Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

B Create a positionary   B Create a position	A	For th	ne 2022 calen	dar year, or tax year begins	ning	, 2022,	and ending			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	20	W
Name chargo   Pol Box 1858   Paris, TX 75461-1858   Paris, TX 7546			~						D Employ	er identi	fication numb	er
Name chargo   Pol Box 1858   Paris, TX 75461-1858   Paris, TX 7546		Ad	Idress change	LIGHTHOUSE FOR CH	HRIST MISSION				95-3	3673	932	
Paris, TX 75461-1858		⊢Na	ime change									
Rear instruktemented   Rear instruktemented		$\vdash$	-	Paris, TX 75461-1	1858				903-	-593	-2157	
Anneaced recum  Application predicts  Same As C Above    Same As C Above		H							303		2101	
Application pending   Same As C Above   Same A		<del></del>							G Gross re	aceinte !	\$ 1.0	36 810
Same As C Above   No   Taceampt status   X  Sin(cX)   Sin(c)   (inset no.)   4967(a)(1) or   527   No   Taceampt status   X  Sin(cX)   Sin(c)   (inset no.)   4967(a)(1) or   527   No   The No Table An all Size endurations.   No   The No   Table Association   No   The No		-		E Name and address of principal	officer:		l He	(a) Is this				
Tace sempt status:   X 30(c)(3)   30(c) () (inset no.)   487(x)(1) or   527			plication pending		Officer.		1		-		<b>⊢</b> —I	<del>-</del>
Website:   WiW. LighthouseForchrist.org		Tov	avamat atatus:		\ (incort no.)	1047(2)(1) or		If "No,"	attach a list.	See ins	tructions.	
Fact	<u>.</u>					4347(a)(1) 01	<u> </u>	(-) Craun	avamatian m	-aha-		
Briefly describe the organization's mission or most significant activities: To minister to peoples physical and spiritual needs	_					Tru		· · · · · · · · · · · · · · · · · · ·	<u>_</u>			mv
Briefly describe the organization's mission or most significant activities: To minister to peoples physical and spiritual needs					Association Other	L. T	ear of formation	1. 190	9 111 3	tate of te	agai domiche.	1V
Spiritual needs   2 Check this box   If the organization discontinued its operations or disposed of more than 25% of its net assets.	Γđ	rt i	Briofly dosor	y he the organization's missic	on or most significan	t activities:To	minicto	r to 1	noonlo	r nh	ucical	200
2 Check this box		•				t detivities. 10	IIITIITS CE		<u> </u>	3 - 511	YSICAI -	<u>ana</u>
b Net unrelated business taxable income from Form 990-T, Part I, line 11.    Prior Year   Current Year   1,248,581. 1,181,501.	ဥ		25TTT CTC	11 116603								
b Net unrelated business taxable income from Form 990-T, Part I, line 11.    Prior Year   Current Year   Current Year   1,248,581. 1,181,501.	nar											
b Net unrelated business taxable income from Form 990-T, Part I, line 11.    Prior Year   Current Year   1,248,581. 1,181,501.	Ş.	2	Check this be	ox if the organization	n discontinued its ope	erations or dispo	sed of more	e than 2	5% of its	net as	sets.	
b Net unrelated business taxable income from Form 990-T, Part I, line 11.    Prior Year   Current Year   1,248,581. 1,181,501.	တို									3		
b Net unrelated business taxable income from Form 990-T, Part I, line 11.    Prior Year   Current Year   1,248,581. 1,181,501.	య										21/14	14
b Net unrelated business taxable income from Form 990-T, Part I, line 11.    Prior Year   Current Year   1,248,581. 1,181,501.	itie											
b Net unrelated business taxable income from Form 990-T, Part I, line 11.    Prior Year   Current Year   1,248,581. 1,181,501.	÷											
Revenue less expenses. Part IX, column (A), line 19.   Brotal fundraising expenses (Part IX, column (A), line 25)   10 ther expenses (Part IX, column (A), line 3, 4, and 7d)   10 there is expenses. Part IX, column (A), line 3, 4, and 7d)   12 Total fundraising expenses (Part IX, column (A), line 3, 4, and 7d)   13 Grants and similar amounts paid (Part IX, column (A), line 4).   13 Grants and similar amounts paid (Part IX, column (A), line 4).   15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10).   346, 309.   366, 548.   162 Professional fundraising fees (Part IX, column (A), line 1e).   16 Professional fundraising expenses (Part IX, column (A), line 1e).   16 Professional fundraising expenses (Part IX, column (A), line 1e).   17 Column (A), line 1e).   18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)   22, 068.   17 Column (A), line 1a,	A											
8   Contributions and grants (Part VIII, line 1h)   1,248,581. 1,181,501.		u	Net unrelated	a business taxable income i	101111 0111 330-1,1 a	101, 1110 11				-,,,	Curren	
9		R	Contributions	and grants (Part VIII line	1h) -	n				81		
12 Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)	e								.,2.40,3	<del>01.</del>	, -	01,001.
12 Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)	ven		-	-					129.2	34.	-1	44,652.
12 Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,377,815. 1,036,849.	Be											
14 Benefits paid to or for members (Part IX, column (A), line 4).  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10).  16 Professional fundraising fees (Part IX, column (A), line 11e).  17 Other expenses (Part IX, column (A), line 25)  18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25).  19 Revenue less expenses. Subtract line 18 from line 12.  20 Total assets (Part X, line 16).  21 Total liabilities (Part X, line 26).  20 Net assets or fund balances. Subtract line 21 from line 20.  20 Net assets or fund balances. Subtract line 21 from line 20.  21 Total liabilities (Part X, line 26).  22 Net assets or fund balances. Subtract line 21 from line 20.  23 Net assets or fund balances. Subtract line 21 from line 20.  24 Part III Signature Block  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Signature of officer  Check if PTIN Signature of officer  Firm's name Acker & Company  Firm's name Acker & Company  Firm's address  Tyler, TX 75703  Phone no. (903) 592-4584							ne 12)	1	,377,8	15.	1,0	36,849.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		13	Grants and s	imilar amounts paid (Part I)	X, column (A), lines	1-3)			654,8	17.	6	05,320.
16a Professional fundraising fees (Part IX, column (A), line 11e)		14	Benefits paid	I to or for members (Part IX	(, column (A), line 4)							
17 Other expenses (Part IX, Column (A), lines 11a-11d, 111-24e)  18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16).  21 Total liabilities (Part X, line 26).  22 Net assets or fund balances. Subtract line 21 from line 20  3 Net assets or fund balances. Subtract line 21 from line 20  3 Net assets or fund balances. Subtract line 21 from line 20  4 Net assets or fund balances. Subtract line 21 from line 20  4 Net assets or fund balances. Subtract line 21 from line 20  5 Signature Block  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Signature of officer  Kurt Knapton  Type or print name and title  Print/Type preparer's name  Preparer's signature  ACKER & COMPANY  ACKER & COMPANY  ACKER & COMPANY  Pol1234529  Firm's name  Acker & Company  Firm's name  Firm's address  1614 Grande Blvd.  Firm's EIN 263053898  Tyler, TX 75703  Phone no. (903) 592-4584		15	Salaries, oth	er compensation, employee	e benefits (Part IX, co	346,309.			3	66,548.		
17 Other expenses (Part IX, Column (A), lines 11a-11d, 111-24e)  18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16).  21 Total liabilities (Part X, line 26).  22 Net assets or fund balances. Subtract line 21 from line 20  3 Net assets or fund balances. Subtract line 21 from line 20  3 Net assets or fund balances. Subtract line 21 from line 20  4 Net assets or fund balances. Subtract line 21 from line 20  4 Net assets or fund balances. Subtract line 21 from line 20  5 Signature Block  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Signature of officer  Kurt Knapton  Type or print name and title  Print/Type preparer's name  Preparer's signature  ACKER & COMPANY  ACKER & COMPANY  ACKER & COMPANY  Pol1234529  Firm's name  Acker & Company  Firm's name  Firm's address  1614 Grande Blvd.  Firm's EIN 263053898  Tyler, TX 75703  Phone no. (903) 592-4584	ses	16a	Professional	fundraising fees (Part IX, c	olumn (A), line 11e)							
17 Other expenses (Part IX, Column (A), lines 11a-11d, 111-24e)  18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16).  21 Total liabilities (Part X, line 26).  22 Net assets or fund balances. Subtract line 21 from line 20  3 Net assets or fund balances. Subtract line 21 from line 20  3 Net assets or fund balances. Subtract line 21 from line 20  4 Net assets or fund balances. Subtract line 21 from line 20  4 Net assets or fund balances. Subtract line 21 from line 20  5 Signature Block  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Signature of officer  Kurt Knapton  Type or print name and title  Print/Type preparer's name  Preparer's signature  ACKER & COMPANY  ACKER & COMPANY  ACKER & COMPANY  Pol1234529  Firm's name  Acker & Company  Firm's name  Firm's address  1614 Grande Blvd.  Firm's EIN 263053898  Tyler, TX 75703  Phone no. (903) 592-4584	ber	ь	Total fundrai	sing expenses (Part IX, colu	umn (D), line 25)	2	2.068.					
Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  1, 168, 900. 1, 209, 973.  20 Revenue less expenses. Subtract line 18 from line 12. 208, 915173, 124.  Beginning of Current Year End of Year 1, 762, 579. 1, 580, 474.  21 Total liabilities (Part X, line 16). 8, 981. 0.  22 Net assets or fund balances. Subtract line 21 from line 20. 1, 753, 598. 1, 580, 474.  Part III Signature Block  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Signature of officer  Kurt Knapton  Type or print name and title  Print/Type preparer's name  Preparer's signature  Print/Type preparer's name  ACKER & COMPANY  Firm's name Firm's name Firm's name Firm's address  ACKER & Company  Firm's address  Tyler, TX 75703  Phone no. (903) 592-4584	Μ								167.7	74.	2.	38.105.
19   Revenue less expenses. Subtract line 18 from line 12   208, 915.								1				
Beginning of Current Year   End of Year   1,762,579.   1,580,474.   1,762,579.   1,580,474.   21   Total liabilities (Part X, line 26).   8,981.   0.   22   Net assets or fund balances. Subtract line 21 from line 20.   1,753,598.   1,580,474.   22   Net assets or fund balances. Subtract line 21 from line 20.   1,753,598.   1,580,474.   23   Net assets or fund balances. Subtract line 21 from line 20.   1,753,598.   1,580,474.   24   Net assets or fund balances. Subtract line 21 from line 20.   1,753,598.   1,580,474.   25   Net assets or fund balances. Subtract line 21 from line 20.   1,753,598.   1,580,474.   25   Net assets or fund balances. Subtract line 21 from line 20.   1,753,598.   1,580,474.   25   Net assets or fund balances. Subtract line 21 from line 20.   1,753,598.   1,580,474.   25   Net assets or fund balances. Subtract line 21 from line 20.   1,753,598.   1,580,474.   25   Net assets or fund balances. Subtract line 21 from line 20.   1,753,598.   1,580,474.   25   Net assets or fund balances. Subtract line 21 from line 20.   1,753,598.   1,580,474.   25   Net assets or fund balances. Subtract line 21 from line 20.   1,753,598.   1,580,474.   25   Net assets or fund balances. Subtract line 21 from line 20.   1,753,598.   1,580,474.   25   Net assets or fund balances. Subtract line 21 from line 20.   1,753,598.   1,580,474.   25   Net assets or fund balances. Subtract line 21 from line 20.   1,753,598.   1,580,474.   25   Net assets or fund balances. Subtract line 21 from line 20.   1,753,598.   1,580,474.   25   Net assets or fund balances. Subtract line 21 from line 20.   1,753,598.   1,580,474.   25   Net assets or fund balances. Subtract line 21 from line 20.   1,753,598.   1,580,474.   25   Net assets or fund balances. Subtract line 21 from line 20.   1,753,598.   1,580,474.   25   Net assets or fund balances. Subtract line 21 from line 20.   1,753,598.   1,580,474.   25   Net assets or fund balances. Subtract line 21 from line 20.   1,753,598.   1,580,474.   25   Net assets or fund balances		!										
Total assets (Part X, line 16)	გ წ				. , ,			Beginnin				
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign Here  Signature of officer  Kurt Knapton Type or print name and title  Print/Type preparer's name Preparer's signature  Print/Type preparer's name Preparer's signature  ACKER & COMPANY ACKER & COMPANY Preparer Use Only Firm's name Firm's address Tyler, TX 75703 Phone no. (903) 592-4584	ets	20						1			1,5	80,474.
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign Here  Signature of officer  Kurt Knapton Type or print name and title  Print/Type preparer's name Preparer's signature  Print/Type preparer's name Preparer's signature  ACKER & COMPANY ACKER & COMPANY Preparer Use Only Firm's name Firm's address Tyler, TX 75703 Phone no. (903) 592-4584	Ass	21	Total liabilitie	es (Part X, line 26)					8,9	81.		0.
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Sign Here    Signature of officer   Date			Signatu	re Block								
Sign Here    Signature of officer   Date	Und	er penal	Ities of perjury, I d	eclare that I have examined this retu	ırn, including accompanying	schedules and stater	ments, and to th	e best of n	ny knowledge	and bel	ief, it is true, c	orrect, and
Firm's address  Sign Here  Kurt Knapton Type or print name and title  Print/Type preparer's name ACKER & COMPANY Preparer Use Only  Firm's address  Preparer's signature ACKER & COMPANY ACKER & COMPANY ACKER & COMPANY Firm's name Firm's address Acker & Company Firm's address Tyler, TX 75703 Phone no. (903) 592-4584	com	plete. D	eclaration of prep	arer (other than officer) is based on a	all information of which prep	parer has any knowled						
Firm's address  Sign Here  Kurt Knapton Type or print name and title  Print/Type preparer's name ACKER & COMPANY Preparer Use Only  Firm's address  Preparer's signature ACKER & COMPANY ACKER & COMPANY ACKER & COMPANY Firm's name Firm's address Acker & Company Firm's address Tyler, TX 75703 Phone no. (903) 592-4584			Circolona	( - (f)				Date	w			
Type or print name and title  Print/Type preparer's name Preparer's signature  ACKER & COMPANY Preparer Use Only  Prim's address Preparer's signature Preparer's signature ACKER & COMPANY ACKER & COMPANY Preparer Use Only  Firm's address Tyler, TX 75703 Phone no. (903) 592-4584	Sig	gn	Signature o	Tonicer			•					
Print/Type preparer's name	He	re					Pr	eside	ent			
Paid Preparer Use Only         ACKER & COMPANY         ACKER & COMPANY         Belf-employed         P01234529           Firm's name Firm's address         Firm's address         Acker & Company         Firm's EIN         263053898           Tyler, TX 75703         Phone no. (903) 592-4584					Proparar's signatura		Date		Ohaal	T;, T	PTIN	
Preparer Use Only         Firm's name Firm's address         Acker & Company         Firm's EIN         263053898           Tyler, TX 75703         Phone no. (903) 592-4584			1 -			<b>አ</b> እተና <i>ፓ</i>	2010		_	<b>-</b>		:20
Use Only         Firm's address         1614 Grande Blvd.         Firm's EIN         263053898           Tyler, TX 75703         Phone no. (903) 592-4584						HINI			sen-employe	<b>5</b> 0	F U12343	143
Tyler, TX 75703 Phone no. (903) 592-4584			. 1						Firm's FIN	26	3023000	
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Form	990 (2022) LIGHTHOUSE FOF	R CHRIST MISSION	95-3673932	Page 2
Par		Service Accomplishments s a response or note to any line in this Part II	11	
			11	·····
1	Briefly describe the organization's m		_	
	To minister to peoples	physical and spiritual need	.S	
	Did the organization undertake any sig	nificant program services during the year which	were not listed on the prior	
2	•	initicalit program services during the year which	<del></del>	X No
	If "Yes," describe these new services of			V VO
_		ng, or make significant changes in how it cor	nducts, any program services? Yes	X No
3			iducts, any program services:	V NO
	If "Yes," describe these changes on So		as largest program corvices, as measured by	AVDADCAC
4	Section 501(c)(3) and 501(c)(4) organd revenue, if any, for each program	service accomplishments for each of its thre anizations are required to report the amount om service reported.	of grants and allocations to others, the total of	expenses,
4a	(Code: ) (Expenses \$	605,320. including grants of \$	) (Revenue \$	)
	SEND AND PURCHASE SUPP	LIES AND EQUIPMENT FOR LIGHT	HOUSE FOR CHRIST EYE CENTER	IN
	MOMBASA, KENYA.			
	April 1 Marie			
4b	(Code:) (Expenses \$ SEND AND SUPPORT MISSI MISSION	450,84) including carls of \$ ONARY FAMILIES IN MOMBASA, I	)(Revenue \$ ENYA FOR THE BENEFIT OF THE	KENYA
		And the second s		
4c	(Code:) (Expenses \$_	including grants of \$	) (Revenue \$	)
40	Other program services (Describe o		) (Revenue \$	)
	(Expenses \$	including grants of \$	) (iveseure à	
46	Total program service expenses	1,056,160.		

#### Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V.	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments – other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
	Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
Ċ	Did the organization report an amount for other assets in Part X, me 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
	Did the organization report an amount for other liabilities in Part X line 257 If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII.	12a	Х	
t	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	
t	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.	19		Х
<b>20</b> a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
ł	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and IL	21		Х
		_		

Form 990 (2022) LIGHTHOUSE FOR CHRIST MISSION

Part IV Checklist of Required Schedules (continued)

Tool Special	5-00-05-00-00-00-0		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.	22	163	Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		Х
	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 a "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
ď	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
<b>25</b> a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	<b>25</b> a		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		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If</i> "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		_X_
	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes." complete Selledule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or greanitations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	Х	<u></u>
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		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? <i>If "Yes," complete Schedule R, Part VI.</i>	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V.		Yes	No.
1.	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		162	110
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1.00		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
BAA	TEEA0104L 09/01/22	Form	1 <b>990</b> (	2022)

Form 990 (2022) LIGHTHOUSE FOR CHRIST MISSION

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

			Yes	No					
<b>2</b> a	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	10							
h	ments, filed for the calendar year ending with or within the year covered by this return	2b	Х						
				v					
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	<b></b>	X					
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O.	3b							
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		Х					
b	If "Yes," enter the name of the foreign country								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).								
<b>5</b> a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X					
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5с							
6a	5a 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 as charitable contributions?								
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?									
	Organizations that may receive deductible contributions under section 170(c).								
а	a 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?								
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Х					
	If "Yes," indicate the number of Forms 8282 filed during the year								
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X					
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X					
-	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g							
h	If the organization received a contribution of cars, boats, airranges of the Viricles, did the organization file a Form 1098-C?	7h							
8	Sponsoring organizations maintaining donor advised functions of advised fund maintained by the sponsoring	711							
	organization have excess business holdings at any time during the year?	8							
9	Sponsoring organizations maintaining donor advised funds.								
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a							
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b							
	Section 501(c)(7) organizations. Enter:								
	Initiation fees and capital contributions included on Part VIII, line 12								
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities								
	Section 501(c)(12) organizations. Enter:								
	Gross income from members or shareholders								
	against amounts due or received from them.)								
	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								
	Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?	13a							
а	Note: See the instructions for additional information the organization must report on Schedule O.	134							
<b>L</b>									
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans								
	Enter the amount of reserves on hand	14a		X					
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O.</i>	14a		<del>                                     </del>					
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	170							
13	excess parachute payment(s) during the year?	15	,	Х					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х					
	If "Yes," complete Form 4720, Schedule O.								
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would	1,							
	result in the imposition of an excise tax under section 4951, 4952, or 4953?	17							
	If "Yes," complete Form 6069.		000	10000					

Form 990 (2022) LIGHTHOUSE FOR CHRIST MISSION 95-3673932 Page 6 Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI..... Section A. Governing Body and Management No 1a Enter the number of voting members of the governing body at the end of the tax year.....
If there are material differences in voting rights among members
of the governing body, or if the governing body delegated broad 14 authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent.... 14 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?..... 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?..... 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?..... X 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 X 6 X 6 Did the organization have members or stockholders?..... 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?..... 7a X b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... 7b Χ Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X a The governing body?..... 8a **b** Each committee with authority to act on behalf of the governing body?..... 8b X Is there any officer, director, trustee, or key employe organization's mailing address? If "Yes," provide the names and addresses on Schedule O...... Section B. Policies (This Section B requests if about polic es not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, 10a X b If "Yes," did the organization have written policies and procedures overning the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . . Х 11a **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise Х 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Χ Schedule O how this was done ...... X 13 13 Did the organization have a written whistleblower policy?..... X 14 Did 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? a The organization's CEO, Executive Director, or top management official ... See. Schedule. . O. . . . . . . . . . . . . X 15a X If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year?.... 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed None Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Another's website Other (explain on Schedule O) Own website X Upon request Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. See Schedule O State the name, address, and telephone number of the person who possesses the organization's books and records.

Linda Ellis PO Box 1858 Paris TX 75461 903-593-2157

Form 990 (2022)	LIGHTHOUSE	FOR CHRIS	T MTCCTON

95-3673932

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.										
	(C)									/////
<b>(A)</b> Name and title	(B) Average hours per	l thar	n one s both	box.	unle: office: trust/		on	(D)  Reportable compensation from the organization	<b>(E)</b> Reportable compensation from related organizations	<b>(F)</b> Estimated amount of other
	week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099- MISC/1099-NEC)	(W-2/1099- MISC/1099-NEC)	compensation from the organization and related organizations
(1) Josh Ghrist	40					$\vdash$				
Mission Dir.	9	X						103,524.	0.	0.
_(2) Thomas Bochow, M.D		K	1		1			0.	0.	0.
(3) Brian Bowe, M.D.		-		9	•	7				
Director	0	Х						0.	0.	0.
(4) David "Mike" Breedlove	1_1_									
Treasurer	0	Х						0.	0.	0.
_(5) Leslie Gregory	1									
Director	0	X						0.	0.	0.
(6) Susan Hogan	1									
Director	0	X						0.	0.	0.
(7) Kurt Knapton	1						ļ			
President	0	Χ						0.	0.	0.
(8) James R. Ghiglia	11									
Trustee	0	Χ						0.	0.	0.
_(9) Benjamin Mathew, M.D.	1							_	_	
Director	0	X						0.	0.	0.
(10) Tom Nisbett, PhD, CFRE	1							_	_	_
Director	0	Х					$\dashv$	0.	0.	0.
(11) Patricia Morris, COE	1			ĺ			- 1		_	_
Trustee	0	X						0.	0.	0.
(12) Jeff Pennell, M.D.	1			İ					_	
Director	0	Х						0.	0.	0.
(13) John Rothwell	11_	٠,						_	_	•
Director	0	Х						0.	0.	0.
(14) Tracy Stringfield, O.D.	1	Х						0.	_	^
Director	U	ഥ				LL		υ.	0.	0.

Part VII Section A. Officers, Directors, Tru	ustees,	Key	En	1ple	oye	es,	and	d Highest Con	pensated Em	ployees (continued)
	(B)	Τ			C)				_	
(A) Name and title	Average hours per	бох	. unle	check	erson	e than is bot or/trus	h an	(D)  Reportable compensation from	<b>(E)</b> Reportable compensation from	(F) Estimated amount of other
	week (list any hours	or d	Insti	Officer	Key	emp	Former	the organization (W-2/1099- MISC/1099-NEC)	related organizations (W-2/1099- MISC/1099-NEC)	compensation from the organization
	for related organiza	or director	nstitutional trustee	CQT	Key employee	Highest co	ner	,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	and related organizations
	- tions below	trus	al tru		oyee	mper				
	dotted line)	ee	stee			Highest compensated employee				***************************************
(15) Bradley D. Strong, M.D.	1									
Director	0	X						0.	0	. 0.
(16) Robert D. Wilcox, M.D.	1							_	_	_
Director	0	X						0.	0	0.
(17) Tim Bray Trustee				Х				0.	0	. 0.
(18) Jimmy Brooks	1_1_									
Trustee	0			X				0.	0	0.
(19) Jeff Hunter, M.D. Secretary	$-\frac{1}{0}$			Х				0.	0	. 0.
(20) Lawrence E. Kenney, M.D.	1	1		41				J.		<u> </u>
President	0			X				0.	0	. 0.
(21)		}								
(22)										
(23)					١,					
(24)		$\mathcal{H}$	)		•	V				
					•					
(25)										
1b Subtotal								103,524.	0	. 0.
c Total from continuation sheets to Part VII, Secti								0.	0	. 0.
d Total (add lines 1b and 1c)		intad						103,524.	0 of reportable com	
Total number of individuals (including but not limited from the organization	to those i	istea	apov	ve) \	WHO	recei	vea	more than \$100,00	o or reportable con	iperisation
										Yes No
3 Did the organization list any former officer, direct on line 1a? If "Yes,"complete Schedule J for suc	tor, truste	ee, ke	ey e	mpl	oyee	e, or	high	hest compensated	employee	3 X
4 For any individual listed on line 1a, is the sum of										
the organization and related organizations greate	er than \$1	150,0	00?	If "	Yes,	" coi	nple	ete Schedule J for	•	4 X
										conquetodorles, resourcement de dissertingable
for services rendered to the organization? If "Ye	s," compl	ete S	che	dule	J fo	or su	ch p	person		5 X
Section B. Independent Contractors  1 Complete this table for your five highest comper	sated ind	epen	den	t co	ntra	ctors	tha	at received more t	han \$100,000 of	
compensation from the organization. Report comper	sation for	the c	alen	dar	year	endi	ng v	with or within the or	ganization's tax yea	er. (C)
(A) Name and business add	ress							Description of	of services	Compensation
	μ									
									France.	
2 Total number of independent contractors (including		ited t	o the	ose l	listed	d abo	ve)	who received more	than	
\$100,000 of compensation from the organization	0									

rar	t VI	w(1000)6			a resp	onse or note to ar	ny line in this Part \	/III		,,,,,,,,
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
र्हे रि	1a	Federated campaig			1a				31	
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues .	· · · ·		1b					
9 5	С	Fundraising events			1c					
ar.	d	Related organization	ns.		1d				2004	profession and
i, S	e	Government grants (con			1e					
r Son	f	All other contributions, of								
E E		similar amounts not incl Noncash contributions in			1f	1,181,501.		800	1	
E B	y	lines 1a-1f			1g	115,313.				
g g	h	Total. Add lines 1a	-1f				1,181,501.			
e						Business Code		4		
Program Service Revenue	<b>2</b> a									
ä	b									
ž.	С									
Ser	d									
Ë	е									
ıĝo.	f	All other program s						control of the second process of the second	- 0.45 vo TUD SUUM All Um Turbouer tonous tonous alle de un versions nous	
	g									Company of the Company
	3	Investment income ( other similar amou	inclu nts)	ding divide	ends, ir	iterest, and	144 (52	144 (52		
	4	Income from invest					-144,652.	-144,652.		
	5					•				
	-	Royalties				(ii) Personal				
	<b>6</b> a	Gross rents	<b>6</b> a				<b></b>			
	b	Less: rental expenses	6b		•			14.0	Contract to the	
	С	Rental income or (loss)	6c		·····		UU,Y	4.0		
	d	Net rental income of	or (lo	oss)						
	<b>7</b> a	Gross amount from		(i) Secu	rities	(ii) Other				
		sales of assets	<b>7</b> a					7.3		
	ь	other than inventory Less: cost or other basis				1				
		and sales expenses	7b				171			1000
		Gain or (loss)	<b>7</b> c							
		Net gain or (loss).								
ē	8a	Gross income from fund	raisin	g events					100	
en		(not including \$	l on li	no 1c)						
₹ev		See Part IV, line 18			00					
Other Revenue	h	Less: direct expens			8a 8b	<del></del>	100			
H.		Net income or (loss						100		
)		Gross income from gami See Part IV, line 19	•				A	1915 1915		
		Less: direct expens			9a 9b	<u> </u>	a deput		A STATE OF THE STATE OF	
		Net income or (loss								
					المانية و	1			, i a sa s	
	ıua	Gross sales of inventory, returns and allowances.	ess		10a		8/4			
		Less: cost of goods			1 <b>0</b> b					
		Net income or (loss			of inve	ntory				
ম						Business Code				
g a	11a									
scellaneo Revenue	b									
e Cel	С									
Miscellaneous Revenue		All other revenue.			L				1000	
	е 12	Total. Add lines 11. Total revenue. See					1,036,849.	144 (50	^	^
	14	Total revenue. See	1112	1 40110115 .			1 1,030,849.	-144,652.	0.	0.

111.NETABLIQUESE NO	TIX Statement of Functional Expens			(-1)	
Seci	tion 501(c)(3) and 501(c)(4) organizations must con	·			
	Check if Schedule O contains a r	esponse or note to any	Tine in this Part IX (B)	(C)	(D)
Do i	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments.  See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22			1916	
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	605,320.	605,320.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	103,524.	103,524.	0.	0.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7		234,639.	204,603.	15,018.	15,018.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	231,032.	201,0001	20,020,	
9	Other employee benefits	2,084.	1,042.	521.	521.
10	Payroll taxes	26,301.	23,788.	1,257.	1,256.
11	Fees for services (nonemployees):				
а	Management				
b	Legal	12,692.		12,692.	
С	: Accounting	15,109.		15,109.	
	l Lobbying				
е	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
_	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule 0.)		<b>'</b> J	2.669	
	Advertising and promotion	2,668.		2,668. 6,715.	
13	Office expenses.	6,715.		0,713.	
14	Information technology				
15	Royalties Occupancy				
16 17	Travel	50,449.	39,905.	10,544.	
	Payments of travel or entertainment expenses for any federal, state, or local public officials	30,447.	39,900.	10,344.	
19 20	Conferences, conventions, and meetings Interest	14,559.		14,559.	
21	Payments to affiliates				1.000
22	Depreciation, depletion, and amortization	423.		423.	
23	Insurance	2,326.		2,326.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.).				
a	REIMBURSABLE COSTS	77,978.	77,978.		
	FREIGHT	25,757.		25,757.	
c		9,830.		9,830.	
c	Printing and Publications	5,273.			5,273.
	e All other expenses	14,326.		14,326.	
25	Total functional expenses. Add lines 1 through 24e	1,209,973.	1,056,160.	131,745.	22,068.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.  Check here if following SOP 98-2 (ASC 958-720)				
DA /		TEE A01101 00	101/00		Form <b>990</b> (2022)

# Form 990 (2022) LIGHTHOUSE FOR CHRIST MISSION Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X			
	•		<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash — non-interest-bearing	738,317.	1	723,069.
	2	Savings and temporary cash investments		2	, .
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	1,776.
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
13	8	Inventories for sale or use		8	
Assets	9	Prepaid expenses and deferred charges	1,208.	9	
Ä		Land, buildings, and equipment: cost or other basis.  Complete Part VI of Schedule D			
	b	Less: accumulated depreciation	984.	10c	2,550.
	11	Investments – publicly traded securities		11	
	12	Investments – other securities. See Part IV, line 11	1,022,070.	12	853,079.
ı	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 33)	1,762,579.	16	1,580,474.
	17	Accounts payable and accrued expenses	8,981.	17	
	18	Grants payable and accrued expenses  Grants payable.  Deferred revenue.  Tax-exempt bond liabilities.		18	
	19	Deferred revenue.		19	
				20	· · · · · · · · · · · · · · · · · · ·
ies	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.		25	
	26	Total liabilities. Add lines 17 through 25	8,981.	26	0.
nces		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.			
alaı	27	Net assets without donor restrictions	1,257,268.	27	1,043,379.
I B	28	Net assets with donor restrictions	496,330.	28	537,095.
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
458	31	Retained earnings, endowment, accumulated income, or other funds		31	
et	32	Total net assets or fund balances	1,753,598.	32	1,580,474.
	33	Total liabilities and net assets/fund balances	1,762,579.	33	1,580,474.
BA	Δ	TEEA0111L 09/01/22			Form 990 (2022)

Pai	t XIII Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI				., П		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,0	36,8	349.		
2	Total expenses (must equal Part IX, column (A), line 25)	2		09,9			
3	Revenue less expenses. Subtract line 2 from line 1	3		73,1			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		53,5			
5	Net unrealized gains (losses) on investments	5					
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
y - 49996		10	1,5	80,4	174.		
Pat	t XIII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.						
<b>2</b> a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both:	ed on a					
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b	X	ONE BENGENOON		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  X Separate basis  Consolidated basis  Both consolidated and separate basis						
c	If "Yes" to line 2a or 2b, does the organization have a complitee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and relection of an independent accountant?		2c	Х			
	on Schedule O.			-11-			
	As a result of a federal award, was the organization required to undergo waud to raudits as set forth in the Guidance, 2 C.F.R Part 200, Subpart F?		3a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b				
BAA	TEEA0112L 09/01/22		Form	990 (	(2022)		

### SCHEDULE A (Form 990)

#### **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization					Employer identific	ation number						
LIGHTHOUSE FOR CHRIST M					95-367393	32						
Part I Reason for Public Cha	arity Status. (All o	organizations must	compl	ete thi	s part.) See instru	ctions.						
The organization is not a private found				-	•							
1 A church, convention of church				(b)(1)(A)	(i).							
2 A school described in section		•										
3 A hospital or a cooperative I	_											
4 A medical research organiza	ition operated in conj	unction with a hospital	describe	ed in sec	ction 170(b)(1)(A)(iii). E	Enter the hospital's						
name, city, and state:												
An organization operated for section 170(b)(1)(A)(iv). (Co	r the benefit of a colle omplete Part II.)	ege or university owned	or oper	ated by	a governmental unit d	escribed in						
	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
7 An organization that normally in section 170(b)(1)(A)(vi).	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)											
8 A community trust described	in section 170(b)(1)(	(A)(vi). (Complete Part I	1.)									
	An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or											
An organization that normall from activities related to its investment income and unre June 30, 1975. See section	exempt functions, sub lated business taxabl	oject to certain exception le income (less section	ns: and	(2) no r	nore than 33-1/3% of i	ts support from gross						
11 An organization organized a			ety See	section	1 509(a)(4).							
Type I. A supporting organization(s) the power to re complete Part IV, Sections A	organization(s) the power to regularly appoint or elect a majority of the difference of the supporting organization. You must											
b Type II. A supporting organize management of the supporting must complete Part IV, Sect	zation supervised or c organization vested in	controlled in connection the same persons that co	with its ontrol or	support manage	ed organization(s), by the supported organizat	having control or ion(s). <b>You</b>						
c Type III functionally integrated organization(s) (see instruction	. A supporting organizations). <b>You must com</b>	tion operated in connection plete Part IV, Sections	n with, ar <b>A, D, an</b>	nd functio	onally integrated with, its	supported						
d Type III non-functionally integ functionally integrated. The instructions). You must com	rated. A supporting orgogenerally plete Part IV. Section	ganization operated in cor y must satisfy a distributes A and D. and Part V.	nection tion requ	with its s uiremen	supported organization(s t and an attentiveness	) that is not requirement (see						
e Check this box if the organiz integrated, or Type III non-fu	ation received a writt	en determination from t	he IRS									
f Enter the number of supported				<i>.</i>								
g Provide the following informatio	• • •	d organization(s).										
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) I: organizat in your g docur	overning	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)						
			Yes	No								
(A)												
<u> </u>												
(B)												
(C)												
(D)												
(E)												
Total												

Partill Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support	·	·				
	ndar year (or fiscal year nning in)	(a) 2018	<b>(b)</b> 2019	<b>(c)</b> 2020	(d) 2021	<b>(e)</b> 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.").						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support						
	ndar year (or fiscal year nning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	<b>(e)</b> 2022	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources		Co	ру			
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activ	vities, etc. (see in	structions)			12	
13	First 5 years. If the Form 990 is organization, check this box and	for the organizati	on's first, second,	third, fourth, or f	ifth tax year as a	section 501(c)(3)	<u> </u>
	tion C. Computation of Pu						
	Public support percentage for 20						<u>%</u> %
	Public support percentage from						L
	33-1/3% support test—2022. If the and stop here. The organization	qualifies as a pu	blicly supported o	rganization			
Ł	33-1/3% support test—2021. If the and stop here. The organization	ne organization di n qualifies as a pu	d not check a box iblicly supported o	on line 13 or 16a or 16	a, and line 15 is 3	3-1/3% or more, o	check this box
17a	10%-facts-and-circumstances to or more, and if the organization the organization meets the facts	mosts the facts.	and circumstances	test check this l	hox and stop here	i. Explain in Part	vinow
	organization meets the facts-and	meets the facts-a d-circumstances t	and-circumstances est. The organiza	s test, check this l tion qualifies as a	pox and stop nere publicly supporte	d organization	vi now the
18	Private foundation. If the organ	ızation did not ch	eck a box on line	13, 16a, 16b, 17a	, or 17b, check th		
RA/						Schedule	A (Form 990) 2022

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support							
Calen	dar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	2	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")							
	received. (Do not include							
	any "unusual grants.")	823,897.	937,824.	1,002,430.	1,125,021.	11.066.1	88.	4,955,360.
2	Gross receipts from admissions,		, , , , , , , , , , , , , , , , , , , ,			-// -	-	
	merchandise sold or services performed, or facilities					İ		
	furnished in any activity that is							
	related to the organization's							
_	tax-exempt purpose							0.
3	Gross receipts from activities that are not an unrelated trade					1		
	or business under section 513.							0.
4	Tax revenues levied for the	· · · · · · · · · · · · · · · · · · ·						<u> </u>
	organization's benefit and				i			
	either paid to or expended on its behalf							0
5	The value of services or							0.
	facilities furnished by a							
	governmental unit to the organization without charge						l	0.
6	Total. Add lines 1 through 5	823,897.	027 024	1 002 430	1,125,021.	1 066 1	00	4,955,360.
	Amounts included on lines 1.	023,031.	931,024.	1,002,430.	1,123,021.	1,000,1	00.	4,333,300.
	2, and 3 received from							
	disqualified persons	149,855.	53,658.	100,450.	34,730.	179,5	25.	518,218.
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	0.	0.	0.	0.		0.	0.
c	Add lines 7a and 7b	149,855.	<u>√</u> 3,658.	100,450.	34,730.	179,5		518,218.
	Public support. (Subtract line	149,000.	7,030.	100,400.	34,730.	113,3	23.	310,210.
Ŭ	7c from line 6.)							4,437,142.
Sec	tion B. Total Support							
Calend	dar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022		(f) Total
	Amounts from line 6	823,897.	937,824.	1,002,430.	1,125,021.	1,066,1	38.	4,955,360.
10a	Gross income from interest, dividends,							
	payments received on securities loans,							
	rents, royalties, and income from similar sources	-40,586.	158,121.	104,913.	128,498.	-144,6	52	206,294.
b	Unrelated business taxable	40,300.	130,121.	104, 515.	120,430.	144,0	٠ ـ ـ ـ ـ ـ ـ	200,234.
	income (less section 511							
	taxes) from businesses acquired after June 30, 1975				,			Λ
С	Add lines 10a and 10b	-40,586.	158,121.	104,913.	128,498.	-144,65	52	206,294.
	Net income from unrelated business	10,000.	100,121.					200,201.
	activities not included on line 10b,							
	whether or not the business is regularly carried on							0.
12	Other income. Do not include		· · · · · ·					
	gain or loss from the sale of capital assets (Explain in							
	Part VI.)							0.
13	Total support. (Add lines 9,							
	10c, 11, and 12.)		1,095,945.			921,53		5,161,654.
14	First 5 years. If the Form 990 is organization, check this box and	for the organization	on's first, second,	third, fourth, or fi	ifth tax year as a	section 501(d	:)(3)	
Sec	tion C. Computation of Pul							
	Public support percentage for 20		·········	ne 13. column (f)	Y		15	85.96 %
	Public support percentage from 2	•	• • • •				16	83.67 %
	tion D. Computation of Inv	***************************************						
					ımn (f))		17	4.00 %
	Investment income percentage fi	•	• • • •	-		<del> </del>	18	7.54 %
	33-1/3% support tests—2022. If t					_		d line 17
	is not more than 33-1/3%, check	this box and <b>sto</b>	<b>p here.</b> The organ	ization qualifies a	as a publicly supp	orted organiz	ation	X
b	33-1/3% support tests—2021. If t line 18 is not more than 33-1/3%	the organization d	lid not check a bo	x on line 14 or lin	e 19a, and line 10	6 is more tha	n 33-	-1/3%, and
20	Private foundation. If the organiz							

#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

Yes No Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. 1 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). 2 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below. 3a b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination. 3h c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) 3с purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below. 4a b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. 4h c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. 40 tax year? If "Yes," answer lines 5a Did the organization add, substitute, or remove any supp ames and EIN numbers of the 5b and 5c below (if applicable). Also, provide detail supported organizations added, substituted, or remo h such action; (iii) the authority under the organization's organizing document and (iv) how the action was 5a accomplished (such as by amendment to the organizing document **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document? 5b c Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990). 7 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990). 8 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI. 9a b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI. 9b c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI. 9c 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," 10a answer line 10b below. b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine

whether the organization had excess business holdings.)

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Par	t IV Supporting Organizations (continued)			
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	11a	11.5	
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.	11c		<del></del>
	tion B. Type I Supporting Organizations			······································
	action of the state of the stat		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2	т.	
Sec	tion C. Type II Supporting Organizations			
		E.500/400/00/00/07	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
		For consequence of the T	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification to the extent not previously provided?	1		100
2	Were any of the organization's officers, directors, or trustees either (i) appented or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		an an an an an an an an an an an an an a
Sec	ction E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
	The state of the Authority Tool Consider Face District			
		o inctri	iotioni	~)
•	c The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (se	e iiisuu	CHOIS	o).
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
i	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	<b>2</b> a	11.	
	b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	<b>3</b> a		
	<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

ra	it value in Non-Functionally integrated 505(a)(5) Supporting Orga	ariiZa	เนอกร	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organizatio	t on N	Nov. 20, 1970 (explain in ust complete Sections A	Part VI). See through E.
Sec	tion A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	tion B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
t	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
C	I Total (add lines 1a, 1b, and 1c)	1d		
6	Discount claimed for blockage or other factors (explain in detail in Part VI):			VIII.
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater arround) see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8_	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C — Distributable Amount		1999 (1997) 1999 (1997) 1997 (1997) 1999 (1997) 1997 (1997) 1997	Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6 —	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally inte (see instructions).	grate		
BAA	ı		Sche	edule A (Form 990) 2022

Part V Type III Non-Functionally In	ntegrated 509(a)(3) S	upporting Organiza	tions (continue	d)						
Section D – Distributions					Current Year					
1 Amounts paid to supported organizations	s to accomplish exempt p	urposes		1						
2 Amounts paid to perform activity that direct in excess of income from activity	y furthers exempt purposes	of supported organizations	5,	2						
3 Administrative expenses paid to accomp	lish exempt purposes of s	upported organizations		3						
4 Amounts paid to acquire exempt-use ass	sets	M		4 5						
	Qualified set-aside amounts (prior IRS approval required — provide details in Part VI)									
6 Other distributions (describe in Part VI).				6						
7 Total annual distributions. Add lines 1 t				7						
8 Distributions to attentive supported organiza in Part VI). See instructions.		ion is responsive (provide	details	8						
9 Distributable amount for 2022 from Secti	on C, line 6		<u></u>	9						
10 Line 8 amount divided by line 9 amount			<b>4</b>	10						
Section E — Distribution Allocations	ns	(iii) Distributable Amount for 2022								
1 Distributable amount for 2022 from Secti	on C, line 6									
2 Underdistributions, if any, for years prior cause required — explain in Part VI). See										
3 Excess distributions carryover, if any, to	2022									
a From 2017			100	ii.	August 1980					
<b>b</b> From 2018										
<b>c</b> From 2019			100		100					
<b>d</b> From 2020					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
e From 2021		and the second second second			100					
4.4	f Total of lines 3a through 3e									
g Applied to underdistributions of prior year	irs -	<b>A</b> 1//								
h Applied to 2022 distributable amount		U-Y-								
i Carryover from 2017 not applied (see ins					40 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)					
j Remainder. Subtract lines 3g, 3h, and 3i	from line 3t.									
4 Distributions for 2022 from Section D, line 7:	Ś									
a Applied to underdistributions of prior year	urs									
<b>b</b> Applied to 2022 distributable amount										
c Remainder. Subtract lines 4a and 4b from	m line 4.									
5 Remaining underdistributions for years p Subtract lines 3g and 4a from line 2. For zero, explain in Part VI. See instructions	result greater than									
6 Remaining underdistributions for 2022. S from line 1. For result greater than zero, instructions.										
7 Excess distributions carryover to 2023.	Add lines 3j and 4c.									
8 Breakdown of line 7:				400.00						
a Excess from 2018			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							
b Excess from 2019			1 444 4							
c Excess from 2020		Section 2								
d Excess from 2021		14531671671671671671671671671671671671671671								
e Excess from 2022										

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Schedule A (Form 990) 2022

Part VI

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



## SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

* *.	NUMBER OF STREET			
	GHTHOUSE FOR CHRIST MISSION			95-3673932
Pa		nor Advised Funds or Oth	er Similar Funds or A	ccounts.
,,	Complete if the organization answered			
_	T	(a) Donor advised fun	nds (b) F	unds and other accounts
7	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and dor are the organization's property, subject to the	nor advisors in writing that the as organization's exclusive legal co	sets held in donor advised ntrol?	funds Yes No
6	Did the organization inform all grantees, dono for charitable purposes and not for the benefit impermissible private benefit?	rs, and donor advisors in writing of the donor or donor advisor, o	that grant funds can be use r for any other purpose cor	ed only iferring Yes No
Pai	t II Conservation Easements.			
apprission of the	Complete if the organization answered '	"Yes" on Form 990, Part IV, line 7.		
1	Purpose(s) of conservation easements held by	the organization (check all that	apply).	
	Preservation of land for public use (for examp	ole, recreation or education)	Preservation of a histo	rically important land area
	Protection of natural habitat		Preservation of a certif	ied historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization hast day of the tax year.	eld a qualified conservation contrib	ution in the form of a conserv	vation easement on the
			H	leld at the End of the Tax Year
ä	a Total number of conservation easements			
ł	Total acreage restricted by conservation easer	ments	7 2b	
(	Number of conservation easements on a certif	ied historic structuri, i cluded <b>V</b>	(a 2c	
ď	Number of conservation easements included in historic structure listed in the National Registe.	n (c) acquired after July 25, 2006	and not on a	
3	Number of conservation easements modified, tran tax year			n during the
4	Number of states where property subject to co	nservation easement is located		
5	Does the organization have a written policy rea and enforcement of the conservation easemen	garding the periodic monitoring, i		
6	Staff and volunteer hours devoted to monitoring, in			
_				omenie dannig me year
7	Amount of expenses incurred in monitoring, inspec	cting, handling of violations, and en	nforcing conservation easeme	nts during the year
8	Does each conservation easement reported on and section 170(h)(4)(B)(ii)?	line 2(d) above satisfy the requi	rements of section 170(h)(	4)(B)(i) Yes No
9	In Part XIII, describe how the organization reprinclude, if applicable, the text of the footnote to	orts conservation easements in it o the organization's financial stat	ts revenue and expense statements that describes the	atement and balance sheet, and organization's accounting for
D.	conservation easements. t III Organizations Maintaining Col	lections of Art Wistorical	Treasures or Others	imilar Accata
Par	Complete if the organization answered "	Yes" on Form 990, Part IV, line 8.	reasures, or Other 5	imilar Assets.
1 a	If the organization elected, as permitted under historical treasures, or other similar assets hel Part XIII the text of the footnote to its financial	d for public exhibition, education.	<ul> <li>or research in furtherance</li> </ul>	balance sheet works of art, of public service, provide in
t	If the organization elected, as permitted under historical treasures, or other similar assets held fo following amounts relating to these items:	r public exhibition, education, or res	search in furtherance of publi-	c service, provide the
	(i) Revenue included on Form 990, Part VIII, I	line 1		\$
	(ii) Assets included in Form 990, Part X			\$
2	If the organization received or held works of art, hi amounts required to be reported under FASB A	storical treasures, or other similar a		
а	Revenue included on Form 990, Part VIII, line	1		\$
F	Assets included in Form 990 Part X			\$

Schedule D (Form 990) 2022

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Part III Organizations Maint	aining Collectio	ns of Art, His	torical T	reasures, o	r Other Similar <i>I</i>	Assets	(conti	nued)		
3 Using the organization's acquisition, items (check all that apply):	accession, and other	records, check ar	ny of the foll	lowing that ma	ke significant use of it	s collection	n			
a Public exhibition		d Loan o	or exchange	e program						
<b>b</b> Scholarly research		e 🗌 Other								
c Preservation for future genera	ations									
4 Provide a description of the organize Part XIII.	ation's collections and	explain how they	further the	organization's	exempt purpose in					
5 During the year, did the organizate to be sold to raise funds rather the	an to be maintained	as part of the or	rganization	's collection?				No		
Part IV Escrow and Custod reported an amount on Fo	i <mark>al Arrangement</mark> rm 990, Part X, line 2	s. Complete if the 21.	e organizati	ion answered '	'Yes" on Form 990, Pa	art IV, lin	e 9, or			
1 a Is the organization an agent, trus on Form 990, Part X?				itions or other	assets not included	Yes		No		
b If "Yes," explain the arrangement in Part XIII and complete the following table:  Amount										
c Beginning balance					. 1c	71110411				
<b>d</b> Additions during the year										
e Distributions during the year								.,		
f Ending balance										
2a Did the organization include an a	mount on Form 990,	Part X, line 21,	for escrow	or custodial a	ccount liability?	Yes		No		
<b>b</b> If "Yes," explain the arrangement	in Part XIII. Check	here if the explar	nation has	been provided	f on Part XIII		[			
Part V Endowment Funds.	Complete if the organ	nization answered	l "Yes" on F	orm 990, Part	IV, line 10.	-				
	(a) Current year	(b) Prior year	(c)	Two years back	(d) Three years back	(e)	Four year	s back		
<b>1 a</b> Beginning of year balance	1,022,070.	56,7	56,793. 51,252. 43,978					205.		
<b>b</b> Contributions		883,0	38.				****			
c Net investment earnings, gains, and losses	-152,678.	C 23.8	<b>X</b> .	5,541	. 7,274		-2,22			
d Grants or scholarships	15,000.	44,0	9 <b>5</b> . V			$\bot$				
e Other expenditures for facilities and programs			- J		C	١.				
f Administrative expenses	1,313.						40.070			
g End of year balance	853,079.	1,022,0		56,793		<u></u>	43,	978.		
2 Provide the estimated percentage	<del>-</del>	end balance (line	e 1g, colun	nn (a)) neid a	5:					
a Board designated or quasi-endow	ment	6								
<b>b</b> Permanent endowment	<del></del> 6									
c Term endowment The percentages on lines 2a, 2b, ar	6 6	<b>10</b> /								
3 a Are there endowment funds not in the	ne possession of the c	organization that a	re held and	administered f	or the	ſ	Yes	No		
organization by:  (i) Unrelated organizations						. 3a(i)	X			
(ii) Related organizations								X		
<b>b</b> If "Yes" on line 3a(ii), are the rela								<del>                                     </del>		
4 Describe in Part XIII the intended	-	•						J		
Part VI Land, Buildings, and	·····									
Complete if the organization	•	Form 990. Part I	V. line 11a.	. See Form 990	O, Part X, line 10.					
Description of property		t or other basis		or other	(c) Accumulated	(d)	Book va	alue		
	(in	vestment)	basis	(other)	depreciation	(-)				
1 a Land										
<b>b</b> Buildings										
c Leasehold improvements						<u> </u>				
d Equipment				3,956.	1,406.	<del> </del>	2	<u>,550.</u>		
e Other		rm 990 Part V a	rolumn (P)	637.	637.			<u>0.</u> ,550.		
TOTAL AUG THES TO INTOUGH TE. (COIUM	rı (u) must equal f'0l	ии ээu, Fall A, C	viuititi (D),	mic ruc./		I		. 550.		

Part VII	Investments — Other Securities.	- Farms 000 David IV 15m	- 115 C F 000 Dart V Fr. 10	
(a) Donoriu	Complete if the organization answered "Yes" of		1	af manulcah
	otion of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	or-year market value
	I derivatives			***
	neld equity interests Mutual funds		Tred of Voor Morlot Wells	
-	mucuai iulius		End of Year Market Valu	e
(A) (B) (C) (D) (E)				
(C)				
(D)				
(E)				
(F)			· · · · · · · · · · · · · · · · · · ·	
(G)				
(H)				
	(b) must equal Form 990, Part X, column (B) line 12.)	853,079.		
Part VIII	Investments — Program Related. Complete if the organization answered "Yes" or	F 000 D 1 W 1	N/A	
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	t of year market value
(1)	(a) Description of investment	(b) Dook value	(c) Method of Valuation. Cost of end	1-01-year market value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				HHI W.A.
(8)				
(9)				
(10)	(b) must equal Form 990, Part X, column (B) line 13.)	Con		
Part IX	Other Assets.			
	Complete if the organization answered "Yes" or	Form 990, Par IV, live	11d See Form 990, Part X, line 15.	
	<b>(a)</b> De	scription		(b) Book value
(1)				
(2)				
(4)				
(5)			700	
(6)				
(7)				***************************************
(8) (9)				
(10)				
	mn (b) must equal Form 990, Part X, column (	B) line 15.)		
Part X	Other Liabilities.			
	Complete if the organization answered "Yes" or		e 11e or 11f. See Form 990, Part X, line	
1.		iption of liability		(b) Book value
(1) Federa (2)	I income taxes		TO ANNUAL PROPERTY OF THE PARTY	
(3)				
(4) (5)				
(5)				
(6)				
(7)			And the second s	
(8) (9)				
(10)	11-12-12-12-12-12-12-12-12-12-12-12-12-1			
(11)				
(11) Total. (Column	(b) must equal Form 990, Part X, column (B) line 25.)			

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	eturn.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	1	1,036,849.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments		
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d	2 e	
3 Subtract line 2e from line 1	3	1,036,849.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b	4 c	***************************************
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		1,036,849.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Retui	'n.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	<del></del>	· · · · · · · · · · · · · · · · · · ·
1 Total expenses and losses per audited financial statements.	1	1,209,973.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities		
b Prior year adjustments		
c Other losses		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d		
	2 e	
3 Subtract line 2e from line 1	2 e 3	1,209,973.
4 Amounts included on Form 990, Part IX, line 25, but of on line 1:	·	1,209,973.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:  a Investment expenses not included on Form 990, Part VIII, line 7b	·	1,209,973.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:  a Investment expenses not included on Form 990, Part VIII. line 7b	3	1,209,973.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:  a Investment expenses not included on Form 990, Part VIII, line 7b	·	1,209,973.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Schedule D (Form 990) 2022

#### **SCHEDULE F** (Form 990)

#### Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. Attach to Form 990.

OMB No. 1545-0047

Employer identification number

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection

	SHTHOUSE FOR CHRIS				95-36739	
Pa	rt I General Informat on Form 990, Par	<b>ion on Activiti</b> t IV, line 14b.	es Outside th	e United States. Comple	te if the organization	n answered "Yes"
1	For grantmakers. Does the the grantees' eligibility for	e organization ma the grants or assi	intain records to stance, and the s	substantiate the amount of its selection criteria used to award	grants and other assista the grants or assistance	nce, e? XYes No
2	For grantmakers. Describe in United States. Part		zation's procedure	s for monitoring the use of its gra	ints and other assistance of	outside the
3	Activities per Region. (The	following Part I, I	line 3 table can b	e duplicated if additional space	e is needed.)	
	(a) Region	<b>(b)</b> Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
/1\					Providing	14 14 14 14 14 14 14 14 14 14 14 14 14 1
(1)					medical supplies,	
(2)	Kenya		1	Support of Hospital	Doctors	605,320.
(3)						A STATE OF THE STA
(4)						
(5)						
(6)				ODy		energia de la companya del companya de la companya del companya de la companya de
(7)						
(8)						· · · · · · · · · · · · · · · · · · ·
(9)						
(10)						···
(11)						
(12)						
(13)					4-2-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-	M
(14)						
(15)						
(16)						
(17)						
3a	Subtotal		1			605,320.
	Total from continuation sheets to Part I					
С	Totals (add lines 3a and 3b)	ol	1			605,320.

Page 2 Schedule F (Form 990) 2022 LIGHTHOUSE FOR CHRIST MISSION

Partil Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

(i) Method of valuation (book, FMV, appraisal, other)	Donor	valuation		do minima proprieda de la compansa d	The state of the s								0	Schedule F (Form 990) 2022
(h) Description of noncash assistance	Medical		With the second										•	
(g) Amount of noncash assistance												4	tax exempt 501 (c) (3	Schedt
(f) Manner of cash disbursement	Medical supplies and												recognized as a	
(e) Amount of cash grant			100000000000000000000000000000000000000							And the first consequence of the first consequ			ne foreign country, equivalency letter.	
(d) Purpose of grant Part V	Support of	Hospital				C	0	p	y				as charities by the ction 501(c)(3) e	
(c) Region						i popologia de la companya de la com							nat are recognized a	
(b) IRS code section and EIN (if applicable)								ije.					zations listed above the grantee or counsel	ons or entities
1 (a) Name of organization											9. July 10.		2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501 (c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501 (c)(3) equivalency letter.	3 Enter total number of other organizations or entities

Page 3

Schedule F (Form 990) 2022 LIGHTHOUSE FOR CHRIST MISSION

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(h) Method of valuation (book, FMV, appraisal, other)		The state of the s	And other states of the states										5			The state of the s			Schedule F (Form 990) 2022
(g) Description of noncash assistance																			Schedule F (
(f) Amount of noncash assistance																			
(e) Manner of cash disbursement																			
(d) Amount of cash grant							C	0	p.	y									
(c) Number of recipients																		V	
(b) Region											The state of the s		7, -1,1						
(a) Type of grant or assistance	(1)	(2)	(3)	(4)	(5)	(9)	3	(8)	(6)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(T)	(18)	ВАА



#### Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

#### Part I, Line 2 - Grantmakers Explanation For Monitoring Use of Funds Outside US

Oversight by onsite employee

Part II, Line 1 - Additional Supplemental Information

Medical supplies and financial assistance



#### **SCHEDULE M** (Form 990)

#### **Noncash Contributions**

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

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

LIGHTHOUSE FOR CHRIST MISSION

Employer identification number 95-3673932

Pai	tl Typ	es of Property				
			(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Wo	rks of art				
2	Art - His	torical treasures				
3	Art – Fra	ctional interests				
4		d publications				
5	_	and household goods		100		
6		other vehicles				
7		d planes				
8		al property				
9		s - Publicly traded	***************************************			
10		s – Closely held stock			***************************************	
11		- Partnership, LLC, or trust inter				
12		s — Miscellaneous				10.000
13		conservation contribution — tructures				
14	Qualified	conservation contribution - Other				
15		te - Residential				
16		te — Commercial		001/		
17		te - Other				
18		98		$\mathcal{O}\mathcal{O}[\mathcal{Y}]$		
19		entory		1 0		
20		d medical supplies				
21		y				
22		artifacts				
23		specimens				
24		ical artifacts				
25	Other	(EQUIP/SUPPLIES	.) <u>X</u>	6	114,113.	
26		<i></i>	·)··· X	1	1,200.	FMV
27 28	Other Other	(	-`			
			)			
29	organizati	Forms 8283 received by the organize on completed Form 8283, Part V,	ation during the tax Donee Acknowled	x year for contributions for digement	which the	29
	it must he for exemp	year, did the organization receive by old for at least 3 years from the da of purposes for the entire holding pescribe the arrangement in Part II.	te of the initial co	ntribution, and which isr	n't required to be used	Yes No 30 a X
		organization have a gift acceptanc	e policy that requ	ires the review of any n	onstandard contribution	ns? 31 X
		organization hire or use third parti	es or related orga	anizations to solicit, proc	ess, or sell noncash	
h		describe in Part II.				32a X
		anization didn't report an amount i	n column (c) for a	a type of property for wh	ich column (a) is checl	ked,
- A A	Fau Dana	nyork Peduction Act Notice cont				Sahadula M (Farra 000) 2022

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

Schedule M (Form 990) 2022

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



#### SCHEDULE O (Form 990)

#### Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

questions on rmation. 2022

Open to Public Inspection

OMB No. 1545-0047

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

LIGHTHOUSE FOR CHRIST MISSION

95-3673932

Employer identification number

#### Form 990, Part VI, Line 11b - Form 990 Review Process

Reviewed by audit committee

Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management

Executive Committee and Board of Directors independently reviews and approves budgeted compensation of all employees annually. Such approval is documented in minutes

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

Available upon request and via website and another's website

**Gift Policy** 

The Mission adopted a gift acceptance policy that requires the review of any non-standard contributions at their poring 2013 board meeting.

FORM 990 PART III - PROGRAM SERVICE

Program Service Accomplishments in 2022, Lightheuse for Christ Mission continued to successfully operate the following programs:

Eye Care-Provide world-class eye care to the poor and blind babies, children, and adults of East Africa. Approximately 90% of patients receive free eye care treatment and surgeries. We are staffed with Kenyan National ophthalmologists and clinic technicians. In 2022, we treated 33,966 patients at our 2-acre eye center campus located in Mombasa; three satellite locations 1-3 hours from our main base; and rural and remote eye camps for underserved areas in East Coastal Kenya. We restore sight to the blind and thereby lift poor families who can then return to the trade to survive and children who can gain an education by starting or returning to school. Since expanding our eye care services to now include retina and glaucoma, our patient volume increased in 2022. We are now considered the major hub for

#### 95-3673932

Fellowship of Churches: Established to spread the Gospel and provide spiritual growth for Kenyan Nationals by planting local churches. What began in 1969 with one very small church on our Mombasa campus building roof, has now grown to 100 established and thriving local congregations. Local national pastors teach and lead their congregations.

Bible Institute: Establish to train young men and women in the Bible, English courses, evangelism, and various trades to help them gain good employment to support their families. It is estimated unemployment in East Coastal Kenya is around 70%. In 2021, we also expanded our training facilities on our Mombasa campus from 20 students to now accommodate up to 40 in our 1-year program. Classes are held Monday through Friday with the students living in very nice on-campus dormitories. They return each weekend to their local communities to help their pastors. Many go on to pastor and establish new churches.

Evangelism: A major contributor to our successful evangelism efforts is the use of internationally acclaimed Jesus Film in their local language. We use mobile solar powered AV units where we show a movie in remote bush communities. In 2022, 35,004 heard a clear gospel message with 2,783 coming to Christ.

#### STATEMENT PURSUANT TO REGULATION SEC. 1.368-3(a)

On July 15, 2022 (the "Effective Date"), the Corporation effected a reorganization for the sole purpose of changing its place of organization from California to Texas (the "Reorganization"). Light House for Christ Mission, a California nonprofit religious corporation ("California LFCM"), caused Lighthouse for Christ Mission, a Texas nonprofit corporation ("Texas LFCM"), to be formed on the Effective Date solely for the purpose of effecting the Reorganization. Texas LFCM had no members, assets or

Employer identification number 95-3673932

liability or tax attributes prior to the Reorganization. Immediately following the formation of Texas LFCM, California LFCM merged with and into Texas LFCM, with the separate corporate existence of California LFCM ceasing and Texas LFCM being the surviving corporation. As a result of the Reorganization, on the Effective Date, all of the property, rights, privileges and powers of California LFCM vested in Texas LFCM as the surviving Corporation and all assets, debts, liabilities and duties of California LFCM became the assets, debts, liabilities and duties of Texas LFCM as the surviving Corporation. The governing documents of Texas LFCM in effect on the Effective Date constitute the governing documents of the surviving Corporation and provide that its assets are irrevocably dedicated to charitable and religious purposes. The surviving Corporation continues to carry out the same purposes as California LFCM and will continue to use the Federal Employer Identification Number assigned to AN fornia\_LFCM. The surviving Corporation continues to have the same officer s the California LFCM. no other parties to the Reorganization. Light House for Christ Mission, a California nonprofit religious corporation is the only acquired (transferring) corporation and Lighthouse for Christ Mission, a Texas nonprofit corporation is the only acquiring corporation. The Reorganization is intended to qualify as a "reorganization" within the meaning of Section 368(a)(1)(F) of the Internal Revenue Code of 1986, as amended and to comply with the requirements of IRS Revenue Procedure 2018-15.

# SCHEDULE R

(Form 990)

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990. Related Organizations and Unrelated Partnerships

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

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Open to Public Inspection

(f)
Direct controlling
entity Lighthouse for Christ Mission Employer identification number 95-3673932 (e) End-of-year assets 863,764 Part In Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33 -153,991(d) Total income (c)
Legal domicile (state or foreign country) X Investments (b) Primary activity (a) Name, address, and EIN (if applicable) of disregarded entity LIGHTHOUSE FOR CHRIST MISSION Paris, TX 75461-1858 (1) <u>LFCM\_Endowment\_LLC\_PO\_Box\_1858\_\_\_\_\_\_\_</u> Name of the organization

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Yes \(\mathcal{B}\) ල

(g) Sec 512(b)(13) controlled entity?

(f) Direct controlling entity

(e)
Public charity status (if section 501(c)(3))

(d) Exempt Code section

(c) Legal domicile (state or foreign country)

(b) Primary activity

(a) Name, address, and EIN of related organization

Partile Identification of Related Tax-Exempt Organizations. Complete had one or more related tax-exempt organizations during the tax-

ganization answered "Yes" on Form 990, Part IV, line 34, because it

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

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TEEA5001L 07/21/22

Schedule R (Form 990) 2022

Schedule R (Form 990) 2022 LIGHTHOUSE FOR CHRIST MISSION

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile	(d) Direct controlling		(e) Predominant income (related, unrelated,	(f) Share of total income		f	(h) Dispropor- tionate	Code V-UBI	General or managing	(K) Percentage ownership
		(state of foreign country)	enuily	***	excluded from tax under sections 512-514)			assets a	Allocations ?	20 of Schedule   K-1 (Form   1065)	yes No	
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Part IV Identification of	Identification of Related Organizations Taxable as a Corporally, line 34, because it had one or more related organizations	zations or more r	Faxable as elated org	s a Corporation anizations treat		rust. Con a corpo	Complete if the organization answered rporation or trust during the tax year.	organizatio st during th	n answe e tax yea		"Yes" on Form 990, Part	Part
(a) Name, address, and EIN of related organization	f related organizatio		(b) Primary activity	(c) Legal domicile (state or foreign country)	J	(d) Direct Introlling	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income		Share of end-of- year assets	(h) Percentage ownership	Sec 512(b)(13) controlled entity?
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ВАА				31	TEEA5002L 07/21/22	21122				Sc	hedule R (Fo	Schedule R (Form 990) 2022

95-3673932

Notes Competed in it if any entity is listed in any of the following transactions with one or more related organizations listed in Parts [I-V]?  Receipt of (0 interest, 00) annufies, 0(10) rockles, or (0x) rent from a controlled entity)  Receipt of (0 interest, 00) annufies, 0(10) rockles, or (0x) rent from a controlled entity)  Receipt of (0 interest, 00) annufies, 0(10) rockles, or (0x) rent from a controlled entity)  Receipt of (0 interest, 00) annufies, 0(10) rockles, or (0x) rent from a controlled entity)  Receipt of (0 interest, 00) annufies, 0(10) rockles, 0(10)	1-	و ا	>	< >	< >	4 :	×	×	×	×	×	×	×	:	×	×	×	×	>	۷	×	×		×	×		mining /ed				
Notes Competed in it if any will so liked in Parts II, III, or IV of this or Notes Competed in Parts in Parts II, III or IV of the Notes Competed in It is any war, did the organization and a nary of the decidence of No yeart from a controlled entity.  Receipt of (0 interest, 00) annualies, (00) notelles, or (No) rent from a controlled entity in Calif, grant, or explail contribution from related organization(s).  Calif, grant, or explail contribution from related organization(s).  Leans of note quarantesis by related organization(s).  Particles of relatives, equipment, or other assets to related organization(s).  Exchange of assets in related organization(s).  Particles of sorvices or membership or fundrasing solicitations for related organization(s).  Particles of sorvices or membership or fundrasing solicitations by related organization(s) for expenses.  Performance of services or membership or fundrasing solicitations by related organization(s) for expenses.  Performance of services or membership or fundrasing solicitations by related organization(s) for expenses.  Performance of services or membership or fundrasing solicitations by related organization(s) for expenses.  Performance of services or membership or fundrasing solicitations by related organization(s) for expenses.  Performance of services or membership or fundrasing solicitations by related organization(s) for expenses.  Performance or services or membership or fundrasing solicitations by related organization(s) for expenses.  Performance or services or membership or fundrasing solicitations by related organization(s) for expenses.  Performance or services or membership or fundrasing solicitations by related organization(s) for expenses.  Performance or services or membership or solicitations by related organization(s) for expenses.  Performance or services or membership or solicitations by related organization(s) for expenses.  Performance or services or membership or solicitations by related organization(s) for expenses.  Performance or services		Yes		2 4	2 0		<b>D</b>	1e	1-	1g			-		:	=	1 m_	- 1n	-	2	1p	19		<u>.</u> .		(b) (d)	Method of deterr		Profession .		1, H
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		ed in Parts II-IV?																							sacri bac saidstrong be	(b)	type (a-s)				
	Note: Complete line 1 if any antity is listed in Douts 11 at 11/ at this askedule							:	T. Dividends from related organization(s)		Furchase of assets from related organization(s)	i Exchange of assets with related organization(s)	j Lease of facilities, equipment, or other assets to related organization(s)		k Lease of facilities, equipment, or other assets from related organization(s)		by related organizat	-			Reimbursement paid to related organization(s) for expenses	Reimbursement paid by related organization(s) for expenses	They be remoted to the contract of the contrac	s Other transfer of cash or property from related organization(s)	ı I		ואמונים כו הימוכים כופסווובמותנו				V V Q

Page 4

95-3673932

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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.

(a) Name, address, and EIN of entity Prim	(b) Primary activity	(c) Legal domicite	(d) Predominant	(e) Are all partners	Share of	Share of	(h) Dispropor-	Code V-UBI	() General or	(k) Percentage
		country)	e ged	501(c)(3) organizations?			allocations?	20 of Schedule K-1 (Form 1065)		
			sections 512-514)	Yes No		•	Yes No		Yes No	١,
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Schedule R (Form 990) 2022 LIGHTHOUSE FOR CHRIST MISSION 95-367393

Part VIII Provide additional information for responses to questions on Schedule R. See instructions.



2022 Federal Exempt Organ	nization Tax Su	ummary	Page 1
Client 46351 LIGHTHOUSE FOR	CHRIST MISSION		95-3673932
7/05/23			11:02 AM
REVENUE	2022	2021	Diff
Contributions and grants	1,181,501 -144,652	1,248,581 129,234	-67,080 -273,886
Total revenue	1,036,849	1,377,815	-340,966
EXPENSES  Grants and similar amounts paid  Salaries, other compen., emp. benefits  Other expenses	605,320 366,548 238,105	654,817 346,309 167,774	-49,497 20,239 70,331
Total expenses	1,209,973	1,168,900	41,073
NET ASSETS OR FUND BALANCES  Revenue less expenses.  Total assets at end of year.  Total liabilities at end of year.  Net assets/fund balances at end of year.	-173,124 1,580,474 0 1,580,474	208,915 1,762,579 8,981 1,753,598	-382,039 -182,105 -8,981 -173,124



2022	Federal	Work	sheets		Page '
Client 46351	LIGHTHOUSE I	FOR CHE	RIST MISSIO	N	95-367393
7/05/23					11:03A
Form 990, Part III, Line 4e Program Services Totals					
	Program Services Total	Form	990	Source	
Total Expenses Grants Revenue	1,056,160. 0. 0.		5,320. Par	ct IX, Line 25, Ct IX, Lines 1-3, ct VIII, Line 2,	Col. B
Form 990, Part IX, Line 24e Other Expenses					
	(A)	,	(B) Program		(D)
BANK CHARGES-STRIPE BUSINESS MEALS CONTRACT LABOR MEMBERSHIP FEES Postage and Shipping RETURNED CHECKS SUBSCRIPTIONS Telephone		4,701. 84. 650. 1,160. 2,504. 50.	Service:	\$\frac{\& \text{General}}{4,701.} \\ 84. \\ 650. \\ 1,160. \\ 2,504. \\ 50. \\ 2,235. \\ 2,942.	Fundraising

# Schedule A, Part III, Line 7a Received From Disqualified Persons

Persons	<u>        2018                            </u>	2019	2020	2021	2022
	149,855.	53,658.	100,450.	34,730.	179,525.
Total	\$ 149,855.	\$ 53,658.	\$ 100,450.	\$ 34,730.	\$ 179,525.

Client 46351   LIGHTHOUSE FOR CHRIST MISSION   155000   1150000   1150000   1150000   1150000   1150000   1150000   1150000   1150000   1150000   1150000   1150000   1150000   1150000   1150	12/31/22		2022 Federal Book Depreciation Schedule	eral	Book	د Dep	reciat	ion So	shedu	<u> </u>					Page 1
Date   Date   Date   Costy   Special   Figure   Date   Costy   Special   Figure   Date   Costy   Special   Figure   Date   Costy   Special   Figure   Date	Client 46351			-IGHT	HOUSE	FOR C	CHRIST	MISSION						ਨਾਂ	5-3673932
Service of Equipment 1,557 1,520 1,567 1,520 1,567 1,520 1,567 1,5						Special Depr. Allow	Prior 179/ Bonus/ So Denr	Prior Dec. Bal.		Depr. Rasis	Prior Denr	Method	life	Q oto	11:03AM Current
Total Depreciation  Serial 250  Total Machinery and Equipment  Total Machinery and Equipment  Total Machinery and Equipment  Total Machinery and Equipment  Total Depreciation	990/990-PF	1	İ	!	1					· · · · · · · · · · · · · · · · · · ·	Train and a second	namana		- Hadis	nen.
With dischape         871/18         1,957         953         57.1 Hr         7         14290           Total Machinery and Equipment         3,956         0         0         0         0         0         3,995         983         57.1 Hr         7         10740           Total Machinery and Equipment         3,996         0         0         0         0         0         0         3,995         983           Total Deprecation         3,996         0         0         0         0         0         0         3,996         983           Grand Total Deprecation         3,996         0         0         0         0         0         0         0         3,996         983	Machinery and Equipment														
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	Grand Total Depreciation		3,956		0	U				3,956	983			ı	423
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12/31/22		202	2 Cali	forni	a Bo	ok De	2022 California Book Depreciation Schedule	ation \$	Sched	lule					Page 1
Client 46351				LIGHT	SNOH.	E FOR (	LIGHTHOUSE FOR CHRIST MISSION	MISSION	-					01	95-3673932
7/05/23 .No	Date 	Date Sold	Cost/ Basis	Bus. Pet.	Cur 179 Bonus.	Special Depr. Allow.	Prior 179/ Bonus/ Sp. Depr.	Prior Dec. Bal. Depr.	Salvage /Basis Reductn	Depr. Basis	Prior Depr.	Method	Life	Rate	11:03AM Current Denr.
199 thinery and E													l		
1 iMac desktop 2 Apple Laptop	8/11/18		1,967							1,967	983	S/L HY	Y 7	.14290	281
Total Machinery and Equipment			3,956		0	0		0 0	0	3,956	983				423
Total Depreciation		1 11	3,956	1	0			0	0	3,956	983			. "	423
Grand Total Depreciation		II	3,956	ll .	0	PA		0	0	3,956	983				423