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L2955 01/11/2011

Department of the Treasury

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

OMB No 1545-0047 2009

Open to Public

inter	nai Revenue Serv			menta	Hispection
A	For the 2009 ca	lendar year, or tax year beginning $07/01/09$, and ending $06/30/10$	0		
В	Check if applicable	Please C Name of organization		D Emplo	yer identification number
$-\Box$	Address change	use IRS LIGHTHOUSE			
$\overline{\Box}$	Name change	label or print or Doing Business As		36-	3656310
	•	type: Number and street (or P O box if mail is not delivered to street address)	Room/suite	É Teleph	one number
י 🖳 י	nitial return	See 2601 N STREET		402	-475-3220
	Termination	Specific City or town, state or country, and ZIP + 4		G Gross rece	ipts \$ 426,517
	Amended return	Instructions. LINCOLN NE 68510	- 1		
		F Name and address of principal officer		H(a) Is this	a group return for
\Box	Application pending	I Haine and address of principal officer		affiliate	
				H(b) Are all	affiliates
				include	' attach a list (see instructions)
_	Tay ayamat atatı	x		11 140,	attach a list (see liisuucuons)
	Tax-exempt statu	s X 501(c) (3) ♦ (insert no) 4947(a)(1) or 527 www.lincolnlighthouse.org	·	U/a\ C	
				n(c) Group	exemption number •
******	Type of organization		ear of formation		M State of legal domicile
<u></u>		ummary			
	,	escribe the organization's mission or most significant activities			
9		MOTES THE MENTAL, PHYSICAL, EMOTIONAL AND SPIRITUAL V			
ıan		ADOLESCENTS THROUGH A COMMUNITY BASED AFTER-SCHOOL PI	ROGRAM FOR	YOUTH	IN
rerr		DLE AND HIGH SCHOOL			
30		nis box ♦ ☐ if the organization discontinued its operations or disposed of more than 25%	of its net assets	1 1	
8		of voting members of the governing body (Part VI, line 1a)		3	15
ies	4 Number	of independent voting members of the governing body (Part VI, line 1b)		4	15
Activities & Governance	5 Total nur	mber of employees (Part V, line 2a)		5	15
Act	6 Total nur	mber of volunteersi-(estimate /f_necessary)		6	183
	7a Total gro	oss unrelat ed business revenue from P afri VIII, column (C), line 12		7a	
	b Net unre	lated dusiness taxable income from Form 1990-T, line 34		7b	0
		M JAN 1 8 2011 9	Prior Yea		Current Year
ę		tions and grants (Part VIII, line 1h)	39:	5,895	395,719
Revenue	_	service revenue (Part VIII line 20)			4 440
é		ent income (Part VIII, column (A), lines 3, 4, and 7d)		5,883	4,442
		venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		5,290	10,933
		renue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	428	8,068	411,094
		nd similar amounts paid (Part IX, column (A), lines 1–3)		1	
		paid to or for members (Part IX, column (A), line 4)			
se s		other compensation, employee benefits (Part IX, column (A), lines 5–10)	300	0,895	323,632
20		onal fundraising fees (Part IX, column (A), line 11e)			
2_{expe}	b Total fun	draising expenses (Part IX, column (D), line 25) ♦ 27,498			
2		penses (Part IX, column (A), lines 11a-11d, 11f-24f)		7,804	147,673
Z	18 Total exp	penses Add lines 13–17 (must equal Part IX, column (A), line 25)		8,699	471,305
NN ED AN IN	19 Revenue	e less expenses Subtract line 18 from line 12		0,631	-60,211
ts of	- 		Beginning of Cur		End of Year
Isse Bala	20 Total ass	sets (Part X, line 16)		1,049	1,883,616
Z	21 Total liat	bilities (Part X, line 26)		0,678	13,456
Z	22 Net asse	ets or fund balances Subtract line 21 from line 20	1,930	0,371	1,870,160
Q	a11.11 31	ignature Block			
SC		ider penalties of perjury, I declare that I have examined this return, including accompanying schedules an d belief, it is true, cogect, and complete Declaration of preparer (other than officer) is based on all inform			
		Dete Allman	,		1-14-11
Sig			·		
Hei	re "	Signature of officer Dotor Allman President		Date	
			· · · · · · · · · · · · · · · · · · ·	 -	
		Type or print name and title	т		Dronamia identificas accept
Pai	~ I	eparer's Date Date	Check i	f "	Preparer's identifying number (see instructions)
	parer's	nature Result 1. Duckley 01/1:		ed ♦	P00765948
	•	m's name (or yours Buckley & Sitzman CPA'S		EIN ◆	47-0350235
US		self-employed) 3901 Normal Blvd/Ste 100		Phone	
	ade	dress, and ZIP+4 Lincoln, NE 68506-5200		no ◆	402-484-7676
May	the IRS discus	ss this return with the preparer shown above? (see instructions)			Yes No
		nd Paperwork Reduction Act Notice, see the separate instructions.			Form 990 (2009)
DAA					

Form 990 (200	9) LIGHTHOUSE	36-3656310	Page 2
Part III		Service Accomplishments	
PROMOTO ADO		PHYSICAL, EMOTIONAL AND SPIRITUAL WELL-BEING H A COMMUNITY BASED AFTER-SCHOOL PROGRAM FOR YOUT	H IN
the pnor	rganization undertake any signific Form 990 or 990-EZ? describe these new services on S		es X No
services'	-		es X No
4 Describe Section 5	the exempt purpose achievemen 501(c)(3) and 501(c)(4) organizati	nts for each of the organization's three largest program services by expenses ions and section 4947(a)(1) trusts are required to report the amount of grants and and revenue, if any, for each program service reported	
ENVIRO VISITS SUPPOR MEALS 245 UN ACTIVI	ONMENT FOR 917 UNS; PROVIDED 941 UNDUPLICATED YOUTH	320,790 including grants of \$) (Revenue \$ SAFE, STRUCTURED AND NURTURING NDUPLICATED YOUTH DURING 11,590 UNITS OF TUTORING AND ACADEMIC ICATED YOUTH; SERVED 5,162 EVENING ATED YOUTH; SERVED 2,283 SNACKS TO H; PROVIDED 270 DIFFERENT ENRICHMENT UPLICATED YOUTH; AND PROVIDED 25 AL ACTIVITIES TO 138 UNDUPLICATED YOUTH)
YOUTH	DURING 1,273 YOU	51,930 including grants of \$) (Revenue \$ RUANCY INTERVENTION SERVICES TO 45 UNDUPLICATED UTH VISITS, THROUGH COOPERATION WITH AREA SCHOOLS EM, PARENTS, AND OTHER COMMUNITY RESOURCES	, THE
4c (Code) (Expenses \$	including grants of \$)_(Revenue \$	-) ·
Ad Other pr	ogram services (Describe in Schi	edule O)	
(Expense	•	including grants of \$) (Revenue \$)	
4e Total pr	ogram service expenses 🔷	372,720	
		For	m 990 (2009)

DAA

Pa	at IV Checklist of Required Schedules					
	•				Yes	No
1	is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"					
	complete Schedule A			1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?			2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to					
	candidates for public office? If "Yes," complete Schedule C, Part I			3		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete					
	Schedule C, Part II			4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)					
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III			5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have					
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"					
	complete Schedule D, Part I			6		_X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,					
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II			7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"					
	complete Schedule D, Part III			8		<u> </u>
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part					
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			i		
	complete Schedule D, Part IV			9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or					
	quasi-endowments? If "Yes," complete Schedule D, Part V			10		<u>X</u>
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			1		
	VII, VIII, IX, or X as applicable			11	X	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete					
	Schedule D, Part VI					
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more					
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.					
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more					
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.					
•	Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets					
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX					
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X					
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses					
4.0	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X					
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			40	X	H
404	Schedule D, Parts XI, XII, and XIII	Ľ.	Voc No	12	A	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?	12A	Yes No			
12	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	LIZM		13	:	х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?			14a		X
14a b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,					<u>-</u>
-	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I			14b	-	x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any					
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II			15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance					
. •	to individuals located outside the United States? If "Yes," complete Schedule F, Part III			16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services					
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I			17	L	х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on					
-	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II			18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?					
	If "Yes," complete Schedule G, Part III			19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		·	20		X
				F	. aan	(2000)

<u> Pa</u>	art IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations	.		v
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u> </u>
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			v
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			**
	employees? If "Yes," complete Schedule J	23		<u>x</u>
24a	· · · · · · · · · · · · · · · · · · ·			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K If "No," go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	i l		
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		X
26	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	26		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	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			į
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
U	Schedule L, Part IV	28b		х
_	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a	100		
С	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			
		28c		x
20	Part IV	29		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	23		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	30		х
	conservation contributions? If "Yes," complete Schedule M	30		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	24		х
	Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	ا مما		х
	Schedule N, Part II	32		├ ┻
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	_ 33		_X_
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,		.	ĺ
	III, IV, and V, line 1	34	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete		1	
	Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			l
	organization? If "Yes," complete Schedule R, Part V, line 2	36	-	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37	 	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			ĺ
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	

Select the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of 1	Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance					
U. S. Information Returns Enter-O- find applicable Enter the number of Forms W.25, anclusted in line 1a. Enter-O- in not applicable Deter the number of Forms W.25, anclusted in line 1a. Enter-O- in not applicable apaming (ammbigo) winnings to prove winners? 2a. Enter the number of employees reported on Form W.3, Transmitted (Wage and Tax Sistements, filed for the calendar year ending with or within the year dovered by this return I'villa lisast one is reported on him 2a, did the organization file all required federal employment tax returns? Note. If he sum of lines 1a and 2a is greater than 250, you may be required to effe this return (see instructions) 3a. Did the organization have unrelated business gross is soone of \$1,000 or more during the year covered by this return? 3b. If I'ves, his is filed a Form 990-T for the year? If 'No,' provide an explanation in Schedulo O 3b. If I'ves, his is filed a Form 990-T for the year? If 'No,' provide an explanation in Schedulo O 3c. If the organization in a foreign country over, a financial account in a foreign country over, a financial account in a foreign country over, a financial Accounts See the neithcroins for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts See the neithcroins for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts W. Was the organization in profit in the granization for Foreign Bank and Financial Accounts (I'ves,' enter the name of the foreign country over the second profit in the sec					\Box	Yes	No
Enter the number of Forms W-2G anducted nine 1s. Enter -0-4 not applicable □ Did the organization comply with faculty withholding rules for reportable payments to vendors and reportable garming (gamhling) winnings to prove winners? □ Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax □ Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax □ It at least one is reported on line 2a, did the organization file all required decreal employment tax returns? ■ It at least one is reported on line 2a, did the organization file all required decreal employment tax returns? ■ It at least one is reported on line 2a, did the organization file all required decreal employment tax returns? ■ It at least one is reported on line 2a, did the organization file all required decreal employment tax returns? ■ It at least one is reported on line 2a, did the organization file all required decreal employment tax returns (see instructions) ■ If we have the comparization have unrelated business gross income of \$1,000 or more during the year covered by this return? ■ A vary time during the calendar year, did the organization have an interest in, or a significant or other filenated accounts? ■ If we have the organization all years and the organization have an interest in, or a significant or other filenated accounts? ■ If we have the manner of the foreign country (such as a bank account, securities account, or other filenated accounts? ■ If we have the organization and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial accounts? ■ If we have the organization and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts ■ If we have the organization and propriation of the value of the problement are filing the remaindary? ■ Did any taxable parity morth file organization that we may receive the during the least of the organization and parts or 8b, and the organization and parts or 8b, and the organization and parts	1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	1			I	
Count in a re-annual to comply with backup withholding rules for reportable payments to vendors and reportable garing (gambling) winnings to prize winners? 22 Einter 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 1 If at least one is exported on in Faz. 2 and the origination file all required deerla employment tax returns? Note. If the sum of lines it and 2 as greater finan 250, you may be required to 6-file this return (see instructions) 30 Did the originaziation have unrelated business gross income of \$1,000 or more during the year covered by this return? 31 If "Yes," has it filed a Form 990-T for this yea?" If "No", provide an explanation in Schedule O 32 At any time during the calendar year, did the origination 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 in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, or other financial account in a foreign country (such as a bank account, or other financial account in a foreign country (such as a bank account, or other financial accounts and financial accounts of the foreign country (such as a bank account of the such as a state or a part of the properties of the account of the such as a state or a part of the properties of the such as a state or a part of the properties and a state of the foreign accountry (such as a bank account in a state of the such as a state or a part of the properties of		U.S. Information Returns. Enter -0- if not applicable	1a	0		-	
gamming (gambling) winnings to prize winners? Zelicite the multiper 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 If all least one is exported on the 2a, did the organization file all required federal employment tax returns? Note, If the sum of lines 1 a and 2 as greater than 250, you may be required to e-file this return (see instructions) In the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? If If Yes, * has if filed a Form 990-T for this year? If 'No,* provide an explanation in Schedule O A ray time during the calendar year, did the organization have an interest in, or a signiture or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial accountries of exceptions and filing requirements for Form TD F 50-22 1, Report of Foreign Bank and Financial Accounts See Was the organization and party to a prohibited tax sheller fransaction at any time during the tax year? Sa Was the organization aparty to a prohibited tax sheller fransaction at any time during the tax year? Sa Was the organization aparty to a prohibited tax sheller fransaction of the filing of the prohibited tax sheller fransaction and the organization file form 8888-T, Disclosure by Tax-Exempt Entity Regarding Frohibed Tax Sheller Transaction? So Dest the organization and pross receipts that are normally greater than \$100,000, and did the organization in the organization in file deductable? The prohibed Tax Sheller Transaction of the Very Sheller transaction of the organization multiple shell are promisely greater than \$100,000, and did the organization include with every solicitation an express statement that such contributions or gets were not tax deductable? Organization that may receive deductable contrib	b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
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 returm 7 Note. If the sum of lines is and 2 is greater than 250, you may be required federal employment tax returns? 8 Note. If the sum of lines is and 2 is greater than 250, you may be required to e-file this return (see instructions) 8 Dut the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 9 If "Yes," has if filed a Form 990-T for this year? If "No." provide an explanation in Schedule O 9 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 in a foreign country (such as a bank account, securities account). 9 If "Yes," either the name of the foreign country (such as a bank account, securities account, or other financial accounts. 5 Was the organization and a party to a prohibited tax sheller transaction at any time during the tax year? 5 a Was the organization and a party to a prohibited tax sheller transaction at any time during the tax year? 5 b D did not tax to Sheller Transaction in En form 8386-T. Diacdosure by Tax-Evering Entity Regarding Prohibited Tax Sheller Transaction in Endough the Yes," to line 3 or 5 b, do the organization have annual gross receipts that are normally greater than \$100,000, and did the organization societ any contributions that twen on tax deductible? 6 b Dest the organization include with every solicitation an express statement that such contributions or gifts were not lax deductible? 10 If "Yes," did the organization include with every solicitation anders accion 170(c). 11 Organizations that may receive deductible contributions under section 170(c). 12 Did the organization reverse approximation and property for which it was required to life Form 3202? 13 Did th	C	Did the organization comply with backup withholding rules for reportable payments to vendors and report	able			1	
Sitistements, fleed for the calendar year ending with or within the year covered by this return		gaming (gambling) winnings to prize winners?			1c		X
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to 6-file this return (see instructions) instructions? 3a Did the organization have unrelated business gross income of \$1,000 or more duming the year covered by this return? 3b If "Yes," has if filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3b	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax					
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b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	42-	,		·	122		Ť
			1 1		140		
		in 165, Gitter the amount of tax-exempt interest received of accorded during the year	120		Form	990	(2009)

36-3656310 Form 990 (2009) LIGHTHOUSE Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below. and Part VI for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body Enter the number of voting members that are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 X any other officer, director, trustee, or key employee? 2 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision 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? 5 Did the organization become aware during the year of a material diversion of the organization's assets? 6 Does the organization have members or stockholders? Does the organization have members, stockholders, or other persons who may elect one or more members 7a of the governing body? Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b b Did the organization contemporaneously document the meetings held or written actions undertaken during 8 the year by the following X The governing body? 8a X Each committee with authority to act on behalf of the governing body? 8ь Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached 9 X at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a X Does the organization have local chapters, branches, or affiliates? If "Yes," does the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with those of the organization? Has the organization provided a copy of this Form 990 to all members of its governing body before filing the 11 X 11 11a Describe in Schedule O the process, if any, used by the organization to review this Form 990 Does the organization have a written conflict of interest policy? If "No," go to line 13 12a 12a b Are officers, directors or trustees, and key employees required to disclose annually interests that could give X 12b rise to conflicts? c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c describe in Schedule O how this is done 13 X 13 Does the organization have a written whistleblower policy? X Does the organization have a written document retention and destruction policy? 14 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? X The organization's CEO, Executive Director, or top management official 15a X 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement X with a taxable entity during the year? 16a b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed • None 17 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) 18 available 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 financial statements available to the public

State the name, physical address, and telephone number of the person who possesses the books and records of the

2601 N STREET

NE 68510

LINCOLN

organization • PETE ALLMAN

20

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

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

- 1a Complete this table for all persons required to be listed. 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."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

(A) Name and Title	(B) Average	Pos	ition (C) k all t	hat ap	(vlac	(D) Reportable	(E) Reportable	(F) Estimated
,	hours per week	Individual trustee or director		Officer		Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
BILL MICHENER										
EXEC. DIR	40.00	X	<u> </u>	X	_			58,826	0	9,574
PETE ALLMAN					1					00 050
PRESIDENT	20.00	X		X	_			32,285	0	28,253
DEBBIE BASLER		ļ								•
VICE PRES	1.00	X	<u> </u>	X	_	-		0	0	0
STEVE CLEMENTS		l								•
TREASURER	1.00	X	_	X	<u> </u>			0	0	0
NANCY BIRD	4 00									^
SECRETARY	1.00	X		X		╀		0	0	0
MAUREEN ALLMAN								ام		^
DIRECTOR	1.00	X	┝	 	<u> </u>	₩		0	0	0
CHANDRA DIAZ-DEBO										•
DIRECTOR	1.00	X	├	<u> </u>		-	_	0	0	0
SERESE COLE	1 00	٠,						ام	•	•
DIRECTOR	1.00	X	⊢	<u> </u>		1	_	0	0	0
BRITT EHLERS	1-00			-		-	-			
DIRECTOR	1.00	X	┝	_	⊢		-	0	0	0
DOUG GANZ	1 00						i		0	^
DIRECTOR CIPPENG	1.00	X	┢	_			-	0	U	0
DR. DON GIBBENS	1 00	x		}		1		o	0	0
JEFF SEMRAD	1.00	^	├			╁	-			0
	1.00	x						o	0	0
DIRECTOR BRITNEY OSBERN	1.00	<u> </u>	-			1				
DIRECTOR	1.00	x						o	o	0
RICH CLAUSSEN	1.00	<u> </u>		\vdash		╁	-			
DIRECTOR	1.00	x		1				o	0	0
HANK WOODS	1.00	<u> </u>	+	\vdash	-	+-	\vdash	<u> </u>		
DIRECTOR	1.00	x						o	0	0
CAROLYN OTTE		 **	 	 	\vdash	+		 		
DIRECTOR	1.00	x						o	0	0
		1 42	1	I .	1	1	1	,	0	

Par	t VII Section A. Officers,	Directors, Trus	tees	, Key	y En	plo	/ees	, and	d Highest Compensated E	mployees (continued)				
	(A) Name and Title	(B) Average hours per		ition (chec		hat ap		(D) Reportable compensation	(E) Reportable compensation		(F) Estimate		
		week	Officer Officer Officer Institutional trustee Officer or director									other mpensa from the ganization relation ganization ga	tion e on ed	
												_		
														
						_		_						
						_								
					 	_	_							
			 				-							
1b	Total					<u>L</u> .	<u></u>	<u> </u>	91,111			37,82		
2	Total number of individuals (increportable compensation from			to th	ose	liste	d abo	ve)	who received more than \$1	00,000 in			····	
3	Did the organization list any for								ee, or highest compensated		Γ		res No	
4	employee on line 1a? If "Yes," For any individual listed on line the organization and related organization.	1a, is the sum of	rep	ortab	le co	ompe	ensat	ion a				3	X	
5_	individual Did any person listed on line 1a	a receive or accru	ie co	mpe	nsat	ı <u>on</u> f	rom a	any_i	unrelated organization for			4	X	
Sect	services rendered to the organition B. Independent Contractor		comj	oiete	Scn	eaui	e J 10	or su	ich person			5		
1	Complete this table for your five compensation from the organize	e highest comper ation	nsate	d inc	depe	nder	nt coi	ntrac						
(A) Name and business address Description of services							(B) ston of services		Com	(C) pensation				
								<u> </u>						
											\rightarrow	_		
											-			
2	Total number of independent c		_				to th	lose	listed above) who received	*******				
DAA	more than \$100,000 in comper	nsation from the o	orgar	nizati	on ◀	<u> </u>						0 Form	990 (2009)	

Pa	rt V	<u>II Staten</u>	nent of Reve	nue						
		•					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
S S	1a	Federated carr	naigne	1a		87,842	········ , , , , , , , , , , , , , , ,			
		Membership di	-	1b		07/012				
PE		•		1c		48,085				
ra f		Fundraising ev		-		40,005				
흔틥		Related organi		1d		27 454				
Sis		Government grants (1e		27,454				
Contributions, gifts, grants and other similar amounts	f	All other contribution and similar amounts		ا ا						
들링				1f		232,338				
55	g		ns included in lines 1a-	1f :	\$	21,960				
9	h	Total. Add line	s 1a–1f			·	395,719	, ,		
Program Service Revenue						Busn. Code				
š	2a									·
چ ایم	b									
.ĕ	C									
န္တ	d								<u></u>	
ᇣ	6									
ğ	f	All other progra	am service rever	nue						
ے	g	Total. Add line	s 2a–2f			•				
	3	Investment inc	ome (including d	lividend	is, interes	st, and				
		other similar ai	mounts)			•	4,442			4,442
	4	Income from in	vestment of tax-	exemp	t bond pr	oceeds 💠				
	5	Royalties				•				
		•	(ı) Real		(11)	Personal				
	6a	Gross Rents								
	b	Less rental exps								
	С	Rental inc or (loss)								
	d	Net rental inco	me or (loss)		-	•				
		Gross amount from	(i) Securities	s	(11) Other		-		
		sales of assets other than inventory			<u> </u>	·				
	b	Less cost or other			 					
		basis & sales exps								
	_	Gain or (loss)								
	d	Net gain or (los	L		1	•				
			ss <i>)</i> om fundraising evei	nte						
9	8a		_							
		(not including \$								
æ			reported on line 1c)			26,356				
Other Reven		See Part IV, line		a		15,423				ŀ
8		Less direct ex	•	b		15,425	10,933			10,933
			(loss) from fund	- 1	events		10,933			10,933
	9a		om gaming activitie							
	_	See Part IV, line		a						
		Less direct ex	·	b						
			(loss) from game	ing acti	vities	•	, ,			· · · · - · · · · · · · · · · · · · · ·
	10a		inventory, less							
		returns and all		а						
		Less cost of g		b		- <u>-</u> -				
	С		(loss) from sales		entory	<u> </u>	·	,		
		Misc	cellaneous Revenue	•		Busn. Code				
	11a									
	b									
	С									
	d	All other reven	iue				_			
	Θ	Total. Add line	es 11a–11d			•				
	12	Total Revenu	e. See instruction	ns		•	411,094	0	0	15,375

Form 990 (2009)

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).

	All other organizations must o		(B)	(C)	
	not include amounts reported on lines 6b,	(A) Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
7 <u>D,</u>	8b, 9b, and 10b of Part VIII. Grants and other assistance to governments and		ехрепаса	general expenses	CAPCINGO
1	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				
5	Compensation of current officers, directors,				
	trustees, and key employees	91,111	45,556	37,484	8,071
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	<u></u>			
7	Other salaries and wages	161,587	160,481	1,106	
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	3,834	2,467	1,125	242
9	Other employee benefits	48,487	30,941	10,725	6,821
10	Payroll taxes	18,613	15,044	2,952	617
11	Fees for services (non-employees)				
а	Management				
b	Legal	558		558	
C	Accounting	10,747		10,747	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion	1,354		600	754
13	Office expenses				4
14	Information technology				
15	Royalties		01 200	660	
16	Occupancy	22,061	21,399	662	
17	Travel	2,430	2,430		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				·
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	47,752	46,319	1,433	
- 22	Depreciation, depletion, and amortization	11,132	***************************************		
23	Insurance				
24	Other expenses Itemize expenses not	1			
	covered above (Expenses grouped together		1		
	and labeled miscellaneous may not exceed			1	
	5% of total expenses shown on line 25 below)				
а	FOOD SERVICE	24,418	24,418		
b	INSURANCE	13,079	13,079		
c	PRINTING & PUBLICATIONS	6,819		178	6,641
d	PROGRAMMING	5,450	5,450		
θ	MISCELLANEOUS	4,896	40	504	4,352
f	All other expenses	8,109	5,096	3,013	
25	Total functional expenses. Add lines 1 through 24f	471,305	372,720	71,087	27,498
26	Joint costs. Check here ◆ ☐ If following				
	SOP 98-2 Complete this line only if the organization reported in column (B) joint costs		j		
	from a combined educational campaign and				
	fundraising solicitation	L			- 000
DAA					Form 990 (2009)

	art X	Balance Sheet			-3030310		
	MI & A	- Balance Onece			(A) Beginning of year		(B) End of year
	1	Cash—non-interest bearing			133,720	1	66,502
	2	Savings and temporary cash investments			182,303	2	187,017
	3	Pledges and grants receivable, net			77,853	3	92,024
	4	Accounts receivable, net				4	
	5	Receivables from current and former officers, directors, tro	ustees,	key			
		employees, and highest compensated employees Comple		· ·			
		Schedule L		1		5	
	6	Receivables from other disqualified persons (as defined u	nder se	ection	,		
		4958(f)(1)) and persons described in section 4958(c)(3)(B					
		Part II of Schedule L				6	
Assets	7	Notes and loans receivable, net				7	
SS	8	Inventories for sale or use				8	
4	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment cost or	1				
		other basis Complete Part VI of Schedule D	10a	1,690,416			
	ь	Less accumulated depreciation	10b	152,684	1,576,559	10c	1,537,732
	11	Investments—publicly traded securities			614	11	341
	12	Investments—other securities See Part IV, line 11				12	
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)			1,971,049	16	1,883,616
	17	Accounts payable and accrued expenses			40,678	17	13,456
	18	Grants payable				18	_
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
S	21	Escrow or custodial account liability. Complete Part IV of	Schedu	ile D	·	21	
Liabilities	22	Payables to current and former officers, directors, trustees	s, key				Ĭ.
Ē		employees, highest compensated employees, and disqua	lified				.
ڐ		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third j	parties			23	
	24	Unsecured notes and loans payable to unrelated third par	ties			24	
	25	Other liabilities Complete Part X of Schedule D				25	
_	26_	Total liabilities. Add lines 17 through 25	_		40,678	26	13,456
es S		Organizations that follow SFAS 117, check here ◆	and				‡
2		complete lines 27 through 29, and lines 33 and 34.					
<u> </u>	27	Unrestricted net assets			1,896,943		1,841,846
ä	28	Temporarily restricted net assets			33,428	28	28,314
Б	29	Permanently restricted net assets		-		29	
교		Organizations that do not follow SFAS 117, check her	е 🔷 [_			
6		and complete lines 30 through 34.					†
ş	30	Capital stock or trust principal, or current funds				30	
š	31	Paid-in or capital surplus, or land, building, or equipment t				31	
Ą	32	Retained earnings, endowment, accumulated income, or	other fu	ınds	1 020 251	32	1 070 160
Net Assets or Fund Balances	33	Total net assets or fund balances			1,930,371	33	1,870,160
	34	Total liabilities and net assets/fund balances			1,971,049	34	1,883,616

1,883,616 Form 990 (2009)

Pa	rt XI Financial Statements and Reporting			
	•		Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other	_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in	_		
	Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		_X_
ь	At a state of the	2b	_X_	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both			
	X Separate basis Consolidated basis Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		<u> </u>
ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		
_		Form	n 990	(2009)

SCHEDULE A (Form 990 or 990-ÈZ)

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.

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

LICHTHOUSE

Employer identification number 36-3656310

			DIGHTHOUSE								0210		
P	art 1	Rease	on for Public Charity	Status (All organizations	must co	mplete	this p	art.) S	<u>ee ins</u>	tructio	ns.		
he	orgar	nization is not a	private foundation because	it is (For lines 1 through 11, che	ck only or	e box)							
1		A church, con	vention of churches, or asso	ciation of churches described in s	section 1	70(b)(1)(<i>A</i>	A)(i).						
2	П	A school desc	cribed in section 170(b)(1)(A)(ii). (Attach Schedule E)									
3	\sqcap	A hospital or a	a cooperative hospital service	e organization described in section	on 170(b)	(1)(A)(iii).							
4	П	•	earch organization operated			(A)(iii).	Enter th	e hospi	tal's name,				
•	city, and state												
5		•		a college or university owned or	onerated	hy a nove	rnmenta	l unit de	scribed	ın			
,	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)												
A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).													
7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public													
			section 170(b)(1)(A)(vi). (Co										
8	\sqcup	-		'0(b)(1)(A)(vi). (Complete Part II									
9	\sqcup	•	• • • • • • • • • • • • • • • • • • • •	more than 33 1/3 % of its suppor									
		receipts from	activities related to its exemp	ot functions—subject to certain ex	ceptions,	and (2) n	o more t	han 33	1/3 % of	its			
		support from	gross investment income and	d unrelated business taxable inco	me (less	section 51	11 tax) fr	om busi	nesses				
	_	acquired by the	ne organization after June 30	, 1975 See section 509(a)(2). (0	Complete	Part III)							
10		An organization	on organized and operated ex	xclusively to test for public safety	See sec	tion 5 09(a	a)(4).						
11		An organization	on organized and operated ex	xclusively for the benefit of, to per	rform the	functions	of, or to	carry ou	t the				
		purposes of o	ne or more publicly supporte	d organizations described in sect	ion 509(a)(1) or se	ction 509	(a)(2) S	See sec	tion			
		509(a)(3). Ch	eck the box that describes th	e type of supporting organization	and comp	olete lines	11e thre	ough 11	h				
		a Type	I b Type II	c Type III-Functiona	illy integra	ted	d [Тур	e III-Oth	ner			
8		By checking ti	his box, I certify that the orga	nization is not controlled directly	or indirect	ly by one	or more	disquali	fied				
		persons other	than foundation managers a	and other than one or more public	ly suppor	ted organ	zations (descnbe	d in sec	tion			
			ection 509(a)(2)										
f				mination from the IRS that it is a	Type I, Ty	pe II, or T	ype III s	upportin	g				
		_	check this box										
g		-		on accepted any gift or contribution	on from ar	nv of the							
8		following per		, 3		,							
		• .		ntrols, either alone or together wit	h persons	describe	d in (ii)					Yes	No
		• •	pelow, the governing body of		po		(,				11g(i)	T	T
			member of a person describe								11g(ii)	 	
		• •	•	• •							11g(iii		\vdash
		• •	ontrolled entity of a person de	**							[118/111	<u>/I</u>	<u> </u>
<u>n</u>			ollowing information about th		(ha) to the a		(a) Det		641	a 15 a	(wi) Am	aunt of	
(1)		e of supported anization	(iı) EIN	(iii) Type of organization (described on lines 1–9		organization sted in your		rou notify nization in	organizat	sthe non≀ncol	(vii) Am sup		
	0.9			above or IRC section		document?	∞l (i)	of your	(i) organı	zed in the	•		
				(see instructions))_		= -		ort?	U:			-	-
					Yes	No	Yes	No	Yes	No			
					1	}							
					 	ļ			 				
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T				‡	1	1	İ		1				

Schedule A (Form 990 or 990-EZ) 2009 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) ◆ (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received (Do not 370,895 include any "unusual grants.") 277,910 395,719 2,251,288 357,329 849,435 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 357,329 277,910 849,435 370,895 395,719 2,251,288 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 90,748 Public support. Subtract line 5 from line 4 2,160,540 Section B. Total Support (e) 2009 (a) 2005 (c) 2007 (f) Total Calendar year (or fiscal year beginning in) ◆ (b) 2006 (d) 2008 7 Amounts from line 4 357,329 277,910 849,435 370,895 395,719 2,251,288 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar 5,890 7,402 7,768 6,883 4,442 32,385 sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 2,283,673 Total support. Add lines 7 through 10 11 Gross receipts from related activities, etc. (see instructions) 12 179,439 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 94.61% 15 92.06% Public support percentage from 2008 Schedule A, Part II, line 14 15 16a 33 1/3 % support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box X and stop here. The organization qualifies as a publicly supported organization 33 1/3 % support test-2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test-2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or

more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Schedule A (Form 990 or 990-EZ) 2009

18

Section A. Public Support

Support Schedule for Organizations Described in Section 509(a)(2) Part III (Complete only if you checked the box on line 9 of Part I.)

Cal	endar year (or fiscal year beginning in) ◆	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons		<u> </u>	<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)						
Sac	tion B. Total Support	L	L	L	<u> </u>	<u> </u>	
	lendar year (or fiscal year beginning in) ◆	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	(2,000	. 3.2.2.2.2	(0, = 0, = 0, = 0, = 0, = 0, = 0, = 0, =	, , , , , , , , , , , , , , , , , , ,	`	
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						, , ,
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is for the o	organization's first,	second, third, four	h, or fifth tax year a	s a section 501(c)	(3)	
	organization, check this box and stop here						>
Sec	tion C. Computation of Public Su					 	
15	Public support percentage for 2009 (line 8,	, ,	-	(f))		15	<u> </u>
16	Public support percentage from 2008 Sche					16	%
	tion D. Computation of Investme			L		1 42 1	61
17	Investment income percentage for 2009 (lin			column (1))		17	<u>%</u>
18	Investment income percentage from 2008			14 and has 45	oro then 22 4/2 0/	18	
19a							▶ □
L	17 is not more than 33 1/3 %, check this bo 33 1/3 % support tests—2008. If the organ		=				- L
b	line 18 is not more than 33 1/3 %, check th						▶ [
20	Private foundation. If the organization did		=				
	ato realization, it the organization did						

Schedule A (Form 990 or 990-EZ) 2009 LIGHTHOUSE

36-3656310

Page 4

Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

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

Inspection

Employer identification number Name of the organization 36-3656310 LIGHTHOUSE Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if Part I the organization answered "Yes" to Form 990, Part IV, line 6. (b) Funds and other accounts (a) Donor advised funds Total number at end of year Aggregate contributions to (during year) Aggregate grants from (during year) 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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Preservation of certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 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 Tax Year 2a Total number of conservation easements 2b Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during Number of states where property subject to conservation easement is located ◆ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes No violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 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 Yes 170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)? 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 Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III 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 these items (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

b	If "Yes," explain the arrangement in Part XIV					
Pa	ert V Endowment Funds. Comple	te if organization a	nswered "Yes" t	o Form 990, Par	t IV, line 10.	
		(a) Current year	(b) Pnor year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance					
b	Contributions					
C	Net investment earnings, gains,					
	and 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 er	nd balance held as				

a Board designated or quasi-endowment ◆ _ _ _ _ _ %

b Permanent endowment ◆ _ _ _ _ _ %

c Term endowment ◆ _ _ _ _ _ %

3a 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

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

Describe in Part XIV the intended uses of the organization's endowment funds

		Yes	No
	3a(i)		
	3a(ii)		
ĺ	3b		

Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10. Part VI (a) Cost or other basis (b) Cost or other (c) Accumulated (d) Book value Description of investment basis (other) depreciation (investment) 342,754 3.42,754 1a Land 76,823 1,214,225 1,137,402 **b** Buildings c Leasehold improvements 52,526 121,737 69,211 **d** Equipment 11,700 6,650 5,050 e Other Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) 1,537,732

Schedule D (Form 990) 2009

Part IX	Other Assets. See Form 990, Part X, line 15.			
	(a) Description			(b) Book value
-				
Total. (Colum	nn (b) must equal Form 990, Part X, col (B) line 15)		♦	
Part X	Other Liabilities. See Form 990, Part X, line 2	25.		
	(a) Description of liability	(b) Amount		

Total. (Column (b) must equal Form 990, Part X, col (B) line 25)

2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the

Total. (Column (b) must equal Form 990, Part X, col (B) line 13)

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

Federal income taxes

Schedule D	(Form 990)	2009	LIGH	THO	USE						36-3	0203T ()			Page 5
Part XI\	Supp	olementa	al Info	rmati	on (contir	nued)										
•	_				xpense		u <u>nts</u>	Incl	ıded_:	i <u>n F</u> i	<u>lnanci</u>	a <u>l</u> s	Oth	er_		
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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities
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. See separate Instructions.

OMB No 1545-0047

Open To Public Inspection

ame of the organization					Employer Identii	
LIGHTHOUSE					36-36563	
Part I Fundraising Activities. Complete if Form 990-EZ filers are not required	f the organizati to complete th	on ar is pa	rt.	red "Yes" to Form	990, Part IV, line	∋ 17.
1 Indicate whether the organization raised funds through a	ny of the following a	activitie	s Ch	eck all that apply		
a Mail solicitations	e Solicitation	of non	-gove	ernment grants		
b Internet and email solicitations	f Solicitation	of gov	ernm	ent grants		
c Phone solicitations	g Special fur	idraisin	g eve	ents		
d In-person solicitations						
2a Did the organization have a written or oral agreement wit or key employees listed in Form 990, Part VII) or entity in	th any individual (inc a connection with pr	cluding ofessio	office onal fu	ers, directors, trustees indraising services?		Yes No
b If "Yes," list the ten highest paid individuals or entities (fu to be compensated at least \$5,000 by the organization	ndraisers) pursuan	t to agr	eeme	nts under which the fun	draiser is	
(i) Name of individual or entity (fundraiser)	(ii) Activity	custo	have dy or	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
						1
		+				1
<u>, , , , , , , , , , , , , , , , , , , </u>						
		ļ		·		
						<u> </u>
	<u></u>					
Table						
Total				l		1

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

		G (Form 990 or 990-EZ) 2		THOUSE	-!4:-			000 5	36-36				age Z
P.	art I		vents. Complet ,000 on Form 9								геро	пед	
6			ROCK THE	BLOCK	GOLF TO	JRNAMENT	<u>N</u> c	(c) Other evo			Total ev	throug	ıh
Revenue	1	Gross receipts		37,883		36,558					7	4,4	441
œ	2	Less Chantable contributions		23,877		24,208					4	8,(085
	3	Gross revenue (line 1 minus line 2)		14,006		12,350					2	6,3	356
	4	Cash prizes											
	5	Noncash prizes	- "										
uses	6	Rent/facility costs		<u>. </u>									
Direct Expenses	7	Food and beverages											
ΔĒ	8	Entertainment				·							
	9	Other direct expenses		7,821		7,602							123
	10 11	Direct expense summary Net income summary Co	ombine line 3, colum	n (d), and line 1	0				>		1	5,4	423 ₎ 933
P	art l		plete if the orga on Form 990-E2		wered "Yes" t	o Form 990, F	Part	IV, line 19	e, or repo	rted mo	ore		
.			(a) Bing		(b) Pull tai			(c) Other gar	mina	(d) Tot	_		
Revenue			(u) On 18		bingo/progre	ssive bingo	ļ		9	col (a)	through	h col ((c))
<u>~</u>	1	Gross revenue					<u> </u>						
S	2	Cash prizes		,									
Direct Expenses	3	Noncash prizes								******			
Direct	4	Rent/facility costs				•				·			
	5	Other direct expenses				.== ,							
	6	Volunteer labor	Yes No	% 	Yes No	%		Yes No	%				
_	7	Direct expense summary	Add lines 2 through	h 5 ın column (d)				•	(
	8	Net gaming income sumi	mary Combine line	1, column d, and	d line 7				>				
9	En	ter the state(s) in which the	e organization opera	tes gaming acti	vities						-	Yes	No
a b		the organization licensed to No," Explain	o operate gaming ac	tivities in each o	of these states?						9a		_
		•											
10a b		ere any of the organization Yes," Explain	's gaming licenses re	evoked, suspen	ded or terminated	during the tax yea	aro				10a		_
	_				0								
11 12	ls t	es the organization operat the organization a grantor, med to administer charitab	beneficiary or truste			nership or other e	ntity				12		

Schedule G (Form 990 or 990-EZ) 2009 LIGHTHOUSE	36-365	6310	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 books				
and records:				
Name ◆				
Address ◆				
15a Does the organization have a contract with a third party from whom the organization receives gaming				
revenue?		15a		
b If "Yes," enter the amount of gaming revenue received by the organization ◆ \$	and the			
amount of gaming revenue retained by the third party ◆ \$				
c If "Yes," enter name and address of the third party				
Name ◆				
Name •				
Address ◆				
Putitos ♥				
16 Gaming manager information				
Name ◆				
Gaming manager compensation ◆ \$				
Description of services provided ◆				
Director/officer Employee Independent contractor				
17 Mandatory distributions				
a Is the organization required under state law to make charitable distributions from the gaming proceeds to				
retain the state gaming license?		17a	[]	
b Enter the amount of distributions required under state law distributed to other exempt organizations or spent				
in the organization's own exempt activities during the tax year ◆ \$	Schedule G (Fr		<u></u>	

SCHEDULE O (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

OMB No 1545-0047

Internal Revenue Service
Name of the organization

Department of the Treasury

LIGHTHOUSE

Employer identification number 36-3656310

Form 990, Part VI, Line 11a - Organization's Process to Review Form 990 Form 990 is reviewed by some, but not all, of the organization's Board of Director's prior to filing.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

Staff supplies the Board of Directors with potential conflicts of interest on an ongoing basis, which are reviewed during the Board of Director's meetings.

Form 990, Part VI, Line 15a - Compensation Process for Top Official The Board of Directors evaluates and determines the Executive Director's compensation annually.

Form 990, Part VI, Line 15b - Compensation Process for Officers

The Board of Directors evaluates and determines compensation annually.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation
Upon request

(LOLUI 990)		Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.	olete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35,	Form 990, Part IV, line 3:	3, 34, 35, 36, or 37.		2009
Department of the Treasury Internal Revenue Service		▶ Attach to Form 990.	Form 990.	See separate instructions.	.4		Open to Public Inspection
Name of the organization	nization LIGHTHOUSE					Employer Identific 36-3656310	Employer Identification number 36-3656310
Parti	Identification of Disregarded Entities (Complete if the		rganization answere	organization answered "Yes" to Form 990, Part IV, line 33.)	0, Part IV, line 33.)		
	(a) Name, address, and EIN of disregarded entity	ed entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
				<u> </u>			
Part II	Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)	xempt Organizations (Co	omplete if the orgar the tax year.)	ization answered "\	es" to Form 990, F	art IV, line 34 beca	ause it
	(a) Name, address, and EIN of related organization	anization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public chanty status (if section 501(c)(3))	(f) Direct controlling entity
LIGHTHOUSE FO 2601 N STREET LINCOLN	LIGHTHOUSE FOUNDATION 2601 N STREET LINCOLN NE 68510	36-4345047	SUPPORT	NE	50103	11a	N/A
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L2955

d one or more related organizations treated as a partnership dufind the tax year.) And one or more related coganizations treated as a partnership dufind the tax year.) And one or more related organizations are also as a corporation or trust (Complete if the organization answered "Yes" to Form 990, Part IV. And a sees a corporation or trust (Complete if the organization answered "Yes" to Form 990, Part IV. And a sees a corporation or trust during the tax year.) And a sees a corporation or trust during the tax year.) And a sees a corporation or trust during the tax year.) And a sees a corporation or trust during the tax year. And a sees a corporation or trust during the tax year. And a sees a corporation or trust during the tax year. And a sees a corporation or trust during the tax year.) And a sees a corporation or trust during the tax year. And a sees a corporation or trust during the tax year. And a sees a corporation or trust during the tax year. And a sees a corporation or trust during the tax year. And a sees a corporation or trust during the tax year. And a sees a corporation or trust during the tax year. And a sees a corporation or trust during the tax year. And a sees a corporation or trust during the tax year. And a sees a corporation or trust during the tax year. And a sees a corporation or trust during the tax year. And a sees a corporation or trust during the tax year. And a sees a corporation or trust during the tax year. And a sees a corporation or trust during the tax year. And a sees a corporation or trust during the tax year. And a see a corporation or trust during the tax year. And a seed a corporation or trust during the tax year. And a seed a corporation or trust during the tax year. And a seed a corporation or trust during the tax year. And a seed a corporation or trust during the tax year. And a seed a corporation or trust during the tax year. And a seed a corporation or trust during the tax year. And a seed a corporation or trust during the tax year. And a	The acted as a partnership during the tax year. commission of the commission of trust (Complete if the organization answered "Yes" to Form stations freated as a corporation of trust (during the tax year.) commission of trust (Complete if the organization answered "Yes" to Form stations freated as a corporation of trust (during the tax year.) complete if the organization answered "Yes" to Form stations freated as a corporation of trust (during the tax year.) complete if the organization answered "Yes" to Form stations freated as a corporation of trust (during the tax year.) complete if the organization answered "Yes" to Form stations freated as a corporation of trust (during the tax year.) complete if the organization answered "Yes" to Form stations freated as a corporation of trust (complete if the organization answered "Yes" to Form stations freated as a corporation of trust (complete if the organization answered "Yes" to Form stations freated as a corporation of trust (complete if the organization answered "Yes" to Form stations freated as a corporation of trust (complete if the organization answered "Yes" to Form stations freated as a corporation of trust (complete if the organization answered "Yes" to Form stations freated as a corporation of trust (complete if the organization answered "Yes" to Form stations from the complete if the organization answered "Yes" to Form stations from the complete if the organization answered "Yes" to Form stations from the complete if the organization and the complete if the organization answered "Yes" to Form stations from the complete if the organization and the complete if the organization and the complete if the organization and the complete if the complete if the organization and the complete if the c		(J) Ceneral or x 20 of managing K-1 partner? (65) Yes No			(h) Percentage ownership		
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of Related Organizations Treated as a partnership during the target of more related organizations treated as a partnership during the target of the target o	because it had one or more related organizations treated as a partnership during the tall name, address, and till had one or more related organizations treated as a Corporation or Trust (Complete line 34 because it had one or more related organization or trust (Complete line 34 because it had one or more related organization or trust (Complete line 34 because it had one or more related organizations trained organization or trust (Complete line 34 because it had one or more related organizations trained organization or trust (Complete line 34 because it had one or more related organization or trust (Complete line 34 because it had one or more related organization or trust (Complete line 34 because organization or trust (Complete line 34 beca	x year.)	(f) Share of total income		if the organizationst during the tax	(e) Type of entity (C corp. S corp. or trust)		
of Related Organizations Taxable as a Corporation or foreign country) of Related Organizations Taxable as a Corporation or foreign country) of related organization or foreign country) foreign country) foreign country) foreign country)	Decause if had one or more related organizations treated as a parthers (by the party activity) Name, address, and ElN of related Organization Identification of Related Organizations Taxable as a Corporation or line 34 because it had one or more related organizations treated as a Corporation of Rame, address, and ElN of related organization (a) Primary activity (c) (a) Primary activity (c) Primary (c) Prim	hip during the ta	Predominant income (related, unrelated, excluded from tax under sections 512-514)	ļ.	Frust (Complete	(d) Direct controlling entity		
of Related Organizations Taxable as a (some or more related organizations and ElN of primary activity and ElN of the primary activity (some or more related organization (stated) (some or more related organization (stated) (some organization) (som	Name, address, and EiN of related Organizations treated organizations treated organization (state organization of Related Organizations Taxable as a C line 34 because it had one or more related organization (a) Name, address, and EiN of related Organization (b) Primary acturity	d as a partners	(d) Direct controlling entity e or ggn		Corporation or Streated as a c	(c) Legal domicile (state or foreign country)		
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	Identification line 34 becau (a) Name, address, related organ (a) Name, address, and EIN (a)	d one or more related or	s, and EIN of anization		of Related Organizations eithad one or more re-	of related organization	 	

Page 3

Schedule R (Form 990) 2009 LIGHTHOUSE

Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.) Part V

Note. Complete line 1 if any entity is listed in Parts II, III or IV of this schedule			Les	S	•
1 Duning the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?					ΙI
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		19	_	×	- 1
b Gift, grant, or capital contribution to other organization(s)		1b		×	
		10	×	_	
		14	_	×	
Loans or loan guarantees by other organization(s)		16		×	

f Sale of assets to other organization(s)		#	_	×	- 1
g Purchase of assets from other organization(s)		19	_	×	
		14	۱	×	
i Lease of facilities, equipment, or other assets to other organization(s)		1i	_	×	
		•		>	
j Lease of facilities, equipment, or other assets from other organization(s) k Derformance of services or membershin or fundrations of indications for other organization(s)		= =	+	×	1
		=	-	×	
m Shanno of facilities, equipment, mailing lists, or other assets		.	E	×	1
n Shanna of paid employees		1	_	×	
		•		*	1
o Reimbursement paid to other organization for expenses		위	_	<u>{</u>	- 1
p Reimbursement paid by other organization for expenses		<u>라</u>	+	×	- 1
			····		
q Uner transfer of cash of property to other organization(s)		<u> </u>	\downarrow	;	- 1
r Other transfer of cash or property from other organization(s)		+	+	×	- 1
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	tion thresholds		İ		- 1
(a)	(2)	<u>(၁</u>	_		
Name of other organization	Transaction	Amount involved	nvolvec		
	type (a-r)				
(1) LIGHTHOUSE FOUNDATION	ນ	-	3	36,898	w
(2)					
(3)		ï			
(4)					
(5)					
(9)					
		Schedule R (Form 990) 2009	rm 99	90) 200	<u>.</u>

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Schedule R (Form 990) 2009 LIGHTHOUSE

36-3656310

Page 4

Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.) Part Vi

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

or gross revenue) that was not a related organization. See instructions regarding excussion for certain investment partities.	tructions regarding excit	Sion for certain investin	ent partnerstilbs						
(a) Name address and FIN of entity		(b) Primary activity	(c) Legal domicale	(d) Are all partners	(e) Share of	(f) Disproportionate		(h) General or	៰
			(state or foreign country)	section 501(c)(3)		allocations?		managing partner?	Ð~
			•	Yes No		Yes No	,	Yes	\ N
									;
-									
		•		:					
							:		
							Schedule R (Form 990) 2009	orm 990) 20	600

Department of the Treasury Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

OMB No 1545-0172

Attachment Sequence No ◆ See separate instructions. ◆ Attach to your tax return. Identifying number Name(s) shown on return 36-3656310 LIGHTHOUSE

										
	ess or activity to which this form relates									
FORM 990 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
2	Total cost of section 179 property placed in service (see instructions)								2	<u> </u>
3	Threshold cost of section 179 property before reduction in limitation (see instructions)									800,000
4	Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-									
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If marned filing separately, see instructions									
6	(a) Description of property (b) Cost (business use only) (c) Elected cos									
		<u></u>	<u></u>							
7	Listed property Enter the amount fr			7						
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7								8	
9	Tentative deduction Enter the smaller of line 5 or line 8									
10	Carryover of disallowed deduction from line 13 of your 2008 Form 4562									
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									
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 instr.)										
	········						ude liste	u prope	ity.) (See ilisti.)
14	Special depreciation allowance for o		ier than listed prope	erty) piac	ed in service	;			14	
15	during the tax year (see instructions)								15	
15 16	Property subject to section 168(f)(1) election Other depreciation (including ACRS)									15,265
			ide listed prope	erty) (9	See instru	ction	s)		16	13/100
Part III MACRS Depreciation (Do not include listed property.) (See instructions.) Section A										
17	The second secon									30,695
18	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										
	(-) Observed to the control of the c	(b) Month and year	(c) Basis for depre		(d) Recovery	(5) (460 M-41	h a d	(a) Decreasition deduction
	(a) Classification of property	placed in service	(business/investme only-see instructi		penod	(e) C	onvention	(f) Meti	noa	(g) Depreciation deduction
19a	3-year property	•								
<u>b</u>	5-year property									
C	7-year property									
<u>d</u>	10-year property									
	15-year property					ļ				
	20-year property			<u> </u>						
<u>g</u>	25-year property				25 yrs			S/L		
h	Residential rental property				27 5 yrs		MM	S/L		
		02/01/10	-	900	27 5 yrs		MM	S/L		17
i	Nonresidential real property	02/01/10	<u>_</u>	,800	39 yrs		MM MM	S/L S/L		
Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System										
202		Sets Flaced III Self	nce burning 2003 1	ax 10ai	Cally the A		ilivo Dopic		ystom	
20a	Class life 12-year				12 yrs	 		S/L S/L		-
	40-year				40 yrs	 	ММ	S/L		
777 777	art IV Summary (See ins	tructions)	1.		TO YIS	<u> </u>				
21	Listed property Enter amount from line 28									1,775
22	Total. Add amounts from line 12, lin		es 19 and 20 in col	lumn (a).	and line 21	Enter	here		21	
	and on the appropriate lines of your	-					=:=		22	47,752
23	For assets shown above and place									
-	portion of the basis attributable to s	_	, ,			23				

LIGHTHOUSE Page 2 Form 4562 (2009) Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and Part V property used for entertainment, recreation, or amusement.) Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles) X Yes X Yes No Do you have evidence to support the business/investment use claimed? No 24b If "Yes," is the evidence written? 24a (c) (1) (e) **(f)** (g) (h) (a) (b) (d) Business/ Cost or other Basis for depreciation Recovery Method/ Degreciation Elected section Type of property (list vehicles Date placed in investment use 179 cost (business/investment penod Convention deduction service percentage basis use only) Special depreciation allowance for qualified listed property placed in service during the 25 tax year and used more than 50% in a qualified business use (see instructions) 25 Property used more than 50% in a qualified business use 26 2000 CHRYSLER 06/06/07 100.00% 11,700 5.0 1,775 11,700 S/L Property used 50% or less in a qualified business use S/L-S/L-775 28 28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 29 29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 Section B-Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles Total business/investment miles driven (f) (a) (b) (d) (e) during the year (do not include Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 5 Vehicle 6 commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year Add lines 30 through 32 Was the vehicle available for personal Yes No Yes No Yes No Yes No Yes No Yes No 34 use during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? Is another vehicle available for personal use? 36 Section C-Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions) Yes 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by No Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your 38 employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners Do you treat all use of vehicles by employees as personal use? 39 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? Do you meet the requirements concerning qualified automobile demonstration use? (See instructions) Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles Part VI **Amortization** (e) (c) (d) (b) Amortization (a) Date amortization Amortizable Code Amortization for this year period or Description of costs section begins amount percentage 42 Amortization of costs that begins during your 2009 tax year (see instructions)

43

44

43

44

Amortization of costs that began before your 2009 tax year

Total. Add amounts in column (f) See the instructions for where to report

36-3656310

Year Ended: June 30, 2010

LIGHTHOUSE 2601 N STREET LINCOLN, NE 68510

Electing out of the 50% Bonus Depreciation Allowance for All Eligible Depreciable Property

The taxpayer elects out of the 50% first-year bonus depreciation allowance under IRC Section 168(k) for all eligible asset classes of depreciable property acquired after December 31, 2007. This election applies to all eligible depreciable property placed in service after December 31, 2007.