç | ı | | - | organization accepted ar | nv aift or co | ontribution | from anv | of the follo | owina per | sons? | | | |
| | , | = | | irectly controls, either al | | | - | | • | | Yes No | | |
| | | | | upported organization? | | | | | () (| ,,, | 11g(i) | | |
| | | • | • • | n described in (i) above? | | | | | | | 11g(ii) | | |
| | | • • | • | person described in (i) of | | a? | | | | | 11g(iii) | | |
| r | 1 | | - | about the supported or | | | | | | | 119(11) | | |
| • | • | 1 TOVIGE UTE I | ollowing information | about the supported of | garnzation | (3) | | | | | | | |
| | | | | (iii) Type of | (iu) lo the c | raanization | (v) Did voi | u notificatho | (vi) ls | the | | | |
| (1 | | of supported | (ii) EIN | organization | (iv) Is the organization (v) Did you notify the in col. (i) listed in your organization in co | | | | lorganizátu | on in col. l | (vii) Amount of | | |
| | orga | inization | 1 | (described on lines 1-9 | | document? | | | (i) organiz U.S | ed in the | support | | |
| | | | | above or IRC section (see instructions)) | Yes | No | Yes | No | Yes | No | | | |
| | | | | (acc mandenona)) | 162 | 140 | 165 | 140 | 165 | INO | · | | |
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| <u>Tota</u> | al | | | | | | <u> </u> | <u> </u> | 1 | | | | |
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932021 07-27-09

932022 07-27-09

| Section A. Public Support | <u></u> | | | 7 Complete on | y it you checked the bo | JA UII IIIIE J UI Fai |
|--|-------------------------|-----------------------|-----------------------------------|---------------------|--|-----------------------|
| Calendar year (or fiscal year beginning in) | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
| 1 Gifts, grants, contributions, and | | (5) 2000 | 10/2007 | (4) 2000 | (0) 2000 | (1) 10101 |
| membership fees received. (Do not | | | | | | |
| include any "unusual grants ") | | | | | | |
| , , , , , , , , , , , , , , , , , , , | | | · · - · - · - · - · - · - · - · - | | | <u></u> |
| 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 | | | | | İ | |
| 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 | | l | | | | |
| 5 The value of services or facilities | | | | | | |
| furnished by a governmental unit to | | | | | | |
| the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and | | | | | | |
| | | | | | | |
| 3 received from disqualified persons | | | | <u> </u> | - | |
| 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 | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support (Subtract line 7c from line 6) | | | | | | |
| Section B. Total Support | | | | | | 1 |
| Calendar year (or fiscal year beginning in) | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (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 | | | | <u> </u> | | |
| 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) | | | | | | |
| 14 First five years. If the Form 990 is for the | the organization | s first, second, thir | d, fourth, or fifth t | ax year as a secti | on 501(c)(3) organiz | ation. |
| check this box and stop here | 9 | , | , , | . , | (-/(-/ -/ 3 | |
| Section C. Computation of Public | Support Pe | ercentage | | | | |
| 15 Public support percentage for 2009 (lin | | | column (fl) | | 15 | |
| 16 Public support percentage from 2008 | | • | Joidinii (i)) | | 16 | |
| Section D. Computation of Inves | | | | | | |
| | | | | - | T T | |
| 17 Investment income percentage for 200 | | | ne 13, column (f)) | | 17 | |
| 18 Investment income percentage from 2 | | | | | 18 | |
| 19a 33 1/3% support tests - 2009. If the o | organization did | not check the box | on line 14, and line | e 15 is more than | 33 1/3%, and line 1 | 7 is not |
| more than 33 1/3%, check this box an | d stop here. The | organization quali | fies as a publicly s | supported organiz | ation | ►□ |
| b 33 1/3% support tests - 2008. If the o | organization did | not check a box or | line 14 or line 19a | a, and line 16 is m | ore than 33 1/3%, | and |
| line 18 is not more than 33 1/3%, chec | _ | | | | | ►Ū |
| 20 Private foundation. If the organization | | | • | | • | |
| | | | | | | |

Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047 Open to Public

Name of the organization **Employer identification number** 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 Aggregate contributions to (during year) 2 Aggregate grants from (during year) 3 Aggregate value at end of year 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? 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) Procervation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of a 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 Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c ď Number of conservation easements included in (c) acquired after 8/17/06 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 3 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, reporting of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation 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 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 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) 2009

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| Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) 3. Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply) a Public exhibition d Losin or exchange programs b Scholarly research e Other c Preservation for future generations d Losin or exchange programs d Povoled a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV 5 During the year, did the organization's collections and explain how they further the organization's exempt purpose in Part XIV 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold for arease funds rather than to be maintened as part of the organization's collection? Yes No Part VI Trust, Escrow and Custodial Arrangements. Complete of organization answered "Yes" to Form 990, Part XI, line 9, or reported an amount on Form 990, Part X, line 21 1a Is the organization and agent, flustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21 1b Steps, "explain the arrangement in Part XIV and complete the following table. 2 Destributions during the year 1 Edings balance 2 Destributions during the year 1 Additions during the year Yes No 1 Additions during the year No 1 Additions during the year No 2 Destributions Organization include an amount on Form 990, Part X, line 21? Yes No 3 Destributions Organization Organization 1 Additions during the year Organization Organization Organization 1 Additions during the year Organization Organization Organization 2 Provide the estimated percentage of the year end balance held as a Beard designated or quasizations Organization Organization Organization 3 Destribution Organization Org | Sche | dule D (Form 990) 2009 LIGHTHO | JSE MINIST | RIES | , INC. | | | | 59-17 | 22768 | Pag | je 2 |
|--|---------------|---|-----------------------|-------------|---------------|-----------------|------------|-------------|--------------|--------------|--|-------------|
| that apply) a Public exhibition d Loan or exchange programs b Scholarly research e Other c Preservation for future generations d Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV d Provide a description of the organization solicit or receive donations of air, historical treasures, or other similar assets to be seld to raise funds a father than to be maintained as part of the organization of our generation on severed "Yes" to Form 990, Part XI, line 9, or reported an amount on Form 990, Part X, line 21 1a Is the organization an agent, frustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X; line 21 b If Yes, "Explain the arrangement in Part XIV and complete the following table. c Beginning balance 1d Description c Beginning balance 1d Description d Additions during the year f Ending balance 1d Description D If Yes, "Explain the arrangement an Part XIV. Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10 D If Yes, "Explain the arrangement in Part XIV. Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10 D If Yes, "Explain the arrangement in Part XIV. Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10 D If Yes, "Explain the arrangement in Part XIV. Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10 D If Yes No. D Part XIV Part Y Part XIV Part Y Part XIV Part Y Part XIV Pa | Par | t III Organizations Maintaining C | ollections of A | rt, Hist | orical Tr | easures, | or Oth | er Simi | lar Asse | ts (contir | nued) | |
| a Public exhibition d | . 3 | Using the organization's accession and other | records, check any | y of the fe | ollowing tha | at are a signif | icant us | e of its co | llection ite | ms (checl | k all | |
| b Scholarly research ce Other Comment | | that apply) | | | | | | | | | | |
| c | а | Public exhibition | C | ı 🛄 ı | Loan or exc | hange progr | ams | | | | | |
| 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Ves | b | Scholarly research | • | · 🗀 (| Other | | | | | | | |
| 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to trase funds rather than to be maintained as part of the organization's collection? Part IV Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X. ine 21 Is the organization an agent, frustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? If "Yes," explain the arrangement in Part XIV and complete the following table. Amount Id Id Id Id Id Id Id I | С | Preservation for future generations | | | | | | | | | • | |
| Dots Solid to raise funds rather than to be maintained as part of the organization's collection? Yes No Part IV Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21 1a Is the organization an agent, frustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21 1a Is the organization an agent, frustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21 1b If "Yes," explain the arrangement in Part XIV and complete the following table. Amount 1d | 4 | Provide a description of the organization's co | llections and expla | in how th | ey further t | he organizati | ion's exe | empt purp | ose in Par | t XIV | | |
| Part IV | 5 | During the year, did the organization solicit o | r receive donations | of art, his | stoncal trea | sures, or oth | er sımıla | r assets | | | | |
| reported an amount on Form 990, Part X, line 21 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIV and complete the following table. C Beginning balance d Additions during the year i Ending balance 2 Distributions during the year i Ending balance 3 Did the organization include an amount on Form 990, Part X, line 21? If Yes," explain the arrangement in Part XIV. Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10 1a Beginning of year balance b Contributions c Investment earnings or losses d Grants or scholarships c Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the year end balance held as a Board designated or quasi-endowment ▶ | | | | | | | | | | | | <u>No</u> |
| Tall Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? | Par | | | • Compl | ete if organ | ızatıon answ | ered "Ye | s" to Forr | n 990, Par | t IV, line 9 | , or | |
| on Form 990, Part X? b if "Yes," explain the arrangement in Part XIV and complete the following table. Amount C Seginning balance 1c | | reported an amount on Form 990, Par | t X, line 21 | | | | | | | | | |
| b If "Yes," explain the arrangement in Part XIV and complete the following table. C Beginning balance 1 1 | 1a | Is the organization an agent, trustee, custodi | an or other interme | diary for o | contribution | ns or other as | ssets not | t included | _ | _ | | |
| c Beginning balance d Additions during the year e Distributions during the year e Distributions during the year e Distributions during the year i Endoing balance 2 Did the organization include an amount on Form 990, Part X, line 21? 2 Did the organization include an amount on Form 990, Part X, line 21? 2 Did the organization include an amount on Form 990, Part X, line 21? 2 Did the organization include an amount on Form 990, Part X, line 21? 3 Did the organization include an amount on Form 990, Part X, line 10 Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10 Table Beginning of year balance b Contributions c Investment earnings or losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance p Provide the estimated percentage of the year end balance held as a Board designated or quasi-endowment ▶ % c Term endowment ▶ % c Term endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (iii) related organizations (| | on Form 990, Part X? | | | | | | | | Yes | | No |
| C Beginning balance 1 | b | If "Yes," explain the arrangement in Part XIV | and complete the fo | ollowing t | able. | | | | , | | | |
| d Additions during the year e Distributions during the year i Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21? 2a Did the organization include an amount on Form 990, Part X, line 21? Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10 1a Beginning of year balance b Contributions c Investment earnings or losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance p Frewide the estimated percentage of the year end balance held as a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % c Term endowment ▶ % c Term endowment I ▶ % 3a Are there endowment I ▶ % b Permanent endowment I ▶ % c Term endowment I ▶ 6% i unrelated organizations (i) related organizations (ii) related organizations (ii) related organizations (ii) related organizations (iii) related o | | | | | | | | | | Amount | | |
| Ending balance It It It It It It It I | С | Beginning balance | | | | | | 1c | | | | |
| 1 | | 5 , | | | | | | 1d | | | | |
| Did the organization include an amount on Form 990, Part X, line 21? Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10 Beginning of year balance (a) Current year (b) Pnor year (c) Two years back (d) Three years back (e) Four | е | Distributions during the year | | | | | | 1e | 1 | | | |
| Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10 I Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back | | _ | | | | | | 1f | ! | | | |
| Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10 | | | orm 990, Part X, line | 217 | | | | | | Yes | Ш | No |
| (a) Current year (b) Pnor year (c) Two years back (d) Three years back (e) Four years back | $\overline{}$ | | | | | | | | | | | |
| 1a Beginning of year balance b Contributions c Investment earnings or losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the year end balance held as a Board designated or quasi-endowment ▶ | Par | t v Endowment Funds. Complete if | | | | 1 | | | | т | | |
| b Contributions c Investment earnings or losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the year end balance held as a Board designated or quasi-endowment ▶ | | | (a) Current year | (b) P | rior year | (c) Two yea | rs back | (d) Three | years back | (e) Four | years ba | <u>ack</u> |
| c Investment earnings or losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the year end balance held as a Board designated or quasi-endowment ▶ | 1a | | | | | ļ | | | | | | |
| d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the year end balance held as a Board designated or quasi-endowment ▶ | Ь | | | | | · | | | | | | — |
| e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the year end balance held as a Board designated or quasi-endowment ▶ | С | Ť. | | | | | | | | | | |
| and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the year end balance held as a Board designated or quasi-endowment ▶ | _ | · • | | | | | | | | | | |
| g End of year balance 2 Provide the estimated percentage of the year end balance held as a Board designated or quasi-endowment ▶ | е | , | | | | | | | | | | |
| Provide the estimated percentage of the year end balance held as a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % c Term endowment tunds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations (ii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIV the intended uses of the organization's endowment funds Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10 Description of investment (a) Cost or other basis (investment) basis (other) 1a Land b Buildings 5, 980, 431. 975, 260. 5,005, 171. c Leasehold improvements d Equipment 420,972. 291,182. 129,790. e Other Other 199,654. | | · · · | | | | ļ | | | | | | |
| 2 Provide the estimated percentage of the year end balance held as a Board designated or quasi-endowment ▶ | | · · | ··· ······ | | | | | | | | | — |
| Board designated or quasi-endowment ► | 9 | · · · · · · · · · · · · · · · · · · · | | L | | l | | | | l | | |
| b Permanent endowment | | | r end balance held a | | | | | | | | | |
| c Term endowment ▶ | | - | | % | | | | | | | | |
| Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIV the intended uses of the organization's endowment funds Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10 Description of investment (a) Cost or other basis (investment) (b) Cost or other basis (other) 1a Land 1,535,436. 1,535,436. b Buildings 5,980,431. 975,260. 5,005,171. c Leasehold improvements d Equipment 420,972. 291,182. 129,790. e Other Other 199,654. | b | · · · · · · · · · · · · · · · · · · · | | | | | | | | | | |
| Yes No (i) unrelated organizations 3a(i) | С | | • | | | | | | | | | |
| (i) unrelated organizations (ii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIV the intended uses of the organization's endowment funds Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10 Description of investment (a) Cost or other basis (investment) 1a Land b Buildings 5, 980, 431. 1, 535, 436. 5, 980, 431. 291, 182. 129, 790. e Other 199, 654. | За | | ssion of the organiz | ation tha | it are neid a | ina aaministe | erea tor t | ne organi | zation | Г. | , | |
| (ii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIV the intended uses of the organization's endowment funds Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10 Description of investment (a) Cost or other basis (investment) 1a Land 5 Description of investment (a) Cost or other basis (other) 1b Buildings 5,980,431. 5,980,431. 1,535,436. 1,535,436. 1,535,436. 5,980,431. 1,535,260. 1,535,436. 291,182. 129,790. 1291,182. 129,790. 199,654. | | | | | | | | | | | Yes I | NO |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIV the intended uses of the organization's endowment funds Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10 Description of investment (a) Cost or other basis (investment) 1a Land 5 1,535,436. 1,535,436. 5,980,431. 1,535,260. 1,535,436. 5,980,431. 1,535,260. 1,535,260. 1,535,260. 1,535,260. 1,535,260. 1,535,260. 1,535,260. 1,535,260. 1,535,260. 1,535,558. | | ., | | | | | | | | | | |
| Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10 | 4. | • • | | 0-1 | DO | | | | | 1 1 | | |
| Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10 Description of investment (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Depreciation (d) Book value | _ | | | | | | | | | 36 | | — |
| Description of investment (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Depreciation (d) Book value | | | | | | Dart Y Jino | 10 | | | | | |
| basis (investment) basis (other) 1a Land 1,535,436. 1,535,436. b Buildings 5,980,431. 975,260. 5,005,171. c Leasehold improvements 291,182. 129,790. e Other 199,654. 74,096. 125,558. | | | | | | | |)oprografi | on | (d) Dool | volvo | — |
| 1a Land 1,535,436. 1,535,436. b Buildings 5,980,431. 975,260. 5,005,171. c Leasehold improvements 291,182. 129,790. e Other 199,654. 74,096. 125,558. | | pescription or investment | 1 ' ' | | | | (C) L | zeprecia(i | 011 | (a) pook | value | |
| b Buildings 5,980,431. 975,260. 5,005,171. c Leasehold improvements 420,972. 291,182. 129,790. e Other 199,654. 74,096. 125,558. | 12 | Land | | | 240.0 | (01.10.) | | | | 1 535 | 13 | <u></u> |
| c Leasehold improvements d Equipment 420,972. 291,182. 129,790. e Other 199,654. 74,096. 125,558. | | | | | | | | 975 2 | 60 | | | |
| d Equipment 420,972. 291,182. 129,790. e Other 199,654. 74,096. 125,558. | | • | 3,300, | 1010 | | | | ,,,,, | | 3,003 | <u>, , </u> | <u> </u> |
| e Other 199,654. 74,096. 125,558. | 4 | · | 420 | 972 | | | | 291 1 | 82 | 120 | 79 | <u>n</u> |
| | | , , | | | | | | | | | _ | |
| | | | | | line 10(c)) | | <u> </u> | , 0 | D | | | |

Schedule D (Form 990) 2009

| Part VII Investments - Other Securities. | See Form 990, Part X, I | ine 12 | | |
|--|-------------------------------------|--|--|---------------------------------------|
| (a) Description of security or category (including name of security) | (b) Book value | | (c) Method of valua st or end-of-year mar | |
| Financial derivatives and other financial products | | | | |
| Closely-held equity interests | | | | |
| Other | | | | |
| | | | | |
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| T. (() () 1 15 000 P 17 16 10 10 10 10 10 10 10 | | | | |
| Total (Col (b) should equal Form 990, Part X, col (B) line 12.) Part VIII Investments - Program Related. | See Ferre 200 Best V | | | ··· |
| | See Form 990, Part X, | line 13 | (c) Method of valua | tion |
| (a) Description of investment type | (b) Book value | Cos | st or end-of-year mar | |
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| Total. (Col (b) should equal Form 990, Part X, col (B) line 13.) | | | | |
| Part IX Other Assets. See Form 990, Part X, III | | | | |
| (a | a) Description | | | (b) Book value |
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| Total. (Column (b) should equal Form 990, Part X, col (B) |) line 15) | ······································ | | |
| Part X Other Liabilities. See Form 990, Part 3 | | | | |
| 1 (a) Description of liability | · · · · · · · · · · · · · · · · · · | (b) Amount | ······································ | |
| Federal income taxes | | | | |
| ACCRUED INTEREST PAYABLE | | 17,858. | | |
| DEFERRED REVENUE | | 4,475. | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total. (Column (b) should equal Form 990, Part X, col (B) | line 25) | _ 22,333. | | |

2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

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| | t VI Proposition of Change in Not Assets from Form 200 to | | | <u> </u> | 1/22/68 | Page 🕶 |
|------------|--|--------------------|---------------------------------------|----------|------------------|-------------|
| | rt XI Reconciliation of Change in Net Assets from Form 990 to | Financiai St | | | 2 076 | 005 |
| ' 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | | 1 | - | <u>3,876,</u> | |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | | 2 | | <u>3,603</u> , | |
| 3 | Excess or (deficit) for the year Subtract line 2 from line 1 | | 3 | | 272, | 949. |
| 4 | Net unrealized gains (losses) on investments | | 4 | | | |
| 5 | Donated services and use of facilities | | 5 | | | |
| 6 | Investment expenses | | 6 | | | |
| 7 | Prior period adjustments | | 7 | | <31, | 774. |
| 8 | Other (Describe in Part XIV) | | 8 | | | |
| 9 | Total adjustments (net). Add lines 4-8 | | 9 | | | 774. |
| 10 | Excess or (deficit) for the year per financial statements. Combine lines 3 and 9 | . 14711 5 | 10 | | | 175. |
| Pa | rt XII Reconciliation of Revenue per Audited Financial Stateme | nts With Rev | enue per i | Return | | |
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | 3,876, | 885. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | 1 1 | | | | |
| а | <u> </u> | 2a | | 4 | | |
| b | Donated services and use of facilities | 2b | | 4 1 | | |
| С | Recoveries of prior year grants | 2c | | 1 1 | | |
| d | Other (Describe in Part XIV) | 2d | | _ | | |
| е | Ádd ilnes 2a through 2ú | | | 2e | | 0. |
| 3 | Subtract line 2e from line 1 | | | 3 | 3,876, | 885. |
| 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 | | <u> </u> | | |
| b | Other (Describe in Part XIV) | 4b | | _ | | |
| С | Add lines 4a and 4b | | | 4c | | 0. |
| 5 | Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) | | | 5 | 3,876, | 885. |
| Pa | rt XIII Reconciliation of Expenses per Audited Financial Stateme | ents With Ex | penses pei | Retu | | |
| 1 | Total expenses and losses per audited financial statements | | | 1 | 3,603, | 936. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | | | | |
| а | Donated services and use of facilities | 2a | | <u> </u> | | |
| b | Prior year adjustments | 2b | |] [| | |
| С | Losses reported on Form 990, Part IX, line 25 | 2c | |] [| I | |
| d | Other (Describe in Part XIV) | 2d | |] | Í | |
| е | Add lines 2a through 2d | | | 2e | | 0. |
| 3 | Subtract line 2e from line 1 | | | 3 | 3,603, | 936. |
| 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 | 4a | | | I | |
| b | Other (Describe in Part XIV) | 4b | | 7 | } | |
| С | Add lines 4a and 4b | | | 4c | I | 0. |
| 5 | Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18) | | | 5 | 3,603, | |
| Pa | rt XIV Supplemental Information | | | | | |
| Com | plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part II | I, lines 1a and 4; | Part IV, lines | lb and 2 | 2b, Part V, line | 4. Part |
| | art XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete th | | | | | , |
| | , | | · · · · · · · · · · · · · · · · · · · | | | |
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| | | | | JULIE | ねにし し に ひ ここかい | |

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

2009

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
 ► Attach to Form 990 or Form 990-EZ.

Open To Public

Inspection

Name of the organization **Employer identification number** LIGHTHOUSE MINISTRIES. 59-1722768 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Indicate whether the organization raised funds through any of the following activities. Check all that apply X Mail solicitations X Internet and email solicitations Solicitation of government grants X Phone solicitations Special fundraising events In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or X Yes ☐ No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table (v) Amount paid (iii) Did fundraiser have custody (vi) Amount paid (i) Name of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization contributions? listed in col (i) DIRECT MAIL AND Yes No 448,822. 262,442. RUSS REID EMAIL SOLICITATION X 711,264 711,264. 262,442. Total 3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

932081 07-17-09

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

Schedule G (Form 990 or 990-EZ) 2009

932082 07-17-09

administer charitable gaming?

| Schedule G (Form 990 or 990-EZ) 2009 LIGHTHOUSE MINISTRIES, INC. | 59- | -172276 | 8 Pa | age 3 |
|--|------------------|---------------|------|-------|
| • | | | Yes | No |
| 13 Indicate the percentage of gaming activity operated in | | | | |
| a The organization's facility | 13a | % | | |
| b An outside facility | 13b | % | | |
| 14 Provide the name and address of the person who prepares the organization's gaming/special events boo | oks and records. | | | |
| Name | | | | |
| Address ▶ | | | | |
| 15a Does the organization have a contract with a third party from whom the organization receives gaming rev | venue? | 15a | | |
| b If "Yes," enter the amount of gaming revenue received by the organization ▶\$a | nd the amount | | | |
| of gaming revenue retained by the third party > \$ | | | | |
| c if "Yes," enter name and address | | | | |
| | | | | |
| Name | | - | | |
| Address > | | | | |
| 16 Gaming manager information | | | | |
| Name > | | | | |
| Gaming manager compensation > \$ | | | | |
| Description of services provided | | | | |
| | | _ | | |
| Director/officer Employee Independent contractor | | | | 1 |
| 17 Mandatory distributions | | | | |
| a Is the organization required under state law to make charitable distributions from the gaming proceeds to | 0 | | | |
| retain the state gaming license? | | 17a | | |
| b Enter the amount of distributions required under state law distributed to other exempt organizations or s | pent in the | | | |
| organization's own exempt activities during the tax year > \$ | | | | |

Schedule G (Form 990 or 990-EZ) 2009

SCHEDULE L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions with Interested Persons

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

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

OMB No 1545-0047

Open To Public Inspection

| Name of the organization | | | | | | | | E | mployer | identif | ication r | number |
|--|---------------------|------------------|--------------|--------------------|--------------|--------------|--------------|--|-----------------------|------------------|------------------------|---------------------|
| | SHTHOUS | | | | | | | ! | <u> 59-17</u> | 2276 | 8 | |
| Part I Excess Benefit | | • | , , , | • | | • | • | | | | | |
| Complete if the orga | inization ansv | vered "Yes' | on Form | 990, Part IV, | line 25a or | 25b, or Fo | rm 990-E | Z, Part | V, line 40 |)b | T | |
| 1 (a) Name of dis | qualified pers | son | | | (b) E | Description | of transa | ction | | | | rected? |
| | · | | | | | | | | | | Yes_ | No |
| | | | | | | | | | | | <u> </u> | |
| | | | | | ~ | | | | | | | |
| | | | · | | | | | | | | | |
| | | | | | | | | | · | | | |
| | | | | | | | | | | | <u> </u> | |
| 2 Enter the amount of tax imp | osed on the c | organization | manager | s or disqualif | ed person: | s during the | year un | der | ▶ € | | | |
| section 4958 3 Enter the amount of tax, if all | ny on line 2 | ahova roim | huread h | v the organiza | etion | | • | | > \$ | | | |
| C Lintor and a "ou "to "in", " in | ·y, :::: ::::: 2, : | 2100000, 17 1111 | | y me ongamize | 111011 | | | | Ψ | | | |
| Part II Loans to and/o | r From Int | erested | Persons | 5. | | | | | | | | |
| Complete if the orga | inization ansv | vered "Yes' | on Form | 990, Part IV, | line 26, or | Form 990-E | Z, Part \ | /, line 3 | | | | |
| (a) Name of Interested person and purpose | (b) Loan t | | | nal principal | (d) Bala | ance due | | ln | by bo | oroved ard or | (g) Written agreement? | |
| person and purpose | <u> </u> | | - " | illount | | | | comm | ĺ | 787 | | |
| | То | From | | | | | Yes | No | Yes | No | Yes | No |
| | | | | | | | | <u>. </u> | 1 | | | |
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| | | | | | | | | | <u> </u> | <u> </u> | | <u> </u> |
| Total Part III Grants or Assis | tance Rev | ofiting l | ntorosto | od Person | | | | | | | <u> </u> | |
| Complete if the orga | | • | | | | | | | | | | |
| (a) Name of interested | | vered res | | ionship between | | ted person | and | T | (c) Amou | unt of a | ant or tv | ne |
| (a) Harris or interested | poroon | | (5) 110141 | | ganization | | and | | | fassista | | PC |
| | | | | | | | | | | | | |
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| | | | | | | | | + | | | | |
| Part IV Business Trans | actions In | volving I | nterest | ed Person | ıs. | | | | | | | |
| Complete if the orga | ınızatıon ansv | vered "Yes' | on Form | 990, Part IV, | lıne 28a, 2 | 8b, or 28c | | | | | _ | |
| (a) Name of interested | person | | | ip between ii | | (c) Amo | | (d) | Descript | | | aring of ation's |
| | | | person an | id the organiz | ation | transa | iction | | transact | ion | | ues? |
| I TOUMTNO IVIIM | | 707 | DD 16 | WDED T | C OUDI | | 200 | - TOT 1 | | C 3 T | Yes | No |
| LIGHTING HUT WILSON ELECTRIC | | | | EMBER I EMBER I | | | | | <u>ECTRI</u> ECTRI | | | X |
| BOARD MEMBER'S DA | AUGHTER | | - | TO PRE | | | | · NOI | | CAL | - | X |
| VENTURE CONSULTIN | | | | | S OWN | | | _ | OUSTR | Y & | | X |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| LHA For Privacy Act and Page | work Reduc | tion Act No | ntice see | the Instruct | ions for Fo | orm 990 | ç | Schedu | le I. (For | m 990 r | r 990-F | 7) 200a |

SEE SCHEDULE O FOR SCHEDULE L CONTINUATIONS

932131 06-25-09

SCHEDULE M (Form 990)

NonCash Contributions

Department of the Treasury

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

Open to Public Inspection

Internal Revenue Service

Name of the organization

Attach to Form 990.

Employer identification number 59-1722768

OMB No 1545-0047

| | LIGHTHOUSE M | INISTR | IES, IN | C. | | 59- | 1722 | 768 | |
|-----|---|-------------------------------|-----------------------------------|---|-----------|------------------------------|-------------|-------|-----------|
| Pai | | | | | | | | | |
| | | (a) Check if applicable | (b) Number of contributions | (c) Revenues reported on Form 990, Part VIII, line 1g | | (d) Method of de reven | etermının | g | |
| 1 | Art · Works of art | | | | | | | ** | |
| 2 | Art - Historical treasures | | | | | | | | |
| 3 | Art - Fractional interests | | | | | - | | | |
| 4 | Books and publications | | | | | | | | |
| 5 | Clothing and household goods | X | | 947,213. | FAIR | MARKET | VALU | E | |
| 6 | Cars and other vehicles | Х | 3 | | | MARKET | | | |
| 7 | Boats and planes | | | | | | | | |
| 8 | Intellectual property | | | | | | | | |
| 9 | Securities - Publicly traded | | ļ | | | | | | _ |
| 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 | | | <u></u> | | | | | |
| 15 | Real estate - Residential | | | | | | | | |
| 16 | Real estate · Commercial | X | 3 | 203,272. | FAIR | MARKET | VALU | E | |
| 17 | Real estate - Other | | | | | | | | |
| 18 | Collectibles | | | | | | | | |
| 19 | Food inventory | | | | | w <u>-</u> | | | |
| 20 | Drugs and medical supplies | | · | | | | <u></u> | | |
| 21 | Taxidermy | | | | | | | | |
| 22 | Historical artifacts | | | | | | | | |
| 23 | Scientific specimens | | | | | | - | | |
| 24 | Archeological artifacts | | | | | | | | |
| 25 | Other \blacktriangleright (<u>PUBLIX GIFT C</u>) | X | 10 | 499,700. | FAIR | MARKET | VALU | E | |
| 26 | Other () | _ | ļ | | | | | | |
| 27 | Other () | | ļ | | | | | | |
| 28 | Other () | | l | · | | | | | |
| 29 | Number of Forms 8283 received by the organization | | | J. | | | | | |
| | for which the organization completed Form 82 | 83, Part IV, | Donee Acknow | ledgment 29 | L | | | | |
| | | | | | | | | Yes | No |
| 30a | During the year, did the organization receive by | - | | • | | | | | i |
| | at least three years from the date of the initial of | contribution | , and which is | not required to be used for e | exempt pu | rposes for | | | 37 |
| | the entire holding period? | | | | | | 30a | | <u> X</u> |
| | If "Yes," describe the arrangement in Part II | دمطفر بمرامم | a a compa a Alba a com | | | .0 | | | v |
| 31 | Does the organization have a gift acceptance p | - | • | | | <i>5′</i> | 31 | | X |
| 32a | Does the organization hire or use third parties | or related of | rganizations to | solicit, process, or sell nonc | asn | | | | v |
| L | contributions? | | | | | | 32a | | X |
| | If "Yes," describe in Part II | aluma /-> f- | t | and for which bree () | abaste 1 | | | | |
| 33 | If the organization did not report revenues in c | oiumn (c) fo | ratype of pro | perty for which column (a) is | спескед, | | | | |
| LHA | describe in Part II. For Privacy Act and Paperwork Reduction | Act Notice | soo the last | unations for Form 000 | | Cabadal. | NA /E | n 000 | 2000 |
| _ | TO THIVEOUS ACTAINS FAREI WORK NEGUCTION | HOLINOLICE | , эсс ин ніўн | ucuona ioi Form 990. | | Schedule | - 141 (LOLL | ロッカリ | , ∠∪∪9 |

932141 07-20-09

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009
Open to Public Inspection

| Internal Revenue Service | Attach to Form 990. | | Inspection |
|--------------------------|---|---------------|------------------------------|
| Name of the organization | LIGHTHOUSE MINISTRIES, INC. | 1 | identification number 722768 |
| FORM 990, PAI | RT VI, SECTION A, LINE 2: TWO BOARD MEMBERS A | ARE IN | BUSINESS |
| TOGETHER | | | |
| | | | |
| FORM 990, PAI | RT VI, SECTION B, LINE 11: THE AUDIT COMMITTE | EE WILL | REVIEW THE |
| FORM 990 BEFO | ORE IT IS FILED. | | |
| FORM 990, PAI | RT VI, SECTION B, LINE 12C: CONFLICT OF INTER | REST PO | LICY AND |
| DISCLOSURE OF | F POTENTIAL CONFLICTS IS COMPLETED ANNUALLY E | BY BOAR | D MEMBERS. |
| FINANCIAL TRA | ANSACTIONS ARE MONITORED BY A THIRD PARTY TO | ENSURE | COMPLIANCE |
| WITH THE CONI | FLICT OF INTEREST POLICY. | · | |
| | | | |
| FORM 990, PAI | RT VI, SECTION B, LINE 15A: A COMMITTEE OF TH | IE BOAR | D OF |
| DIRECTORS (A | LL INDEPENDENT) DETERMINES COMPENSATION FOR T | HE ORG | ANIZATION'S |
| TOP MANAGEMEN | NT OFFICIAL AND USES COMPARATIVE DATA IN THE | DELIBE | RATION AND |
| DECISION PROC | OCESS. | | |
| | | | |
| FORM 990, PAI | RT VI, SECTION C, LINE 19: THE ORGANIZATION M | MAKES I | TS |
| GOVERNING DOO | CUMENTS, CONFLICT OF INTEREST POLICY AND FINA | NCIAL | STATEMENTS |
| AVAILABLE TO | THE PUBLIC UPON REQUEST. | | |
| | | | *** |
| SCH L, PART | IV, BUSINESS TRANSACTIONS INVOLVING INTERESTE | D PERS | ONS: |
| (A) NAME OF I | PERSON: LIGHTING HUT | | |
| | SHIP BETWEEN INTERESTED PERSON AND ORGANIZATI | | |
| BOARD MEMBER | IS OWNER | | |
| ELECTRICAL SU | UPPLIES PURCHASED DURING THE YEAR | | <u>-</u> |
| | | | |

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 932211 07-17-09

Schedule O (Form 990) 2009

Ρ

SCHEDULE O

Department of the Treasury

Internal Revenue Service

(Form 990)

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009
Open to Public Inspection

| Name of the organization LIGHTHOUSE MINISTRIES, INC. | Employer identification number 59-1722768 |
|---|---|
| (A) NAME OF PERSON: WILSON ELECTRIC | |
| (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATI | ON: |
| BOARD MEMBER IS OWNER | |
| (D) DESCRIPTION OF TRANSACTION: ELECTRICAL SUPPLIES PURCH | ASED DURING THE |
| YEAR | |
| | |
| (A) NAME OF PERSON: BOARD MEMBER'S DAUGHTER | |
| (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATI | ON: |
| MARRIED TO PRESIDENT'S SON | |
| (A) NAME OF PERSON: VENTURE CONSULTING | |
| (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATI | CON: |
| BOARD MEMBER IS OWNER | |
| (D) DESCRIPTION OF TRANSACTION: INDUSTRY & PROGRAM DEVELO | PMENT |
| CONSULTING | |
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4562

Department of the Treasury Internal Revenue Service

Name(s) shown on return

Depreciation and Amortization

(Including Information on Listed Property)

OMB No 1545-0172 2009

For Paperwork Reduction Act Notice, see separate instructions.

DAA

See separate instructions. Attach to your tax return.

Attachment Sequence No.

Form 4562 (2009)

Identifying number LIGHTHOUSE MINISTRIES, INC. 59-1722768 Business or activity to which this form relates All Business Activities Part I **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 1 Maximum amount. See the instructions for a higher limit for certain businesses. 250,000,00 2 Total cost of section 179 property placed in service (see instructions) 2 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 800,000.00 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If marned filing separately, see instructions 5 (a) Description of property (b) Cost (business use only) (c) Elected cost 6 7 Listed property Enter the amount from line 29 7 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 8 q Tentative deduction Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562 10 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 12 13 Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12 13 Note: Do not use Part II or Part III below for listed property Instead, use Part V Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service during 14 the tax year (see instructions) 14 15 Property subject to section 168(f)(1) election 15 16 Other depreciation (including ACRS) 16 159,872,66 MACRS Depreciation (Do not include listed property.) (See instructions.) Part III MACRS deductions for assets placed in service in tax years beginning before 2009 17 5,789.91 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B-Assets Placed in Service During 2009 Tax Year Using the General Depreciation System (c) Basis for depreciation (b) Month and (d) Recovery (a) Classification of property year placed in service (business/investment use (e) Convention (f) Method (g) Depreciation deduction period only-see instructions) 19a 3-year property ь 5-year property 7-year property C 10-year property е 15-year property 20-year property 25-year property q S/L 25 yrs Residential rental 27 5 yrs MM S/L property ММ 27.5 yrs S/L Nonresidential real 39 yrs MM S/L property MM Section C-Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System 20a Class life b 12-year 12 yrs S/L c 40-year 40 yrs MM S/L Part IV Summary (see instructions) 21 Listed property Enter amount from line 28 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return. Partnerships and S corporations--see instructions 22 165,662,57 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs 23

Form 4562 (2009) Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and

| • | | Note: For any v | d for entertain rehicle for which ins (a) through (c | vou are usir | a the st | andard i | nileage | rate or d | educting C if appl | lease e | xpense | , comple | te only | | | | |
|--------------|--|----------------------------------|--|-------------------------|-----------|--|--|--|---|------------------|-----------------------------|-------------------------------------|----------------------------|--|--|---------------------------------------|--|
| | | preciation and O | | | | | tions for | limits for | passen | ger auto | mobiles | s) | | | | | |
| <u>24a</u> | Do you h | ave evidence to supp | | vestment use | claimed? | <u> </u> | Yes | <u>No</u> | 24b | If "Yes," | is the e | vidence | written? | | Yes | No | |
| | (a) of property t vehicles first) | (b) Date placed in service | Business/ investment use | (d Cost or ba | other | | (e) is for dep siness/inv use o | estment | (f) Recove penod | ., 1 | (g) Method/ onvention | , | (h) Depreciation deduction | | | (i) Elected section 179 cost | |
| 25 | | depreciation allow | percentage vance for qualified | d listed prop | erty pla | ced in se | | | tax | | | | | | | | |
| | • | d used more than ! | | | | | | | | | _ 2 | 5 | | | | | |
| 26 | Property | used more than 5 | 0% in a qualified | business us | е | | | | | | | | | | | | |
| | | | <u> </u> | | | | | | | | | } | | | 1 | | |
| | | | 9/. | | | | | | | | | | | | | | |
| 27 | Property | used 50% or less | in a qualified bus | iness use: | | 1 | | | J | | _ | | | | | | |
| | | | | | | | | | | 7 | | | | | | | |
| | | | % | | | | | | | S/I | <u></u> | | | | | | |
| | | | <u> </u> | | | | | | | | | • | | | | | |
| | | | <u> </u> | | | <u>. </u> | | | <u> </u> | S/I | | _ | | | - | | |
| 28 | | ounts in column (h | | | | | e 21, pag | ge 1 | | | <u> </u> | 8 | | 29 | | | |
| <u>29</u> | Add am | ounts in column (i) | i, line ∠o. Enter n | | | | tion or | Use of | Vobiele | | | | | 29 | | | |
| | | section for vehicle | | proprietor, | partner, | or other | more t | han 5% | owner," | or relate | | | | | es | | |
| 30 | Total bu | siness/investment | miles driven | | (| a) | 1 | b) | | (c) | | (d) | | (e) | | (f) | |
| | during th | during the year (do not include | | | Veh | ıcle 1 | 1 | icle 2 | 1 | icle 3 | | ncle 4 | 1 | icle 5 | Vehicle 6 | | |
| | commut | ing miles) | | | | | | | | | | | | | | | |
| 31 | | mmuting miles driv | • . | | ļ | | ļ | | ļ | | | | <u> </u> | | | | |
| 32 | | ner personal (nonc | | driven | | | <u> </u> | | | | | | - | | <u> </u> | | |
| 33 | | les driven during the | he year. Add | | | | | | | | | | | | | | |
| 34 | | through 32 vehicle available | for nomenal | | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | |
| 34 | • | ng off-duty hours? | • | | 162 | NO | 162 | 140 | 165 | NO | 162 | 140 | 162 | 110 | Tes | NO | |
| 35 | | vehicle used prim | | | | | | | | t | | | 1 | | t — | | |
| • | | n 5% owner or re | | | | | | | | i | | | | l | _ | | |
| 36 | Is anoth | er vehicle available | e for personal us | e? | | | | | | | | | | | | | |
| _ | | | Section C-Que | stions for E | Employe | ers Who | Provid | e Vehic | les for L | Jse by 1 | heir Er | nployee | -s | _ | | | |
| Ansv | wer these | questions to deter | mine if you meet | an exception | n to cor | npleting | Section | B for ve | hicles us | ed by e | mployee | es who a | re not | | | | |
| | | owners or related | | | | | | | | | | | | | | | |
| 37 | • | maintain a written i | policy statement | that prohibi | ts all pe | rsonal u | se of vel | nicles, in | cluding o | commuti | ng, by | | | | Yes | No | |
| 38 | - | ployees? maintain a written i | naliau statament | that probabi | te norce | nal uso | of vobial | 00 0V 0 0 | nt comm | utina h | | | | | | | |
| 30 | _ | es? See the instru | | • | • | | | | • | • | • • | | | | | | |
| 39 | | reat all use of veh | | - | • | | o, anoot | 5,5,5,7 | ,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 0 011110 | • | | | | ļ | | |
| 40 | - | provide more than | • • • | - | | | mation f | rom you | r employ | ees abo | ut | | | | | | |
| | | of the vehicles, an | | | | | | - | | | | | | | | L | |
| 41 | Do you | meet the requirem | ents concerning | qualified au | tomobile | demon | stration | use? (Se | e instru | ctions) | | | | | | ļ | |
| | | your answer to 37 | , 38, 39, 40, or 4 | 1 is "Yes," c | lo not co | mplete | Section | B for the | covered | l vehicle | s | | | | <u></u> | <u> </u> | |
| _ <u>P</u> a | art VI | Amortization | <u> </u> | | | | | | | | | | | | | | |
| | | (a) Description of costs | ; | (b) Date amo begi | rtization | | | (c) ortizable mount | | (d Co sect | de | (e) Amortiza period percen | ation I or | Am | (f) ortization this year | for | |
| 42 | Amortiza | ation of costs that I | begins during you | - | | e instru | | | | · | | 20.0011 | | | · - | | |
| Se | e Sch | | | | | | | | | [| Ţ | • | | | | | |
| | | | | Vario | ous | | | 23,13 | 5.00 | VA. | <u>R. </u> | | | | 3,9 | 49.55 | |
| 43 | | ation of costs that I | _ | | | | | | | | | | 43 | | 12,1 | 17.63 | |
| <u>44</u> | Total. A | dd amounts in coli | umn (f). See the | instructions | for whe | re to rep | ort | | | | | | 44 | | | <u>67.18</u> | |
| DAA | | | | | | | | | | | | | | I | Form 45 0 | 62 (2009) | |

LIGHT LIGHTHOUSE MINISTRIES, INC.

59-1722768

Form 4562 Subschedules
All Business Activities

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Part VI: Amortization

FYE: 12/31/2009

| A <u>sse</u> t | (a) Property Description | (b) Date In Service | (c) Tax Basis | (d) Amort Sec | (e) Tax <u>Period</u> | (f) Tax Current Amortization |
|----------------|---|---------------------|-----------------------|---------------------|-----------------------------|------------------------------------|
| | LOAN COSTS PLATINUM LOAN COSTS BRANDON | 4/06/09 5/20/09 | 1,402.50 21,732 50 | 0 | 1.0 5.0 | 1,051.88 2,897 67 |
| | | | 23,135 00 | | | 3,949.55 |

LIGHT LIGHTHOUSE MINISTRIES, INC.

59-1722768

FYE: 12/31/2009

Form 4562 Worksheet
All Business Activities

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Part II - Special Depreciation Allowance and Other Depreciation

| (a) | (b) Date In | (c) Tax | (d) Prior | (e) Tax | (f) Tax | (g) Tax Depr |
|--|--------------------|------------------------|------------------------|------------|---------------------------------------|--------------------|
| Asset Property Description | Service | Basis | Depreciation | Method | Period | Deduction |
| ACRS and/or Other Depreciation | 1/01/07 | 107 000 02 | 112 705 60 | 0.77 | 40.0 | 4.047.00 |
| 9602 MAGNOLIA 9603 IMPROVEMENTS | 1/01/86 1/01/87 | 197,888 02 9,003.50 | 113,785.60 5,078.92 | S/L | 40.0 | 4,947.20 |
| 9604 BATHROOM IMPROVEMENTS | 7/15/88 | 2,836 00 | 1,841.86 | | 39.0 31.5 | 230.86 90.03 |
| 9605 CERAMIC TILE | 8/01/89 | 1,544.39 | 949.96 | S/L S/L | 31.5 | 49.03 |
| 9607 DUPLEX | 4/01/91 | 27,000.00 | 19,170.00 | | 25.0 | 1,080.00 |
| 9608 DUPLEX 506/508 | 9/14/93 | 10,000 00 | 4,699.90 | | 31.5 | 317.46 |
| 9609 DUPLEX 506/508 | 4/15/94 | 7,099.42 | 3,233.15 | | 31.5 | 225.38 |
| 9612 BUILDING-HOPE CENTER | 10/13/95 | 24,391 50 | 10,259.87 | S/L | 31.5 | 774.33 |
| 9613 RENOVATIONS-HOPE CENTER | | 30,697 35 | 12,749.97 | | 31.5 | 974.52 |
| 9673 BUILDING-TROXEL | 12/31/01 | 3,301,991 32 | 592,665.08 | S/L | 39.0 | 84,666 44 |
| 9674 BOSE CO STEREO UNIT | 12/08/02 | 528 94 | 459 66 | | 7.0 | 69.28 |
| 9678 YAMAHA PIANO | 5/02/02 | 3,300.00 | 3,142 87 | | 7.0 | 157.13 |
| 9684 COLEMAN 5000 WATT GENERA 9687 FENCE | 8/29/03 | 488.72 6,570.00 | 424.74 5,005.71 | S/L S/L | 7.0 7.0 | 63.98 938.57 |
| 9688 PRESCHOOL EQUIPMENT | 9/18/03 | 3,574.00 | 2,680.49 | | 7.0 | 510.57 |
| 9689 SIGNS | 9/15/03 | 2,295 25 | 1,748.75 | | 7.0 | 327.89 |
| 9697 PLANT CITY SIGNS | 1/14/04 | 1,755 00 | 1,253.55 | | 7.0 | 250.71 |
| 9698 60" GAS STOVE | 2/08/05 | 3,929.00 | 2,198.38 | S/L | 70 | 561.29 |
| 9699 STEAM TABLE | 4/18/05 | 2,208.95 | 1,157.06 | | 70 | 315.56 |
| 9700 SIGNS | 12/01/05 | 1,145.00 | 504 34 | | 7.0 | 163.57 |
| 9704 SAGE SOFTWARE | 2/02/06 | 6,750.00 | 6,562.50 | S/L | 3 0 | 187.50 |
| 9705 HP XW 4300 COMPUTER | 2/03/06 | 1,099 00 | 641 08 | S/L | 5.0 | 219.80 |
| 9706 THRIFT SHOP INSULATION | 8/08/06 | 5,355 00 | 862 75 | | 15.0 | 357.00 |
| 9707 RACKS FOR THRIFT SHOPPE | 8/14/06 | 1,908.00 | 658.71 | S/L | 7.0 | 272.57 |
| 9708 USED FORKLIFT | 8/11/06 | 4,500.00 | 1,553.58 | | 7.0 | 642.86 |
| 9709 HYDROPONIC GROWING UNIT 9710 SIGN - INTERIOR LETTERING | 4/28/06 2/23/06 | 8,800 00 595.00 | 3,352.38 | S/L S/L | 7.0 | 1,257.14 |
| 9711 2005 FORD BOX TRUCK | 9/13/07 | 20,887 58 | 240.83 5,570.03 | | 7.0 5.0 | 85.00 4,177.52 |
| 9712 SIGN-THRIFT SHOPPE | 12/19/07 | 3,497.50 | 499.64 | | 7.0 | 4,177.32 |
| 9715 2 COMPUTERS KID'S TECH | 4/20/07 | 2,876.25 | 958.75 | | 5 0 | 575.25 |
| 9716 19 DELL COMPUTERS | 3/16/07 | 21,482 25 | 7,518.79 | | 50 | 4,296.45 |
| 9717 TV KID'S TECH | 9/24/07 | 3,057 50 | 764.38 | | 5.0 | 611.50 |
| 9718 150 HYDRPONICS UNIT | 4/20/07 | 12,600.00 | 3,000.00 | S/L | 70 | 1,800.00 |
| 9720 BUILDING BAKER STREET | 5/07/08 | 421,000 00 | 7,196.58 | | 39 0 | 10,794 87 |
| 9722 FURNITURE | 10/14/08 | 1,541 41 | 55.05 | | 7.0 | 220 20 |
| 9723 FURNITURE THRIFT SHOPPE | 11/14/08 | 3,175.76 | 75 61 | | 70 | 453.68 |
| 9724 SIGNS | 10/31/08 | 8,630 00 | 205 48 | | 70 | 1,232.86 |
| 9725 COMPUTERS | 1/11/08 9/11/08 | 12,000 00 | 2,400.00 | S/L | 50 | 2,400.00 |
| 9726 WASHERS/DRYERS 9727 LOAN COSTS | 6/10/08 | 8,731 00 899.00 | 415 76 262 21 | | 7 0 2.0 | 1,247 29 449 50 |
| 9727 LOAN COSTS 9728 BRANDON BUILDING | 5/20/09 | 1,743,600 00 | 0 00 | | 39 0 | 26,079.49 |
| 9730 LEASEHOLD IMPROVEMENT-W | | 6,791 00 | 0 00 | | 39 0 | 130.60 |
| 9731 SIGNS FOR BRANDON | 7/31/09 | 15,769 40 | 0 00 | | 70 | 938 65 |
| 9735 FENCE | 5/21/09 | 6,625.00 | 0 00 | | 10.0 | 386 46 |
| 9736 ROOF | 6/03/09 | 5,420.50 | 0 00 | | 39 0 | 81.08 |
| 9737 FIXTURES-BRANDON | 6/30/09 | 34,897 35 | 0.00 | S/L | 7.0 | 2,492.67 |
| 9738 IMPROVEMENTS-BRANDON | 6/30/09 | 14,591 20 | 0.00 | | 39 0 | 187.07 |
| 9739 SIGNS-BRANDON | 6/30/09 | 6,900 00 | 0 00 | S/L | 70 | 492.86 |
| 9740 SECURITY CAMERAS | 7/02/09 | 2,906 00 | 0 00 | | 7.0 | 207 57 |
| 9741 SHOPPING CARTS-BRANDON | 7/31/09 | 2,140 64 | 0 00 | | 70 | 127.42 |
| 9743 ORLANDO TIMESHARE | 1/01/09 | 6,995.00 | 0 00 | S/L | 27 5 | 254.36 |
| | | 6,034,267 70 | | | | 159,872.66 |
| | | | | | · · · · · · · · · · · · · · · · · · · | |

Part III - MACRS Depreciation

| A <u>ss</u> et | (a) Property Description | (b) Date In Service | (c) Tax Depr Basis | (d) Tax <u>Period</u> | (e) Tax C <u>onventio</u> r | (f) Tax Method | (g) Tax Depr Deduction |
|----------------|------------------------------------|---------------------------|--------------------------|-----------------------------|-----------------------------------|----------------------|------------------------------|
| Dept | reciation of MACRS Property Placed | in Service Ir | n Prior Years | | | | |
| 2801 | WALL & COURTYARD | 2/27/98 | 38,995 75 | 39.0 | Mid-mth | S/L | 999 89 |
| 3401 | STORAGE BLDG | 1/29/99 | 14,587.30 | 27.5 | Mid-mth | S/L | 530.45 |

LIGHT LIGHTHOUSE MINISTRIES, INC. 01/29/2010 11:16 AM Form 4562 Worksheet 59-1722768 Page 2 **All Business Activities** FYE: 12/31/2009 (Continued...) (d) Tax (f) Tax (c) Tax (e) Tax (b) (g) Tax Depr Date In (a)
Property Description Asset Service Depr Basis Period Convention Method Deduction 3/23/99 3601 BLDG 16,569.70 27 5 Mid-mth 414.24 3801 BATHROOM REMODELING 4/08/99 13,238 84 25 0 Mid-mth S/L 264.78 7/27/99 4001 FLAG POLE 2,115.00 100 Half year S/L 105.75 4201 NEW SHED 5/04/99 2,315 65 100 Half year 115.74 S/L 4401 FILTERING SYSTEM 12/16/99 4,668.00 10.0 Half year S/L 233.40 9610 HOUSE 1138 LAKE PARKER 12/20/94 55,000.00 27 5000 Mid-mth S/L 1,916.67 9611 RENOVATIONS-1138 LAKE PAR 2/28/95 2,120.85 27.5000 Mid-mth S/L 73.91 9614 BUILDING-117 E MAGNOLIA ST 4/24/97 40,000 00 39 0 Mid-mth S/L 1,025.64 9701 BOAT 750.00 12/27/05 50 Mid-qtr 200DB 82.08 9702 TRAILER 50 Mid-qtr 12/27/05 250 00 200DB 27.36 190,611.09 5,789.91 Part VI: Amortization (c) Tax (e) Tax (f) Tax Current (h) (d) Date In Amort Basis Asset Property Description Service Sec Period Amortization 9733 LOAN COSTS PLATINUM 4/06/09 1,402 50 0 1.0 1,051.88 9734 LOAN COSTS BRANDON 5/20/09 21,732.50 50 2,897 67 23,135.00 3,949.55 (c) Tax (e) Tax (f) Tax Current (b) (d) Date In Amort Property Description Asset Service **Basis** Period Sec Amortization 9713 LOAN COSTS-WACHOVIA 2/09/07 6,936.50 0 50 1,387 30 9714 LOAN COSTS-MGMT TRUST 6/01/02 160,580.00 0 20 0 8,029 00 9721 LOAN COSTS 5/07/08 8,104 00 0 30 2,701 33 175,620 50 12,117.63