EXTENDED TO NOVEMBER 16, 2020

(Rev. January 2020) Department of the Treasury Internal Revenue Service Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Open to Public Inspection

OMB No. 1545-0047

▶ 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.

Α	For the	2019 calendar year, or tax year beginning and e	ending		
В	Check if applicable	C Name of organization		D Employer identific	cation number
Г	Addres change	THE LIGHTHOUSE FOUNDATION			
	Name change			25-15473	24
	Initial return Final return/	Number and street (or P.0. box if mail is not delivered to street address) PO BOX 366	Room/suite	E Telephone number 724-586-	
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,536,493.
	Ameno	BAKERSTOWN, PA 15007		H(a) Is this a group re	
	Application	F Name and address of principal officer:VICTORIA SPRENG		for subordinates	
	pendin	SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No
		empt status: X 501(c)(3) 501(c)() (insert no.) 4947(a)(1) o	or 527	If "No," attach a	list. (see instructions)
		e:▶ WWW.THELIGHTHOUSEPA.ORG		H(c) Group exemption	
		organization: X Corporation Trust Association Other	L Year	of formation: 1986 N	1 State of legal domicile: PA
P		Summary			
ě	1	Briefly describe the organization's mission or most significant activities: $\overline{ ext{THE}}$	LIGHTH	OUSE FOUNDA	TION IS A
Governance		CHRISTIAN OUTREACH ORGANIZATION MEETING T			
ern		Check this box if the organization discontinued its operations or dispos		1 1	
9				3	11
જ		Number of independent voting members of the governing body (Part VI, line 1b)			11 19
ties		Total number of individuals employed in calendar year 2019 (Part V, line 2a)			100
Activities &		Total number of volunteers (estimate if necessary)			0.
Ac		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	, b	Net unrelated business taxable income from Form 990-T, line 39		Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)		846,984.	1,004,767.
		Program service revenue (Part VIII, line 2g)		46,578.	62,873.
		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		-659.	257,077.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		30,264.	-486.
		Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		923,167.	1,324,231.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
Ş	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		494,045.	488,209.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
×	b ·	Total fundraising expenses (Part IX, column (D), line 25)	32.		
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		537,380.	582,017.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,031,425.	1,070,226.
		Revenue less expenses. Subtract line 18 from line 12		-108,258.	254,005.
Net Assets or Fund Balances			Ве	ginning of Current Year	End of Year
Sset	20	Total assets (Part X, line 16)		1,536,671.	1,736,992.
et A	21	Total liabilities (Part X, line 26)		202,850.	149,166.
	art II	Net assets or fund balances. Subtract line 21 from line 20		1,333,041.	1,307,020.
		ties of perjury, I declare that I have examined this return, including accompanying schedules	and etatem	ante and to the heet of m	v knowledge and helief it is
	•	t, and complete. Declaration of preparer (other than officer) is based on all information of wh			y kilowieuge allu bellel, it is
truc	, 001100	, and complete. Decided on property (other than officer) to become on an information of with	ion propuror	That arry knowledge.	
Sig	ın	Signature of officer		Date	
He		► VICTORIA SPRENG, EXECUTIVE DIRECTOR			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature	I .	Date Check	PTIN
Pai	d	KAREN N LEONARD CPA	1	0/08/20 if self-employed	P00239135
Pre	parer	Firm's name MCCALL SCANLON & TICE, LLC	I	Firm's EIN	26-2728289
	Only	Firm's address 5500 CORPORATE DR #240			_
		PITTSBURGH, PA 15237		Phone no.41	2-635-9314
Ma	v the IF	S discuss this return with the preparer shown above? (see instructions)		•	X Yes No

1 Birly describe the organization's mission: THE LIGHTHOUSE POUNDATION IS A CHRISTIAN OUTREACH ORGANIZATION MEETING THE NEEDS OF IMPOVERISHED INDIVIDUALS AND PAMILIES IN NORTHERN ALLECHENY AND BUTLER COUNTIES. THE LIGHTHOUSE FOUNDATION PROVIDES BASIC NECESSITIES SUCH AS FOOD AND SHELTER, TRANSITIONAL AND INTERIM 2 Did the organization undertake any significant changes in how it conducts, any program services?	Pa	Check if Schedule O contains a response or note to any line in this Part III
THE LIGHTHOUSE FOUNDATION IS A CHRISTIAN OUTREACH ORGANIZATION MEETING THE NEEDS OF IMPOVERISHED INDIVIDUALS AND FAMILIES IN NORTHERN ALLECHENY AND BUTLER COUNTIES. THE LIGHTHOUSE FOUNDATION PROVIDES BASIC NECESSITIES SUCH AS FOOD AND SHELTER, TRANSITIONAL AND INTERIM Did the organization undertake any significant program services during the year which were not listed on the prior form 900 or 900-E? Ves. (In It is not to be considered to the prior form 900 or 900-E? Ves. (In It is not case conducting, or make significant changes in how it conducts, any program services.	_	
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2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990 E2? If Yes, 'describe these new services on Schedule 0. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No		
prior Form 980 or 980 c72		BASIC NECESSITIES SUCH AS FOOD AND SHELTER, TRANSITIONAL AND INTERIM
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## 11 **Yes," describe these changes on Schedule O **Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, tor each program service reported. **Accomplete (1) (Copenses 116, 211. **ncluding grants of) (Reservue 5 1.3, 436.) **LICO: THIS PROGRAM INVOLVES MAKING REPAIRS TO DONATED VEHICLES. IN TURN, THE VEHICLES ARE SOLD OR DONATED TO NEEDY INDIVIDUALS WHO ARE ATTEMPTING TO RE-ENTER THE WORKFORCE. 58 VEHICLES WERE SOLD AND 56 VEHICLES WERE DONATED DURING 2019 TO SUPPORT THIS PROGRAM. **DOOD BANK: THE FOUNDATION OBTAINS FOOD FOR DISTRIBUTION TO UNEMPLOYED AND OTHER NEEDY INDIVIDUALS IN THE LOCAL AREA. THE FOOD BANK SERVED A TOTAL OF 2,427 PEOPLE IN ALLEGHENY AND BUTLER COUNTIES IN 2019. **TRANSITIONAL HOUSING: THE FOUNDATION OPERATES TRANSITIONAL HOUSING FACILITIES — THE PENNEY HOUSE FOR MALES AGES 18-29, THE BLANCHORD HOUSE FOR FEMALES AGES 18-29, THE KAUPMAN DRIVE TOWNHOMES AND ARMOUR APARTMENTS FOR HOMELESS, SINGLE PARENTS AND THEIR CHILDREN, AND JOHNNY'S PLACE FOR MEN FOCUSED ON RECOVERING FROM ADDICTION. A TOTAL OF 109 FAMILIES WERE HOUSED IN 2019. **AS PART OF THIS PROGRAM CLASSES ARE OFFERED ON THE FOLLOWING SUBJECTS: FINANCIAL MANAGEMENT, JOB SKILL DEVELOPMENT, COMPUTER LITERACY, SPIRITUAL DEVELOPMENT, HOME RESPONSIBILITY AND PARENTING SKILLS. **do Other program services (Describe on Schedule O.)** **(Suppress ** 143, 267. **ncluding grants of 3*) (Revenue 5 ** 36, 309.)** **do Total program services (Describe on Schedule O.) (Revenue 5 ** 36, 309.)** **do Total program services (Describe on Schedule O.) (Revenue 5 ** 36, 309.)** **do Total program services (Describe on Schedule O.) (Revenue 5 ** 36, 309.)** **do Total program services (Describe on Schedule O.) (Revenue 5 ** 36, 309.)** **do Total program service sexposes ** ** 869, 793.**		
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	40	
	-10	

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?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
·	public office? If "Yes," complete Schedule C, Part I	3		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	7		
	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		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	•		
	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		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, 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,		7.7	
	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		x
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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		X
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	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
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	175		
	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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		v	
40	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,"	19		X
20a	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
20a b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			\vdash
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
		_		

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Part IV Checklist of Required Schedules (continued)

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22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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? If "Yes," complete			
24.0	Schedule J	23		X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	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		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
2 5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
	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%			
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			3,7
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Α.
·	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		X
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		1
•	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330		
00	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		_v	
Pai	Note: All Form 990 filers are required to complete Schedule 0 t V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
· ui	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		7.7	
	(gambling) winnings to prize winners?	1c	X	

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

2a 19 b if a least one is reported on ine 2a, did the organization file all required federal employment tax externers; b if a least one is reported on line 2a, did the organization file all required federal employment tax externers? Note: if the sum of lines is and 2a is greater than 250, you may be required to 6-file (see instructions) 3b If Ves, "has it filed a form 860-T for this year? If 'No' to line 3b, provide an explanation on Schedule 0 3c If Ves, "has it filed a form 860-T for this year? If 'No' to line 3b, provide an explanation on Schedule 0 3c If Ves, "has it filed a form 860-T for this year? If 'No' to line 3b, provide an explanation on Schedule 0 3c If 'Ves, "has it filed a form 860-T for this year? If 'No' to line 3b, provide an explanation on Schedule 0 3c If 'Ves to line the name of the foreign country." See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5c If 'Ves to line is a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If 'Ves to line is a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If 'Ves to line is a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If 'Ves to line is a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If 'Ves to line is a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If 'Ves to line is a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If 'Ves if or the is a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If 'Ves if or the is a or 5b, did the organization that it are did the organization shell representation that it is a contribution of unit and party to a prohibited tax shelter transaction? 5c If 'Ves,' 'did the organization shell, exchange, or					Yes	No
b If a least one is reported on line 2a, did the organization file all required federal employment tax returns? Notes if the sum of lines is a and 2a is greater than 260, you may be required to 4°16 (see instructions) 3a Did the organization have unrelated business goes income of \$1,000 or more during the year? 3b If "Yes," has it filed a Form 980-T for this year? If "No" to line 80, provide an explanation on Schedule O 3a At any time during the calendary year, did the organization have an interest in, or a significant or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account()? 4a At any time the harmof of the regin country 5b If "Yes," exide the name of the regin country 5c Was the organization aparty to a prohibited tax shelter transaction? 5c Was the organization aparty to a prohibited tax shelter transaction? 5c If "Yes to line 5a or 5b, did the organization the animal gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles or exhitable contributions? 6c If "Yes to line 5a or 5b, did the organization in lends with every solicitation an express statement that such contributions or gifts were not tax deductibles or exhitable contributions? 6c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles or exhitable contributions? 6c If "Yes," did the organization neither with every solicitation an express statement that such contributions or gifts were not tax deductibles or exhitable contributions? 6c If "Yes," did the organization neither solicities or solicities and the organization shall be a solicities or solicities and the organization receive a payment in scess of \$75 made pirty sa contribution and party for goods and services provided to the payor? 7c Organizations than any receive deductible or the value of the goods or services provided? 7d If "Y	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a		filed for the calendar year ending with or within the year covered by this return	2a 19			
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year? 3b If "Yes," has it filed a Form 9907 for this year of "Wo" to file as 3,0 provide an explanation on Schedule O 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 accounts (FBAF). 5b If "Yes," inter the name of the foreign country (such as a bank account, securities account, or other financial accounts (FBAF). 5c In "Yes" to line Sar o Sb, did the foreign country (such as a bank account, securities account, or other financial accounts (FBAF). 5c In "Yes" to line Sar o Sb, did the foreign country (such as whether transaction at any time during the tax year? 5c In "Yes" to line Sar o Sb, did the organization that it was or is a party to a prohibited tax shelter transaction? 6c In "Yes" to line Sar o Sb, did the organization the Form 8886 7. 6c In "Yes," did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that was not tax deductible? 6c In "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c In "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c In "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c In "Yes," includes the number of horms 8882 filed during the year to the Form 8892 as required to the Form 8892 or the value of the goods or services provided? 6d If "Yes," include the number of Forms 8882 filed during the year. 6d If "Yes," include the number of Forms 8882 filed during the year. 7d In the organization received a contribution of auxiliard intellectual property, did the	b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?	2 b	X	
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a Initiation fees and capital contributions included on Part VIII, line 12	b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
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excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	b			14b		
If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune	ration or			
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		excess parachute payment(s) during the year?		15		X
If "Yes," complete Form 4720, Schedule O.		If "Yes," see instructions and file Form 4720, Schedule N.				
	16		t income?	16		X
		If "Yes," complete Form 4720, Schedule O.		_	000	(00:15)

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			
Sec	tion A. Governing Body and Management			
			Yes	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 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 1b 1			
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		Х
3	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		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		X
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				
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b		Х
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing 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?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
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?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶PA			
18	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) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finaı	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	DANIEL HARTZLER - 724-586-5554			
	P.O. BOX 366, BAKERSTOWN, PA 15007			

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 instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

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

(A)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	, unle	ss pe	rson i	is bot or/trus	h an	compensation	compensation	amount of
	week (list any		001 411		1 0010	17 11 41 41		from the	from related organizations	other compensation
	hours for	direct				pa		organization	(W-2/1099-MISC)	from the
	related	stee or	ustee			ensat		(W-2/1099-MISC)	,	organization
	organizations	al trus	onal tr		oloyee	co mp				and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) ROBERT FERREE	1.00	=		0		王壱	Œ			
VICE PRESIDENT		Х		Х				0.	0.	0.
(2) JENNIFER ZATCHEY	2.00									
TREASURER		Х		Х				0.	0.	0.
(3) JUD STEWART	1.00									
BOARD MEMBER		Х						0.	0.	0.
(4) LESLIE OSCHE	1.00									
BOARD MEMBER		Х						0.	0.	0.
(5) JANIS PANTHER	1.00									
BOARD MEMBER		Х						0.	0.	0.
(6) HELEN WARD	2.00							_	_	_
PRESIDENT		Х		Х				0.	0.	0.
(7) STEPHANIE AZARCON	2.00								_	
SECRETARY		Х		Х				0.	0.	0.
(8) MICHAEL SIPPEY	1.00	l								•
BOARD MEMBER	1 00	Х						0.	0.	0.
(9) TJ MCCANCE	1.00									•
BOARD MEMBER	1 00	Х						0.	0.	0.
(10) RACHELLE SEPICH	1.00	,,							0	•
BOARD MEMBER	40.00	Х						0.	0.	0.
(11) CYNTHIA CIPOLETTI	40.00			х				50,833.	0.	0.
(12) DANIEL HARTZLER	40.00			Λ				30,033.	0.	0.
BUSINESS MANAGER	40.00			х				31,879.	0.	7,024.
(13) VICTORIA SPRENG	40.00			21				31,073.	0.	7,024.
EXECUTIVE DIRECTOR JAN-DEC 2019	40.00			Х				47,850.	0.	0.
EXECUTIVE DIRECTOR DAN DEC 2015				22				47,030.	•	
		1								
		1								

Part VII Section A. Officers, Directors, Trus	stees, Key Em	ploy	ees	, and	d Hi	ighe	st C	Compensated Employe	es (continued)		
(A) Name and title	(B) Average hours per week (list any	(C) Position (do not check more than of box, unless person is both officer and a director/trust					one h an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	Esti amo o	(F) imated ount of other ensation
	hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	fro orgai and	m the nization related nizations
										_	
										_	
										_	
4h Cubbatal								130,562.	0	7	7,024.
1b Subtotal								0.	0		0.
d Total (add lines 1b and 1c)								130,562.	0		,024.
2 Total number of individuals (including but i							no r	<u> </u>	0,000 of reportable		
compensation from the organization											Yes No
3 Did the organization list any former officer line 1a? If "Yes," complete Schedule J for s								ghest compensated emp		3	Х
4 For any individual listed on line 1a, is the s and related organizations greater than \$15		le co	omp	ensa	atior	n and	d otl	her compensation from	the organization	4	Х
5 Did any person listed on line 1a receive or	accrue compe	nsat	ion f	rom	any	/ unr					Х
rendered to the organization? If "Yes," con Section B. Independent Contractors	npiete Scheaui	е Ј т	or si	ucn	pers	son .				. 5	
1 Complete this table for your five highest co	•	-							•	nsation fro	om
the organization. Report compensation for (A)	the calendar y	ear	enai	ng v	vitri	or w	ıtmır	(B)	year.	(C)	
Name and business	address	NO	INC	3				Description of s	services	Compens	
2 Total number of independent contractors (\$100,000 of compensation from the organ		ot li	mite	d to		se li: 0	stec	d above) who received n	nore than		
										Form 9	90 (2019)

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	rt VII			E FOONDA	IION		23 1347	JZ Fage J
		Check if Schedule O cor		or note to any lir	ne in this Part VIII			
		Chockin Contoduc C Con	maine a response	or riote to urij iii	(A) Total revenue	(B) Related or exempt	(C)	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions, gifts, grasimilar amounts not included ab Noncash contributions included in line Total. Add lines 1a-1f	1b	38,752. 90,710. 102,285. 773,020. 66,634.	1,004,767.			
	2 a	DDOGDANG AND E		Business Code 624310	62,873.	62,873.		
Program Service Revenue	b c d e f	All other program service rev						
	g	Total. Add lines 2a-2f			62,873.			
	3	Investment income (includin other similar amounts) Income from investment of t		>	2,334.	2,334.		
	4							
	b	Less: rental expenses 6	(i) Real 33,000. 6b 0. 6c 33,000.	(ii) Personal				
		Net rental income or (loss) Gross amount from sales of	(i) Securities	(ii) Other	33,000.	33,000.		
venue		Less: cost or other basis	'b	83,872. 254,743.				
Be		Net gain or (loss)		>	254,743.			254,743.
Other Reve		Gross income from fundraising including \$ 90, contributions reported on lin Part IV, line 18 Less: direct expenses	710 of ne 1c). See 8a	36,030. 57,055.				
		Net income or (loss) from fur		>	-21,025.			-21,025.
	9 a	Gross income from gaming a Part IV, line 19	activities. See		, 3_3,			2,320
		Net income or (loss) from ga						
	10 a	Gross sales of inventory, les and allowances	s returns	57,899. 71,335.				
		Net income or (loss) from sa	les of inventory	>	-13,436.	-13,436.		
e		MISCELLANEOUS		Business Code 900099	975.	975.		

12 To

1,324,231.

d All other revenue

e Total. Add lines 11a-11d

Total revenue. See instructions

85,746.

975.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

nclude amounts reported on lines 6b, 9b, and 10b of Part VIII. Ints and other assistance to domestic organizations of domestic governments. See Part IV, line 21 cants and other assistance to domestic ividuals. See Part IV, line 22 cants and other assistance to foreign ganizations, foreign governments, and foreign ividuals. See Part IV, lines 15 and 16 can inefits paid to or for members can mpensation of current officers, directors, stees, and key employees can described in section 4958(f)(1)) and sons described in section 4958(c)(3)(B) can iner salaries and wages can include the following and contributions (include the following) increases and the following includes the following	(A) Total expenses 178,186. 252,947. 21,428. 35,648.	(B) Program service expenses 148,577. 210,843. 16,198. 29,697.	18,015. 25,668. 4,719.	11,594. 16,436. 511.
I domestic governments. See Part IV, line 21 ants and other assistance to domestic ividuals. See Part IV, line 22 ants and other assistance to foreign panizations, foreign governments, and foreign ividuals. See Part IV, lines 15 and 16 nefits paid to or for members mpensation of current officers, directors, stees, and key employees mpensation not included above to disqualified sons (as defined under section 4958(f)(1)) and sons described in section 4958(c)(3)(B) ner salaries and wages sision plan accruals and contributions (include tion 401(k) and 403(b) employer contributions) ner employee benefits yroll taxes es for services (nonemployees): unagement gal counting	252,947. 21,428. 35,648.	210,843. 16,198.	25,668. 4,719.	16,436. 511.
ants and other assistance to domestic ividuals. See Part IV, line 22 ants and other assistance to foreign panizations, foreign governments, and foreign ividuals. See Part IV, lines 15 and 16 pefits paid to or for members part of current officers, directors, stees, and key employees pensation not included above to disqualified sons (as defined under section 4958(f)(1)) and sons described in section 4958(c)(3)(B) per salaries and wages per salaries and wages per salaries and contributions (include tion 401(k) and 403(b) employer contributions) per employee benefits per services (nonemployees): per salaries (nonemployees	252,947. 21,428. 35,648.	210,843. 16,198.	25,668. 4,719.	16,436. 511.
ividuals. See Part IV, line 22 ants and other assistance to foreign panizations, foreign governments, and foreign ividuals. See Part IV, lines 15 and 16 mefits paid to or for members mpensation of current officers, directors, stees, and key employees mpensation not included above to disqualified sons (as defined under section 4958(f)(1)) and sons described in section 4958(c)(3)(B) mer salaries and wages mision plan accruals and contributions (include tion 401(k) and 403(b) employer contributions) mer employee benefits yroll taxes es for services (nonemployees): magement gal counting	252,947. 21,428. 35,648.	210,843. 16,198.	25,668. 4,719.	16,436. 511.
ants and other assistance to foreign panizations, foreign governments, and foreign ividuals. See Part IV, lines 15 and 16 perits paid to or for members panietis panie	252,947. 21,428. 35,648.	210,843. 16,198.	25,668. 4,719.	16,436. 511.
panizations, foreign governments, and foreign ividuals. See Part IV, lines 15 and 16 mefits paid to or for members mpensation of current officers, directors, stees, and key employees mpensation not included above to disqualified sons (as defined under section 4958(f)(1)) and sons described in section 4958(c)(3)(B) mer salaries and wages maion plan accruals and contributions (include tion 401(k) and 403(b) employer contributions) mer employee benefits syroll taxes es for services (nonemployees): unagement gal counting	252,947. 21,428. 35,648.	210,843. 16,198.	25,668. 4,719.	16,436. 511.
ividuals. See Part IV, lines 15 and 16	252,947. 21,428. 35,648.	210,843. 16,198.	25,668. 4,719.	16,436. 511.
mefits paid to or for members mpensation of current officers, directors, stees, and key employees mpensation not included above to disqualified sons (as defined under section 4958(f)(1)) and sons described in section 4958(c)(3)(B) mer salaries and wages usion plan accruals and contributions (include tion 401(k) and 403(b) employer contributions) mer employee benefits yroll taxes es for services (nonemployees): unagement gal counting	252,947. 21,428. 35,648.	210,843. 16,198.	25,668. 4,719.	16,436. 511.
mpensation of current officers, directors, stees, and key employees mpensation not included above to disqualified sons (as defined under section 4958(f)(1)) and sons described in section 4958(c)(3)(B) mer salaries and wages usion plan accruals and contributions (include tion 401(k) and 403(b) employer contributions) mer employee benefits yroll taxes es for services (nonemployees): unagement gal counting	252,947. 21,428. 35,648.	210,843. 16,198.	25,668. 4,719.	16,436. 511.
stees, and key employees mpensation not included above to disqualified sons (as defined under section 4958(f)(1)) and sons described in section 4958(c)(3)(B) mer salaries and wages usion plan accruals and contributions (include tion 401(k) and 403(b) employer contributions) mer employee benefits yroll taxes es for services (nonemployees): unagement gal counting	252,947. 21,428. 35,648.	210,843. 16,198.	25,668. 4,719.	16,436. 511.
npensation not included above to disqualified sons (as defined under section 4958(f)(1)) and sons described in section 4958(c)(3)(B) ner salaries and wages sision plan accruals and contributions (include tion 401(k) and 403(b) employer contributions) ner employee benefits syroll taxes es for services (nonemployees): unagement counting	252,947. 21,428. 35,648.	210,843. 16,198.	25,668. 4,719.	16,436
sons (as defined under section 4958(f)(1)) and sons described in section 4958(c)(3)(B)	21,428.	16,198.	4,719.	511
sons described in section 4958(c)(3)(B) ner salaries and wages sision plan accruals and contributions (include tion 401(k) and 403(b) employer contributions) ner employee benefits yroll taxes es for services (nonemployees): inagement gal counting	21,428.	16,198.	4,719.	511.
ner salaries and wages nsion plan accruals and contributions (include tion 401(k) and 403(b) employer contributions) ner employee benefits yroll taxes es for services (nonemployees): nagement gal counting	21,428.	16,198.	4,719.	511
nsion plan accruals and contributions (include tion 401(k) and 403(b) employer contributions) ner employee benefits yroll taxes es for services (nonemployees): nagement gal counting	21,428.	16,198.	4,719.	511.
tion 401(k) and 403(b) employer contributions) ner employee benefits yroll taxes es for services (nonemployees): nagement gal counting	35,648.			
ner employee benefits yroll taxes es for services (nonemployees): inagement gal counting	35,648.			
yroll taxes es for services (nonemployees): nagement gal counting		29,697.	3,616.	2,335.
es for services (nonemployees): nagement gal counting		25,057.	3,010.	2,333
nagement gal counting	29,018.			
gal counting	29,018.			
counting	29,018.	I		
	47,010 • j		29,018.	
obying	,		27,010.	
fessional fundraising services. See Part IV, line 17				
estment management fees				
ner. (If line 11g amount exceeds 10% of line 25,				
umn (A) amount, list line 11g expenses on Sch 0.)	12,518.	679.	11,839.	
vertising and promotion	9,948.	9,618.	330.	
ice expenses	7,937.	7,166.	346.	425.
prmation technology	. , , 5 0	,,2000	3101	
yalties				
cupancy	120,773.	105,395.	10,667.	4,711.
ivel				
yments of travel or entertainment expenses				
' '				
_ ·				
	8,475.	6,733.	1.742.	
	3,2.34	3,	-,	
	84.281.	50,218.	34,063.	
· · · · · · · · · · · · · · · · · · ·				
	, = = = =	,	- /	
ve (List miscellaneous expenses on line 24e. If				
OOD PURCHASES	78.095.	78.095.		
RECT PROGRAM COSTS				
ONTRACTED LABOR			1,163.	
EHICLE EXPENSES			,	35.
	58,670.		13,526.	4,585.
OUTE EVDEUSES	1,070,226.	869,793.	159,801.	40,632.
· —		, -	,	·
al functional expenses. Add lines 1 through 24e				
al functional expenses. Add lines 1 through 24e nt costs. Complete this line only if the organization	l			
al functional expenses. Add lines 1 through 24e			1	
reyrica	24è amount exceeds 10% of line 25, column (A) punt, list line 24e expenses on Schedule 0.) DOD PURCHASES ERECT PROGRAM COSTS DNTRACTED LABOR EHICLE EXPENSES other expenses al functional expenses. Add lines 1 through 24e	references, conventions, and meetings referest referest references, conventions, and meetings referest references, conventions, and meetings references references, conventions, and meetings 8	references, conventions, and meetings erest Aments to affiliates Directation, depletion, and amortization Everyoneses. Itemize expenses not covered we (List miscellaneous expenses on line 24e. If 24e amount exceeds 10% of line 25, column (A) bunt, list line 24e expenses on Schedule 0.) DOD PURCHASES EXECT PROGRAM COSTS DITTRACTED LABOR ENICLE EXPENSES Other expenses al functional expenses. Add lines 1 through 24e int costs. Complete this line only if the organization orted in column (B) joint costs from a combined	### Serest

Form 990 (2019) Part X Balance Sheet

Par	rt X	Balance Sheet					
		Check if Schedule O contains a response or n	ote to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1				100	1	44.0 4.0
	2	Savings and temporary cash investments			139,000.	2	410,658
	3	Pledges and grants receivable, net	31,672.	3	72,917		
	4	Accounts receivable, net	6,529.	4	3,052		
	5	Loans and other receivables from any current	or former	r officer, director,			
		trustee, key employee, creator or founder, sub					
		controlled entity or family member of any of the				5	
	6	Loans and other receivables from other disqu					
		under section 4958(f)(1)), and persons describ		6			
its	7	Notes and loans receivable, net		7	4 4 0 4		
Assets	8	Inventories for sale or use		8,892.	8	4,191	
•	9	Prepaid expenses and deferred charges			8,813.	9	8,390
	10a	Land, buildings, and equipment: cost or other		1 000 000			
		basis. Complete Part VI of Schedule D	10a	1,803,909.	4 044 565		4 005 504
	b	1		566,125.	1,341,765.	10c	1,237,784
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, lin				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			1 526 651	15	1 726 000
	16	Total assets. Add lines 1 through 15 (must ed			1,536,671.	16	1,736,992
	17	Accounts payable and accrued expenses			15,000.	17	12,823
	18	Grants payable				18	
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complet				21	
es	22	Loans and other payables to any current or fo					
<u> </u>		trustee, key employee, creator or founder, suk					
Liabilities		controlled entity or family member of any of the			120 050	22	111 212
_	23	Secured mortgages and notes payable to unr			129,850.	23	114,343
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax, I					
		parties, and other liabilities not included on lin	es 17-24)	. Complete Part X	58,000.		22,000
		of Schedule D			202,850.		149,166
	26	Total liabilities. Add lines 17 through 25			202,030.	26	149,100
Se		Organizations that follow FASB ASC 958, c	neck ner	e 🟲 🔼			
בַ	07	and complete lines 27, 28, 32, and 33.			1,232,185.	27	1,413,844
Şali	27		101,636.	28	173,982		
ַם פר	28	Net assets with donor restrictions Organizations that do not follow FASB ASC			101,030.	20	173,702
בֿ בֿ		_	956, 0116	eck nere			
ō	20	and complete lines 29 through 33.	lo.			20	
ets	29	Capital stock or trust principal, or current fund				29 30	
488	30	Paid-in or capital surplus, or land, building, or Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	31	- · · · · · · · · · · · · · · · · · · ·			1,333,821.	31	1,587,826
z	32	Total liabilities and not assets fund balances			1,536,671.	33	1,736,992
	33	Total liabilities and net assets/fund balances		I	±,330,011•	აა	Form 990 (2019

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,32		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	,07		
3	Revenue less expenses. Subtract line 2 from line 1	3				05.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1	,33	3,8	21.
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,					
	column (B))	10	1	, 58	7,8	26.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.				
2a	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	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat					
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit	,			
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule (Ο.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	dit			
	Act and OMB Circular A-133?			За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au	dit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization THE LIGHTHOUSE FOUNDATION **Employer identification number** 25-1547324

Pa	rt I	Reason for Public (Charity Status (All organizations must co	omplete th	is part.) Se	ee instructions.		
The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)									
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).							
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)							
3		A hospital or a cooperative					ii).		
4	\Box	A medical research organiz						the hospital's name	
		city, and state:	a operatea ee.	ngan onon man a moopha		000		,	
5		An organization operated for	or the benefit of a co	llege or university owner	d or operat	ted by a d	overnmental unit describ	ned in	
J		section 170(b)(1)(A)(iv). (C		ilege of difficerally owner	а ог орста	ica by a g	overnmental and desent)CG 1	
6				aantal unit daaarihad in	coetion 17	70/6\/4\/A\	(v)		
6	X	A federal, state, or local gov						nublic described in	
′	21	An organization that norma	•	riliai part of its support i	rom a gov	emmentai	unit or from the general	public described in	
_		section 170(b)(1)(A)(vi). (C	. ,	(4)(A)(-1) (Ol-t- D					
8	H	A community trust describe							
9		An agricultural research org				-		-	
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of the colleg	e or	
		university:							
10	Ш	An organization that norma							
		activities related to its exen	•	•				•	
		income and unrelated busing		(less section 511 tax) from	om busine	sses acqu	ired by the organization	after June 30, 1975.	
		See section 509(a)(2). (Cor	•						
11	\vdash	An organization organized a	•	•	-				
12		An organization organized a	•	•	•		•		
		more publicly supported or						Check the box in	
		lines 12a through 12d that	describes the type o	f supporting organizatio	n and com	plete lines	s 12e, 12f, and 12g.		
а			anization operated, s	upervised, or controlled	by its sup	ported org	ganization(s), typically by	giving giving	
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority	of the dire	ctors or trustees of the s	supporting	
		organization. You must o	complete Part IV, Se	ections A and B.					
b			anization supervised	or controlled in connec	tion with it	s support	ed organization(s), by ha	iving	
		control or management o	f the supporting orga	anization vested in the s	ame perso	ons that co	ontrol or manage the sup	ported	
	_	organization(s). You mus	t complete Part IV,	Sections A and C.					
С			grated. A supporting	g organization operated	in connec	tion with, a	and functionally integrat	ed with,	
	_	its supported organization	n(s) (see instructions). You must complete I	Part IV, Se	ctions A,	D, and E.		
d			/ integrated. A supp	orting organization oper	ated in co	nnection v	vith its supported organ	zation(s)	
		that is not functionally int	egrated. The organiz	zation generally must sat	tisfy a dist	ribution re	quirement and an attent	iveness	
	_	requirement (see instruct	ions). You must con	nplete Part IV, Sections	s A and D,	and Part	V.		
е		☐ Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	a Type I, Type II, Type III		
		functionally integrated, or	r Type III non-functio	nally integrated support	ing organiz	zation.			
f	Ente	er the number of supported o	organizations						
g		vide the following information		· · · · · · · · · · · · · · · · · · ·	(iv) le the erge	nization listed			
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	ng document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)	
.									
Γ∩t≤	11								

Part II 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	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	745,695.	764,500.	1039761.	747,376.	914,057.	4211389.	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge	745 605	F.C.4. F.O.O.	1020001	F4F 2F6	014 055	4011200	
4	Total. Add lines 1 through 3	745,695.	764,500.	1039761.	747,376.	914,057.	4211389.	
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,						474,888.	
_	column (f)						3736501.	
	Public support. Subtract line 5 from line 4.						3/30301.	
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(4) 2018	(e) 2019	(f) Total	
	Amounts from line 4	745,695.	764,500.	1039761.	(d) 2018 747,376.	914,057.	(f) Total 4211389.	
	Gross income from interest,	7 23 7 3 3 3	, 0 1 , 0 0 0 0		72770700	322,0070		
Ü	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources	21,295.	28,342.	28,286.	29,292.	35,334.	142,549.	
9	Net income from unrelated business	,	, ,			, , ,	<u>, </u>	
_	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.)				710.	975.	1,685.	
11	Total support. Add lines 7 through 10						4355623.	
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	194,269.	
13	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)		
_	organization, check this box and stor		<u></u>				<u></u> ▶□	
	ction C. Computation of Publ						05 50	
14	Public support percentage for 2019 (14	85.79 %	
15	Public support percentage from 2018					15	88.37 %	
16a	33 1/3% support test - 2019. If the o	•		,		,		
	stop here. The organization qualifies as a publicly supported organization							
b	33 1/3% support test - 2018. If the c						is box	
4-	and stop here. The organization qual							
17a	10% -facts-and-circumstances tes	•					•	
	and if the organization meets the "fact			-	•	_		
	meets the "facts-and-circumstances"							
b	10% -facts-and-circumstances tes	-						
	more, and if the organization meets the		•				·	
10	organization meets the "facts-and-circ						. [H	
10	18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions							

Schedule A (Form 990 or 990-EZ) 2019

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.)

Section A. Public Support	low, picase com	ipiete i art ii.j				
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and	(-7	(-,	(=,==::	(-,, : -	(-,	(-)
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, or facilities furnished in						
any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5				-	-	
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons				ļ	ļ	<u> </u>
b Amounts included on lines 2 and 3 received from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support				_		
Calendar year (or fiscal year beginning in) ► 🔼	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a Gross income from interest,						
dividends, payments received on securities loans, rents, royalties,						
and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business						
activities not included in line 10b,						
whether or not the business is						
regularly carried on						
or loss from the sale of capital						
assets (Explain in Part VI.)		+		+	1	
13 Total support. (Add lines 9, 10c, 11, and 12.)		1			504()(0)	
14 First five years. If the Form 990 is for t	_			•		
check this box and stop here Section C. Computation of Public		roontago				<u></u>
· · · · · · · · · · · · · · · · · · ·			. (0)		11	
15 Public support percentage for 2019 (lin					15	<u>%</u>
16 Public support percentage from 2018 Section D. Computation of Invest					16	<u>%</u>
Section D. Computation of Invest					11	
17 Investment income percentage for 201					17	<u>%</u>
18 Investment income percentage from 20					18	<u>%</u>
19a 33 1/3% support tests - 2019. If the c						1/ is not
more than 33 1/3%, check this box and						
b 33 1/3% support tests - 2018. If the c	•			•	•	
line 18 is not more than 33 1/3%, chec						
20 Private foundation. If the organization	did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	▶

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

		\ <u>'</u>	
		Yes	No
	1		
	'		
	2		
	3a		
	OI-		
	3b		
	3с		
	30		
	4a		
	4b		
	4c		
	5a		
	5b		
	5с		
	6		
	7		
	-		
	8		
	9a		
	٥.		
	9b		
	9c		
	30		
	10a		
	10b		
~ O	00 05 00	00 E7	2010

Par	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has th	e organization accepted a gift or contribution from any of the following persons?			
а	A pers	on who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below,	the governing body of a supported organization?	11a		
b	A famil	y member of a person described in (a) above?	11b		
		controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B	. Type I Supporting Organizations			
		,		Yes	No
1		e directors, trustees, or membership of one or more supported organizations have the power to			
	-	ly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	-	ar? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
		lled the organization's activities. If the organization had more than one supported organization,			
		be how the powers to appoint and/or remove directors or trustees were allocated among the supported			
_		rations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		e organization operate for the benefit of any supported organization other than the supported			
	•	zation(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		how providing such benefit carried out the purposes of the supported organization(s) that operated,	_		
800		ised, or controlled the supporting organization.	2		
Sec	lion C	. Type II Supporting Organizations		V	Na
4	Mara	majority of the expeniention's divertors by twistons during the toy year along majority of the divertors		Yes	No
1		majority of the organization's directors or trustees during the tax year also a majority of the directors			
		tees of each of the organization's supported organization(s)? If "No," describe in Part VI how control agement of the supporting organization was vested in the same persons that controlled or managed			
		oported organization(s).	1		
Sec		. All Type III Supporting Organizations			
		· / · · · · · · · · · · · · · · · · · ·		Yes	No
1	Did the	e organization provide to each of its supported organizations, by the last day of the fifth month of the			110
		zation's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (i) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organiz	zation's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were a	iny of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organiz	zation(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the org	anization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By rea	son of the relationship described in (2), did the organization's supported organizations have a			
	signific	ant voice in the organization's investment policies and in directing the use of the organization's			
		e or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		ted organizations played in this regard.	3		
-		. Type III Functionally Integrated Supporting Organizations			
1		the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).	•		
a		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.		-1	
с 2		Γhe organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (see inst</i> es Test. Answer (a) and (b) below.	ructions	Yes	No
a		ostantially all of the organization's activities during the tax year directly further the exempt purposes of		163	NO
а		opported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		supported organizations and explain how these activities directly furthered their exempt purposes,			
		e organization was responsive to those supported organizations, and how the organization determined			
		ese activities constituted substantially all of its activities.	2a		
b		e activities described in (a) constitute activities that, but for the organization's involvement, one or more			
		organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
		s for the organization's position that its supported organization(s) would have engaged in these			
		es but for the organization's involvement.	2b		
3		of Supported Organizations. Answer (a) and (b) below.			
а	Did the	e organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustee	s of each of the supported organizations? Provide details in Part VI.	За		
b	Did the	organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its s	upported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Ра	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	ıg Orga	nizations		
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instruction					
	other Type III non-functionally integrated supporting organizations must co	mplete S	ections A through E.		
Sect	ion 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			
Sect	ion 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):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
С	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other				
	factors (explain in detail in Part VI):				
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 1-1/2% of line 3 (for greater amount,				
	see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by .035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C - Distributable Amount			Current Year	
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1			
2	Enter 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-functional	ly integra	ted Type III supporting org	anization (see	

Schedule A (Form 990 or 990-EZ) 2019

instructions).

Par	t V	Гуре III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)	
Secti	ion D - D	istributions		<u> </u>	Current Year
1	Amount				
2	Amount				
	organiza				
3	Adminis	trative expenses paid to accomplish exempt purpose	es of supported organization	ns	
4	Amount	s paid to acquire exempt-use assets			
5	Qualifie	d set-aside amounts (prior IRS approval required)			
6	Other d	istributions (describe in Part VI). See instructions.			
7	Total ar	nnual distributions. Add lines 1 through 6.			
8	Distribu	tions to attentive supported organizations to which the	ne organization is responsive	9	
	(provide	e details in Part VI). See instructions.			
9	Distribu	table amount for 2019 from Section C, line 6			
10	Line 8 a	mount divided by line 9 amount			
Secti	ion E - D	istribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distribu	table amount for 2019 from Section C, line 6			
2	Underdi	stributions, if any, for years prior to 2019 (reason-			
	able cau	use required- explain in Part VI). See instructions.			
3	Excess	distributions carryover, if any, to 2019			
а	From 20	014			
b	From 20	015			
С	From 20				
d	From 20	017			
е	From 20	018			
f	Total of	lines 3a through e			
g	Applied	to underdistributions of prior years			
h	Applied	to 2019 distributable amount			
i	Carryov	er from 2014 not applied (see instructions)			
j	Remain	der. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distribu	tions for 2019 from Section D,			
	line 7:	\$			
а	Applied	to underdistributions of prior years			
b	Applied	to 2019 distributable amount			
С	Remain	der. Subtract lines 4a and 4b from 4.			
5	Remain	ing underdistributions for years prior to 2019, if			
	any. Su	btract lines 3g and 4a from line 2. For result greater			
	than zer	ro, explain in Part VI. See instructions.			
6	Remain	ing underdistributions for 2019. Subtract lines 3h			
	and 4b	from line 1. For result greater than zero, explain in			
	Part VI.	See instructions.			
7	Excess	distributions carryover to 2020. Add lines 3j			
	and 4c.				
8	Breakdo	own of line 7:			
		from 2015			
b	Excess	from 2016			
		from 2017			
		from 2018			
		from 2019			

Schedule A (Form 990 or 990-EZ) 2019

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
	Dat IV Section A linear 1 2 the 50 4h 45 56 9 00 00 110 11b and 110 Dat IV Section B linear 1 and 2 Dat IV Section C
	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.)
	(See instructions.)
•	

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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

THE LIGHTHOUSE FOUNDATION

Employer identification number 25-1547324

Pai	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or	Accounts. Complete if the					
	organization answered "Yes" on Form 990, Part IV, lin	ne 6.						
	(a) Donor advised funds		(b) Funds and other accounts					
1	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 donor advisors in	writing that the assets held in donor advised f	unds					
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No					
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be use	d only					
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose con	ferring					
Pai	rt II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Part	IV, line 7.					
1	Purpose(s) of conservation easements held by the organizat							
	Preservation of land for public use (for example, recrea		storically important land area					
	Protection of natural habitat	Preservation of a ce	ertified historic structure					
	Preservation of open space							
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of a						
	day of the tax year.		Held at the End of the Tax Year					
	Total number of conservation easements							
	Total acreage restricted by conservation easements		· 					
	Number of conservation easements on a certified historic str		. 2c					
a	Number of conservation easements included in (c) acquired							
•	listed in the National Register		2d					
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the org	lanization during the tax					
4	year	agment is legated						
4 5	Number of states where property subject to conservation ea							
3	Does the organization have a written policy regarding the pe violations, and enforcement of the conservation easements i		Yes No					
6	Staff and volunteer hours devoted to monitoring, inspecting,							
Ū	b	Thanding of Violations, and emorning conserve	ation casements during the year					
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	easements during the year					
-	> \$		cacemente aaning inc year					
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)(4)(B)(i)					
	and section 170(h)(4)(B)(ii)?	•						
9	In Part XIII, describe how the organization reports conservation							
	balance sheet, and include, if applicable, the text of the footi	•						
	organization's accounting for conservation easements.							
Pai	rt III Organizations Maintaining Collections o	f Art, Historical Treasures, or Othe	r Similar Assets.					
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.						
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement and I	palance sheet works					
	of art, historical treasures, or other similar assets held for pul	blic exhibition, education, or research in furthe	rance of public					
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.							
b	b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of							
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furtheral	nce of public service,					
	provide the following amounts relating to these items:							
	(i) Revenue included on Form 990, Part VIII, line 1		•					
	(ii) Assets included in Form 990, Part X							
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financial gai	n, provide					
	the following amounts required to be reported under FASB A	ASC 958 relating to these items:						
	Revenue included on Form 990, Part VIII, line 1		· · · · · · · · · · · · · · · · · · ·					
	Assets included in Form 990, Part X							
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2019					

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Pai	t III Organizations Maintaining C	collections of A	rt, Hist	torical Tr	easures, c	or Other	Similar As	sets(continued	d)
3	Using the organization's acquisition, accessi	on, and other record	ls, check	k any of the	following tha	t make sig	nificant use o	fits	
	collection items (check all that apply):								
а									
b	Scholarly research	е			0.0				
C	Preservation for future generations	_							
4	Provide a description of the organization's co	ollections and explain	n how th	nev further t	he organizati	on's exemi	nt nurnose in	Part XIII	
5	During the year, did the organization solicit of	•		-	_	-		r art Am.	
·	to be sold to raise funds rather than to be ma				•			Yes [□ No
Pai	t IV Escrow and Custodial Arran								
	reported an amount on Form 990, Pal	-) to 11 ti 10	organizatio	orr ariowered	100 0111	omi oco, i ait	14, 1110 0, 01	
	Is the organization an agent, trustee, custod		liary for	contribution	ns or other as	sets not in	ıcluded		
	on Form 990, Part X?		-					Yes	No
h	If "Yes," explain the arrangement in Part XIII								140
	Tres, explain the arrangement in rare Air	and complete the to	nowing t	abic.				Amount	
_	Paginning balance						1c	Amount	
	Beginning balance						 		
	Additions during the year								
	Distributions during the year						1e		
Ť	Ending balance						1f		
	Did the organization include an amount on F					•	/?	└── Yes	⊢ No
	If "Yes," explain the arrangement in Part XIII.							L	
Pai	t V Endowment Funds. Complete i				1	1			
		(a) Current year	(b) P	rior year	(c) Two year	s dack (d) Three years ba	ack (e) Four yea	rs dack
	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
	End of year balance								
2	Provide the estimated percentage of the curr	rent year end balanc	e (line 1	g, column (a	a)) held as:				
а	Board designated or quasi-endowment	•	%						
	Permanent endowment	%	_						
	· —	 %							
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.							
За	Are there endowment funds not in the posse	•	ation tha	at are held a	and administe	red for the	organization		
-	by:	oolon or the organiza	2011 011	it are more	ina aaniinioto	100 101 1110	organization	Ye	s No
	-							 	110
	(i) Unrelated organizations 3a(i) (ii) Related organizations 3a(ii)								
h	If "Yes" on line 3a(ii), are the related organiza	ations listed as requir	rod on S	chodulo D2	· · · · · · · · · · · · · · · · · · ·			3b	+-
_									
	4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment.								
	Complete if the organization answere) Part I\	/ line 11a 9	See Form 990) Part X lir	ne 10		
					t or other			(d) Pook va	luo
	Description of property	(a) Cost or o			(other)	. ,	umulated eciation	(d) Book va	liue
	Land	'	ii c iii)		34,019.	depre	-ciatioi i	134,	010
	Land					20	00 722		
	Buildings				3,117.		88,732.	864,	
	Leasehold improvements				1,011.		25,681.	145,	
	Equipment				0,015.		32,325.		690.
	Other				55,747.	1.	19,387.		360.
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colun	nn (B), line 1	10c.)		>	1,237,	/ 84·

Schedule D (Form 990) 2019

	USE FOUNDATION	N 25	-1547324 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
	Description	•	(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	0.15)		
Part X Other Liabilities.	e 13.)		
Complete if the organization answered "Yes"	on Form 990 Part IV line 1	110 or 11f Soo Form 990 Part V line 25	
(a) Description of liability	on rollingso, Fait IV, line	The of Thi. See Form 990, Part A, line 25	(b) Book value
			(b) Book value
(1) Federal income taxes (2) LINE OF CREDIT			22,000.
(-)			22,000
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 25.)	>	22,000.

Schedule D (Form 990) 2019

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII...

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

Schedule D (Form 990) 2019

TOTAL TO SCHEDULE D, PART XII, LINE 2D

128,390.

Schedule D (Form 990) 2019	THE LIGHTHOUSE FOUNDATION	25-1547324 Page 5
Schedule D (Form 990) 2019 Part XIII Supplemental In	nformation (continued)	-
	· · · · · · · · · · · · · · · · · · ·	

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

THE LIGHTHOUSE FOUNDATION 25-1547324 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants ☐ Phone solicitations ☐ Special fundraising events In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or No Yes key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) have custody or control of contributions? (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Schedule G (Form 990 or 990-EZ) 2019

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than									
		<u> </u>	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through			
				DINE & DANCE	1	col. (c))			
e			(event type)	(event type)	(total number)	. "			
Revenue	1	Gross receipts	76,407.	19,905.	30,428.	126,740.			
	2	Less: Contributions	67,647.	7,285.	15,778.	90,710.			
	3	Gross income (line 1 minus line 2)	8,760.	12,620.	14,650.	36,030.			
	4	Cash prizes							
es	5	Noncash prizes							
Direct Expenses	6	Rent/facility costs							
irect E	7	Food and beverages	22,598.	10,169.	17,743.	50,510.			
	8	Entertainment		1,500. 1,350.		1,500.			
	9	Other direct expenses	2 2 5	1,350.	1,630.	1,500. 5,045.			
	10	Direct expense summary. Add lines 4 throug	57,055. -21,025.						
_	11 Net income summary. Subtract line 10 from line 3, column (d)								
Pa	irt i	Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Forn	n 990, Part IV, line 19, or	reported more than				
		\$13,000 0111 01111 990-LZ, liftle 0a.		(b) Pull tabs/instant		(d) Total gaming (add			
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)			
eve.									
<u> </u>	1	Gross revenue							
ses	2	Cash prizes							
Expens	3	Noncash prizes							
Direct Expenses	4	Rent/facility costs							
	5	Other direct expenses							
	Ť	Carlor direct experience	Yes %	Yes %	Yes %				
	6	Volunteer labor	No No	No No	No No				
	7	Direct expense summary. Add lines 2 throug	>						
	8	Net gaming income summary. Subtract line 7	7 from line 1, column (d)		>				
		ter the state(s) in which the organization cond				Yes No			
J J J									
b If "No," explain:									
	_								
		ere any of the organization's gaming licenses r Yes," explain:	•		year?	Yes No			

Schedule G (Form 990 or 990-EZ) 2019

Sch	edule G (Form 990 or 990-EZ) 2019 THE LIGHTHOUSE FOUNDATION 25-	-15473	24 Page 3
11	Does the organization conduct gaming activities with nonmembers?	Y	es No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	🔲 Y	es 🔲 No
13	Indicate the percentage of gaming activity conducted in:		
	The organization's facility	13a	%
	An outside facility		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		-
• •	The first of the first of the property of the property of the first of		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	 Y	es No
k	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party ▶\$		
c	: If "Yes," enter name and address of the third party:		
	Name		
	Address >		
16	Gaming manager information:		
	Name		
	Gaming manager compensation ▶ \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
	Mandatory distributions:		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?		es L No
k	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	!	
D	organization's own exempt activities during the tax year > \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	Part III, line	es 9, 9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
-			

Schedule G	(Form 990 or 990-EZ)	${f THE}$	LIGHTHOUSE	FOUNDATION	25-1547324	Page 4
Part IV	(Form 990 or 990-EZ) Supplemental Info	rmation	(continued)			
	••		,			
-						
-						
						
•						

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization THE LIGHTHOUSE FOUNDATION Employer identification number 25-1547324

Pai	rt I Types of Property								
		(a) Check if	(b) Number of	(c) Noncash contribution	Mo	(d) thod of det	tormin	ina	
			1	amounts reported on		triod of dei sh contribut		_	3
		applicable	items contributed	Form 990, Part VIII, line 1g	110110410				
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles	X	56	66,634.	NAT'L	AUTO 1	DEA:	LERS	<u> </u>
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded								
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other ()								
26	Other • ()								
27	Other ()								
28	Other ()								
29	Number of Forms 8283 received by the organi	ization durin	g the tax year for o	contributions	•				
	for which the organization completed Form 82	83, Part IV,	Donee Acknowled	gement 29					
								Yes	No
30a	During the year, did the organization receive b	y contribution	on any property rep	ported in Part I, lines 1 throu	igh 28, that if	t [
	must hold for at least three years from the dat								
	exempt purposes for the entire holding period	?					30a		Х
b	If "Yes," describe the arrangement in Part II.								
31	Does the organization have a gift acceptance	policy that r	equires the review	of any nonstandard contrib	utions?		31		Х
	Does the organization hire or use third parties							\neg	
	contributions?		•				32a		X
b	If "Yes," describe in Part II.								
33	If the organization didn't report an amount in o	column (c) fo	or a type of propert	v for which column (a) is ch	ecked.				
	describe in Part II.	(5) 10	-71 3. 6. 5 501	,	,				
Ι ΗΔ		the Instruc	tions for Form 90	n	9/	chedule M	/Eorn	2 000)	2010

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Schedule M (Form 990) 2019

932142 09-27-19

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

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 990-EZ.

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

2019
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

THE LIGHTHOUSE FOUNDATION

Employer identification number 25-1547324

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

INDIVIDUALS AND FAMILIES IN NORTHERN ALLEGHENY AND BUTLER COUNTIES.

THE LIGHTHOUSE FOUNDATION PROVIDES BASIC NECESSITIES SUCH AS FOOD AND

SHELTER, TRANSITIONAL AND INTERIM HOUSING. THE LIGHTHOUSE FOUNDATION

ALSO OFFERS PROGRAMS TO HELP PEOPLE ACHIEVE SELF-SUFFICIENCY WHICH

INCLUDE: LOW INCOME CAR OWNERSHIP, FAITH BASED JOB TRAINING, FINANCIAL

LITERACY, COMPUTER SKILLS, AND PARENTING CLASSES. THE LIGHTHOUSE

FOUNDATION DELIVERS HIGH QUALITY PROGRAMS AND MINISTRIES THAT OFFER

PEOPLE HOPE FOR A BETTER FUTURE AND THAT RESULT IN POSITIVE LIFE

CHANGES.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

HOUSING. THE LIGHTHOUSE FOUNDATION ALSO OFFERS PROGRAMS TO HELP PEOPLE

ACHIEVE SELF-SUFFICIENCY WHICH INCLUDE: LOW INCOME CAR OWNERSHIP, FAITH

BASED JOB TRAINING, FINANCIAL LITERACY, COMPUTER SKILLS, AND PARENTING

CLASSES. THE LIGHTHOUSE FOUNDATION DELIVERS HIGH QUALITY PROGRAMS AND

MINISTRIES THAT OFFER PEOPLE HOPE FOR A BETTER FUTURE AND THAT RESULT

IN POSITIVE LIFE CHANGES.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

THE FOUNDATION ALSO OPERATES VARIOUS OTHER PROGRAMS SUCH AS COMPUTER

COURSES FOR MEMBERS OF THE COMMUNITY.

EXPENSES \$ 143,267. INCLUDING GRANTS OF \$ 0. REVENUE \$ 36,309.

FORM 990, PART VI, SECTION A, LINE 8B:

THE ORGANIZATION DOES NOT HAVE COMMITTEES WHO HAVE THE AUTHORITY TO ACT ON LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2019)

932211 09-06-19

Schedule O (Form 990 or 990-EZ) (2019) Page 2 Name of the organization **Employer identification number** THE LIGHTHOUSE FOUNDATION 25-1547324 BEHALF OF THE GOVERNING BODY. FORM 990, PART VI, SECTION B, LINE 11B: A COPY OF FORM 990 IS PROVIDED TO THE BOARD PRIOR TO FILING OF THE RETURN. FORM 990, PART VI, SECTION B, LINE 12C: THE LIGHTHOUSE FOUNDATION'S BOARD OF DIRECTORS MEETS 5-6 TIMES PER YEAR. IN BETWEEN MEETINGS, IF THERE ARE MAJOR ISSUES THAT REQUIRE THE BOARD'S ATTENTION, MEETINGS ARE CONDUCTED EITHER VIA PHONE CONFERENCE OR EMAIL CORRESPONDENCE. THROUGH ROUTINE MEETINGS AND CORRESPONDENCE, AS WELL AS THROUGH LEGAL COUNSEL (THE BOARD OF DIRECTORS HAS AND WILL CONTINUE TO HAVE AT LEAST ONE PRACTICING ATTORNEY AS A MEMBER), THE BOARD OF DIRECTORS ENSURES COMPLIANCE WITH THE FOUNDATION'S CONFLICT OF INTEREST POLICY. FORM 990, PART VI, SECTION B, LINE 15A: THE COMPENSATION OF OFFICERS AND KEY EMPLOYEES IS INDEPENDENTLY REVIEWED BY THE BOARD OF DIRECTORS ON AN ANNUAL BASIS. FORM 990, PART VI, SECTION C, LINE 19:

THE FOUNDATION PROVIDES PUBLIC ACCESS TO ITS GOVERNING DOCUMENTS AND AUDITED FINANCIAL STATEMENTS BY REQUEST.

PART XII, LINE 2C

THE FOUNDATION HAS NOT CHANGED EITHER ITS OVERSIGHT PROCESS OR SELECTION PROCESS DURING THE TAX YEAR.