

March 22, 2025

Lifehouse, Inc. 2710 Riedling Drive Louisville, Kentucky 40206

Re: Public Disclosure of Exempt Organization Income Tax Return(s)

The attached copy of your organization's Exempt Organization Income Tax Return(s) is to be used as your Public Disclosure Copy. As you may be aware, the income tax law now requires tax exempt organizations to provide and/or make available copies of their income tax returns for the most recent three years to any person requesting them. In addition, the organization must provide and/or make available a copy of its Application for Recognition of Tax Exempt Status (Form 1023) if the organization had a copy in its files in July 1987 or later.

All information in the Exempt Organization Income Tax Return(s) and Form 1023 must be provided, except donors' names may be masked on Schedule B, if applicable.

We have prepared the attached "Public Disclosure" copy of the Exempt Organization Income Tax Return(s) for your organization to use in making copies when requested, and we recommend that you assign someone on your staff to establish a procedure for addressing requests for copies. The IRS may impose significant penalties when organizations do not provide copies of their Exempt Organization Income Tax Return(s) and Form 1023.

Should you have questions regarding the public disclosure requirements, please feel free to call us.

Deming, Molone, Liveray & Ostroff

Enclosures

Form **990**

** PUBLIC DISCLOSURE COPY **
urn of Organization Exempt From Income

Return of Organization Exempt From Income Tax

2024
Open to Public Inspection

Department of the Treasury

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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.

A For the 2024 calendar year, or tax year beginning and ending Check if applicable: C Name of organization D Employer identification number Address change LIFEHOUSE, INC. Name change 20-8514733 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 859-626-9040 2710 RIEDLING DRIVE 777,917. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return 40206 LOUISVILEE, KY H(a) Is this a group return Applica-tion pending F Name and address of principal officer: WILLIAM COOPER for subordinates? Yes X No SAME AS C ABOVE **H(b)** Are all subordinates included? Yes Tax-exempt status: \mathbf{X} 501(c)(3) $\mathbf{\Box}$ 501(c) ((insert no.) 4947(a)(1) or If "No," attach a list. See instructions J Website: LIFEHOUSELOUISVILLE.ORG H(c) Group exemption number K Form of organization: X Corporation Trust Association Other L Year of formation: 2007 M State of legal domicile: KY Part I Summary Briefly describe the organization's mission or most significant activities: PROVIDE FOR THE NEEDS OF **Activities & Governance** PREGNANT AND/OR PARENTING TEENS AND WOMEN AND THEIR CHILDREN. 2 if the organization discontinued its operations or disposed of more than 25% of its net assets. 10 3 Number of voting members of the governing body (Part VI, line 1a) 10 Number of independent voting members of the governing body (Part VI, line 1b) 4 23 Total number of individuals employed in calendar year 2024 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h **Prior Year Current Year** 702,319. 740,789. Contributions and grants (Part VIII, line 1h) 8 0. 0. Program service revenue (Part VIII, line 2g) 16,904. 29,836. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 -14,771. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -6,656. 11 712,567. 755,854 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 0. 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 397,781. 451,692. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 172,844. 180,217.17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 570,625. 631,909. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 141,942. 123,945. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5 1,691,300. 1,830,286. Total assets (Part X, line 16) 36,419. 41,232 21 Total liabilities (Part X, line 26) 三年 654,881. 789,054 Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign WILLIAM COOPER, BOARD PRESIDENT Here Type or print name and title Date PTIN Preparer's name Preparer's signature 03/22/25 self-employed P01391676 SARAH K. ANTLE Paid SARAH K. ANTLE DEMING, MALONE, LIVESAY & OSTROFF, PSC Firm's EIN 61-1064249 Preparer Firm's name Firm's address 9300 SHELBYVILLE ROAD, SUITE 1100 Use Only Phone no. 5024269660 LOUISVILLE, KY 40222-5187 X Yes May the IRS discuss this return with the preparer shown above? See instructions No

Form	1990 (2024) LIFEHOUSE, INC. 20-8514733 Page 2
Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	LIFEHOUSE, INC. PROVIDES FOR THE SPIRITUAL, EMOTIONAL, PHYSICAL, AND
	INTELLECTUAL NEEDS OF PREGNANT AND/OR PARENTING TEENS AND WOMEN AND
	THEIR CHILDREN, BOTH BORN AND UNBORN.
	·
2	Did the organization undertake any significant program services during the year which were not listed on the
_	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
2	
3	
	If "Yes," describe these changes on Schedule O.
4	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, for each program service reported.
4a	(Code:) (Expenses \$ 388,045. including grants of \$) (Revenue \$)
	LIFEHOUSE ADDRESSES THE SPIRITUAL, EMOTIONAL, PHYSICAL, AND
	INTELLECTUAL NEEDS OF WOMEN AND CHILDREN. IN 2024, LIFEHOUSE HAD 16
	MATERNAL PARTICIPANTS AND 15 CHILD PARTICIPANTS, RECEIVING THE SUPPORT,
	PEACE, HOPE, HUGS AND WITH GOD'S GRACE, THE LASTING LESSONS TO ENHANCE
	THEIR LIFE FAR BEYOND THEIR TIME AT LIFEHOUSE.
	A "HOUSE MENTOR" IS ON-SITE 24/7 TO MAINTAIN ORDER OF THE HOME AND
	TEACH BASIC LIFE SKILLS TO THE WOMEN. THE WOMEN LEARN TO BE
	RESPONSIBLE AND RESPECTIVE WHILE LIVING IN THE COMMUNITY WITH OTHER
	CHRISTIAN WOMEN. THEY COOK MEALS AND EAT TOGETHER, AS THEIR WORK
	SCHEDULES PERMIT. EACH OF THEM MEETS REGULARLY WITH PROGRAM STAFF TO
	SET HEALTHY FINANCIAL HABITS AND BUGETING. PARENTING SKILLS, SPIRITUAL
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 388,045.

13030322 757979 1209201

Form 990 (2024) LIFEHOUSE, INC. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 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	L,		
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	۰		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	- '-		1
8	, ,			x
•	Schedule D, Part III	8		
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?			3,7
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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,			
	Part VI	11a	X	
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
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
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		Х
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	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
h	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 asswered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the approximation projection on office approximation of the Helbert Obstace	14a		X
	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	1 1 a		 ^`
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	1/16		x
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
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	4-		_ v
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	ا		
	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,			\ ₃₇
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			l _
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			,,
_	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		х
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		25
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	, ,	25b		х
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
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 the 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			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		<u> </u>
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? 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			7.7
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
04	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34		Х
25.0	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	33a		
D	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?	000		
	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		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 9	_		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	-		
С				
	(gambling) winnings to prize winners?	1c	X	(2024)

	1990 (2024) LIFEHOUSE, INC. 20-851	4/33	Р	age S						
Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)									
			Yes	No						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
	filed for the calendar year ending with or within the year covered by this return 2a 2	3								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	. 2b	X	<u> </u>						
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	. 3a		X						
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	. 3b								
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a									
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	. 4a		X						
b	If "Yes," enter the name of the foreign country	_								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).									
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	. 5a		X						
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	. 5b		X						
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с								
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit									
	any contributions that were not tax deductible as charitable contributions?	6a		X						
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts									
	were not tax deductible?	6b								
7	Organizations that may receive deductible contributions under section 170(c).									
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor	? 7a	Х							
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		Х							
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required									
	to file Form 8282?	7c		X						
Ь	If "Yes," indicate the number of Forms 8282 filed during the year 7d									
e	Did the consist for the first the control of the co	7e		Х						
f										
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?									
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			+						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	711								
Ü	and a second control to the second control t	8								
9	sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.									
а	Did the appropriate available makes and to able the bid to be a section 40000	9a								
b										
10	Section 501(c)(7) organizations. Enter:	. 55								
а	Initiation fees and capital contributions included on Part VIII, line 12									
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	_								
	Section 501(c)(12) organizations. Enter:	\dashv								
11	Gross income from members or shareholders									
a h		_								
D	Gross income from other sources. (Do not net amounts due or paid to other sources against									
120	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	100								
		12a								
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year									
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	13a								
а		134								
L	Note: See the instructions for additional information the organization must report on Schedule O.									
b	Enter the amount of reserves the organization is required to maintain by the states in which the									
	organization is licensed to issue qualified health plans 13b	\dashv								
C	Enter the amount of reserves on hand Did the exemplation receive any payments for independent angles of wing the tay year?	44		v						
14a	Did the organization receive any payments for indoor tanning services during the tax year?			X						
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	. 14b	+	+-						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			177						
	excess parachute payment(s) during the year?	15		<u> </u>						
	If "Yes," see the instructions and file Form 4720, Schedule N.			177						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	. 16		X						
	If "Yes," complete Form 4720, Schedule O.									
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities									
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		Ь						

Form **990** (2024)

If "Yes," complete Form 6069.

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. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 10 **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. 10 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 X of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 6 Х 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? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a 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? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 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 c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 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? Х The organization's CEO, Executive Director, or top management official 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16h Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed KY Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request __ Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records ORGANIZATION - 859-626-9040 2710 RIEDLING DRIVE, LOUISVILLE, KY 40206

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

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

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

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

Check this box if neither the organization		orga T	niza			nper	<u>ısat</u>			
(A)	(B)	Docition						(D)	(E)	(F)
Name and title	Average		(do not check more than one					Reportable	Reportable	Estimated
	hours per week		box, unless person is both an officer and a director/trustee)					compensation from	compensation from related	amount of other
	(list any	tor						the	organizations	compensation
	hours for	r direc				pa		organization	(W-2/1099-MISC/	from the
	related	stee o	ustee			ensat		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	altrus	onal tr		loyee	comp		1099-NEC)		and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) DOLLI NEIKIRK	40.00	=	┢═	0	Α_	Τ 0	ш.			
EXECUTIVE DIRECTOR				Х				83,726.	0.	0.
(2) WILLIAM COOPER	2.00									
PRESIDENT		Х		Х				0.	0.	0.
(3) CHAD BOURKE	2.00									
SECRETARY		Х		Х				0.	0.	0.
(4) GREG BURCH	2.00									
TREASURER		Х		Х				0.	0.	0.
(5) TERRI GREENWELL	1.00	l								
DIRECTOR	1	Х				_		0.	0.	0.
(6) ANTHONY BUIE	1.00	l								•
DIRECTOR	1 00	Х				├		0.	0.	0.
(7) MARONDA DOWDY	1.00	٠,								•
DIRECTOR	1 00	Х				┝		0.	0.	0.
(8) BILLY HOWER DIRECTOR	1.00	X						0.	0.	0.
(9) MARTINA YOUNG	1.00	^						0.	0.	0.
DIRECTOR	1.00	X						0.	0.	0.
(10) PAM ROBERTSON	2.00	22						- 0.	0.	0.
VICE PRESIDENT	2,00	х		x				0.	0.	0.
(11) KEVIN CHESSER	2.00	<u></u>				H				
ASST TREASURER		х		х				0.	0.	0.
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Form 990 (2024)

20-8514733 Page **8**

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hours per very compete school to the organization below line 1	(A)												(F)			
Subtotal Subtotal	Name and title		(do not check more than one							•						
Description Section									· .		- 1)†		
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Form **990** (2024)

Form 990 (2024) LIFEHOU
Part VIII Statement of Revenue

		Check if Schedule O contains a response or	note to any line	e in this Part VIII			
		Officer if Schedule O contains a response of	Tiole to arry in t	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenuè excluded
						business revenue	from tax under
							sections 512 - 514
ts ts	1	a Federated campaigns1a					
z z		b Membership dues 1b					
e, E		c Fundraising events1c 2	212,468.				
ifts		d Related organizations 1d					
Contributions, Gifts, Grants and Other Similar Amounts		e Government grants (contributions) 1e					
Sir		f All other contributions, gifts, grants, and					
eti je			328,321.				
ĕ₽			720,321.				
ont		g Noncash contributions included in lines 1a-1f		740 700			
O E		h Total. Add lines 1a-1f		740,789.			
		<u> </u>	Business Code				
ė	2	a					
Σœ		b					
Se		С					
an a		d					
Pg		е					
Program Service Revenue		f All other program service revenue					
		g Total. Add lines 2a-2f					
	3						
	3			29,836.			20 836
		other similar amounts)		49,030.			29,836.
	4	Income from investment of tax-exempt bond pro					
	5	Royalties					
		(i) Real	(ii) Personal				
	6	a Gross rents 6a					
		b Less: rental expenses 6b					
		c Rental income or (loss) 6c					
		d Net rental income or (loss)					
		a Gross amount from sales of (i) Securities	(ii) Other				
	•	assets other than inventory 7a	()				
		b Less: cost or other basis					
•							
Revenue		and sales expenses					
š		c Gain or (loss)7c					
æ		d Net gain or (loss)					
her	8	a Gross income from fundraising events (not					
₽		including \$212,468 of					
		contributions reported on line 1c). See					
		Part IV, line 188a	7,250.				
		b Less: direct expenses 8b	22,063.				
		c Net income or (loss) from fundraising events		-14,813.			-14,813.
		a Gross income from gaming activities. See		, -			,
		Part IV, line 19					
		c Net income or (loss) from gaming activities					
	10	a Gross sales of inventory, less returns					
		and allowances10a					
		b Less: cost of goods sold 10b					
		c Net income or (loss) from sales of inventory					
,			Business Code				
snc	11	a OTHER INCOME	900099	42.	42.		
ne Tue		b					
Miscellaneous Revenue		c					
Sce		d All other revenue					
Ξ				42.			
		e Total. Add lines 11a-11d			40	0	15 000
	12	Total revenue. See instructions		755,854.	42.	0.	15,023.

Form 990 (2024) LIFEHOUSE, INC. Part IX Statement of Functional Expenses

Total expenses Program service expenses Management and general expenses Funding expenses Total expenses Program service expenses Management and general expenses Funding expenses Funding expenses Total expenses Program service expenses Management and general expenses Funding expenses Funding expenses Total expenses Program service expenses Management and general expenses Funding expenses	D) raising enses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 83,726 • 55,716 • 12,440 • 1	raising
and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 83,726. 55,716. 12,440. 1	
Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 83,726 • 55,716 • 12,440 • 1	
individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 83,726. 55,716. 12,440. 1	
Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 83,726. 55,716. 12,440. 1	
organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 83,726. 55,716. 12,440. 1	
individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 83,726. 55,716. 12,440. 1	
4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 83,726. 55,716. 12,440. 1	
5 Compensation of current officers, directors, trustees, and key employees 83,726. 55,716. 12,440. 1	
trustees, and key employees 83,726. 55,716. 12,440. 1	
	<u>.5,570.</u>
6 Compensation not included above to disqualified	
persons (as defined under section 4958(f)(1)) and	
persons described in section 4958(c)(3)(B)	
7 Other salaries and wages 333,619. 222,010. 49,570. 6	2,039.
8 Pension plan accruals and contributions (include	
section 401(k) and 403(b) employer contributions)	
9 Other employee benefits 2,479. 2,182. 198.	99. 5,965.
	5,965.
11 Fees for services (nonemployees):	
a Management	
b Legal	
c Accounting 10,985. 10,985.	
d Lobbying	
e Professional fundraising services. See Part IV, line 17	
f Investment management fees	
g Other. (If line 11g amount exceeds 10% of line 25,	
column (A), amount, list line 11g expenses on Sch 0.) 3,135. 3,135. 12 Advertising and promotion 14,034. 21. 142. 1	2 071
	3,871. 4,275.
	4,4/5.
14 Information technology	
15 Royalties	1,153.
0.665 4.400 400	$\frac{1,135}{1,136}$
	1,150.
18 Payments of travel or entertainment expenses	
for any federal, state, or local public officials 19 Conferences, conventions, and meetings	2,482.
	<u>.,.</u> .
20 Interest 21 Payments to affiliates	
22 Depreciation, depletion, and amortization 27,124. 23,598. 2,170.	1,356.
23 Insurance 16,102. 14,168. 1,288.	646.
24 Other expenses. Itemize expenses not covered	
above. (List miscellaneous expenses on line 24e. If	
line 24è amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)	
a PARTICIPANT EDUCATION A 11,130. 11,130.	
	6,653.
c DUES AND SUBSCRIPTIONS 4,380. 1,434. 793.	2,153.
d MISCELLANEOUS 1,303. 353. 846.	104.
e All other expenses	
	7,502.
26 Joint costs. Complete this line only if the organization	
reported in column (B) joint costs from a combined	
educational campaign and fundraising solicitation.	
Check here if following SOP 98-2 (ASC 958-720)	

Form **990** (2024)

Par	ťΧ	Balance Sneet					
		Check if Schedule O contains a response or no	ote to any	/ line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	254,014.	1	211,970		
	2	Savings and temporary cash investments			95,356.	2	111,892
	3	Pledges and grants receivable, net	12,598.	3	8,199		
	4	Accounts receivable, net	63,762.	4	63,762		
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub					
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disqua					
		under section 4958(f)(1)), and persons describe	ed in sect	tion 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
ĕ	9	Prepaid expenses and deferred charges			1,745.	9	1,555
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	925,143.			
	b	Less: accumulated depreciation	302,012.	650,255.		623,131	
	11	Investments - publicly traded securities	613,570.	11	809,777		
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			1 601 200	15	1 000 000
	16	Total assets. Add lines 1 through 15 (must eq			1,691,300.	16	1,830,286
	17	Accounts payable and accrued expenses			35,419.	17	40,232
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete			21		
es	22	Loans and other payables to any current or for					
┋		trustee, key employee, creator or founder, sub					
Liabilities	00	controlled entity or family member of any of the				22	
_	23	Secured mortgages and notes payable to unre				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, parties, and other liabilities not included on line					
		of Schedule D	35 17-24).	Complete Part X	1,000.	25	1,000
	26				36,419.	26	41,232
	20	Organizations that follow FASB ASC 958, ch			33,1231	20	11,202
န္မ		and complete lines 27, 28, 32, and 33.	icon nord	,			
ဋ	27				1,607,162.	27	1,712,466
3918	28	Net assets with donor restrictions			47,719.	28	1,712,466 76,588
<u> </u>		Organizations that do not follow FASB ASC			•		,
크		and complete lines 29 through 33.	,				
<u></u>	29	Capital stock or trust principal, or current fund			29		
Sets	30	Paid-in or capital surplus, or land, building, or e			30		
Ass	31	Retained earnings, endowment, accumulated i				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			1,654,881.	32	1,789,054
_	33				1,691,300.	33	1,830,286

Pa	T 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			$\frac{54}{09}$.				
2	Total expenses (must equal Part IX, column (A), line 25)								
3									
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 1								
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	1,78	9,0	54.				
Pa	t XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII								
				Yes	No				
1	Accounting method used to prepare the Form 990: Cash X Accrual Other								
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.								
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?								
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a							
	separate basis, consolidated basis, or both:								
	X Separate basis Consolidated basis Both consolidated and separate basis								
b	Were the organization's financial statements audited by an independent accountant?		2b		Х				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate								
	consolidated basis, or both:								
	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 the	audit,							
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X					
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche								
За	3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the								
Uniform Guidance, 2 C.F.R. Part 200, Subpart F?									
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit									
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b						
			Form	990	(2024)				

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Open to Bub

Employer identification number

OMB No. 1545-0047

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

Open to Public Inspection

		LIFE	HOUSE, INC	0-8514733									
Pa	art I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions						
The	organ	ization is not a private found											
1		A church, convention of ch					1)(A)(i).						
2		A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Form	n 990).)								
3		A hospital or a cooperative)(b)(1)(A)(i	ii).						
4	同	A medical research organiz					•	iii). Enter	the hospital's name.				
•		city, and state:		,,			()(.)()	,.	,				
5		An organization operated for	or the benefit of a col	llege or university owned	or operat	ed by a go	vernmental un	it describe	ed in				
٠		section 170(b)(1)(A)(iv). (C		nego or armoreity owned	or operat	ou by a go	vorminoritar arr		5 4 III				
6		A federal, state, or local gov		nental unit described in	section 17	70/h)/1)/A)	64)						
7	X		_					a gonoral r	aublic described in				
′	21												
		section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)											
8	\mathbb{H}												
9	Ш	An agricultural research org											
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of t	ne college	or				
		university:											
10		An organization that norma	•				-		*				
		activities related to its exen											
		income and unrelated busin		(less section 511 tax) fro	m busines	sses acqui	red by the orga	anization a	ifter June 30, 1975.				
		See section 509(a)(2). (Con	•										
11	Ш	An organization organized a	•	•	•								
12		An organization organized a	•		-			•	•				
		more publicly supported or							Check the box on				
		lines 12a through 12d that	describes the type of	f supporting organization	and com	plete lines	12e, 12f, and	12g.					
а	ı		anization operated, s	upervised, or controlled	by its supp	oorted org	anization(s), ty _l	oically by	giving				
		the supported organization	on(s) the power to req	gularly appoint or elect a	majority o	of the direc	tors or trustee	s of the su	upporting				
	_	organization. You must o	-										
b	,		anization supervised	I or controlled in connect	ion with its	s supporte	ed organization	(s), by hav	ving				
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manag	e the supp	ported				
		organization(s). You mus	t complete Part IV,	Sections A and C.									
c	;		grated. A supporting	g organization operated	in connect	tion with, a	and functionally	/ integrate	ed with,				
		its supported organization	n(s) (see instructions)). You must complete F	Part IV, Se	ections A,	D, and E.						
c	ı 🗀	Type III non-functionally	integrated. A supp	oorting organization oper	ated in co	nnection v	vith its support	ed organiz	zation(s)				
		that is not functionally int	egrated. The organiz	zation generally must sati	isfy a distr	ibution red	quirement and	an attentiv	veness .				
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.						
e	, [Check this box if the orga	anization received a v	written determination from	m the IRS	that it is a	Type I, Type II	, Type III					
		functionally integrated, or	Type III non-function	nally integrated supportir	ng organiz	ation.							
f	Ente	er the number of supported o	organizations										
		vide the following information											
	((i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	anization listed ing document?	(v) Amount of	-	(vi) Amount of other				
		organization		above (see instructions))	Yes	No	support (see ins	structions)	support (see instructions)				
Tota	al						1						

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	Section A. Public Support											
	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total					
1	Gifts, grants, contributions, and											
	membership fees received. (Do not											
	include any "unusual grants.")	611,219.	567,950.	661,029.	638,557.	740,789.	3219544.					
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											
4	Total. Add lines 1 through 3	611,219.	567,950.	661,029.	638,557.	740,789.	3219544.					
	The portion of total contributions											
	by each person (other than a											
	governmental unit or publicly											
	supported organization) included											
	on line 1 that exceeds 2% of the											
	amount shown on line 11,											
	column (f)						181,090.					
6	Public support. Subtract line 5 from line 4.						3038454.					
	ction B. Total Support						0000101					
	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total					
	Amounts from line 4	611,219.	567,950.	661,029.	638,557.	740,789.	3219544.					
	Gross income from interest,	, -	,	,	, , ,	,						
_	dividends, payments received on											
	securities loans, rents, royalties,											
	and income from similar sources	696.	228.	747.	16,904.	29,836.	48,411.					
9	Net income from unrelated business		-		, ,	- ,						
_	activities, whether or not the											
	business is regularly carried on		39,848.				39,848.					
10	Other income. Do not include gain		,									
	or loss from the sale of capital											
	assets (Explain in Part VI.)	10,582.	1,614.	1,480.	337.	42.	14,055.					
11	Total support. Add lines 7 through 10			_ / _ v			3321858.					
	Gross receipts from related activities,	etc (see instructio	ins)			12						
	First 5 years. If the Form 990 is for th	•	,			-						
	organization, check this box and stop	-		· · · · · · · · · · · · · · · · · · ·								
Sec	tion C. Computation of Publi											
14	Public support percentage for 2024 (li	ine 6, column (f), di	ivided by line 11, c	olumn (f))		14	91.47 %					
	Public support percentage from 2023					15	91.57 %					
	33 1/3% support test - 2024. If the o					ore, check this box						
	stop here. The organization qualifies						77					
b	33 1/3% support test - 2023. If the o	organization did no	t check a box on li									
	and stop here. The organization qual											
17a	10% -facts-and-circumstances test											
	and if the organization meets the facts	_										
	meets the facts-and-circumstances te			-								
b	10% -facts-and-circumstances test	-		• • •	-							
	more, and if the organization meets the	_										
	organization meets the facts-and-circu				· ·							
18	Private foundation. If the organization				•							
	<u></u>			•			(Form 990) 2024					

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.)

Sed	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services 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						
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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support		1	T	T		
	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
	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						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	•		•	•	.,.,	
<u>C - </u>	check this box and stop here						
	ction C. Computation of Publi					T I	
	Public support percentage for 2024 (I					15	<u>%</u>
	Public support percentage from 2023					16	%
	ction D. Computation of Inves			no 12 nolume (A)		17	0/
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from					18	7 is not
198	33 1/3% support tests - 2024. If the						
ı.	more than 33 1/3%, check this box ar						
i.	33 1/3% support tests - 2023. If the line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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 on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 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 line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

Yes	No
n 000)	2024
	n 990)

Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
-	11c below, the governing body of a supported organization?	11a		
h	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,	110		
C	, , , , ,	44-		
<u>Sac</u>	provide detail in Part VI. etion B. Type I Supporting Organizations	11c		
500	7.1011 B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	ction C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		103	140
•				
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	4		
800	the supported organization(s). ction D. All Type III Supporting Organizations	_1_		
360	All Type III Supporting Organizations		1	
	Г		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	ction E. Type III Functionally Integrated Supporting Organizations			
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
b				
С	,			
_	entity (see instructions).]	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а				
u	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI .	За		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ju		
D	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
	or no supported organizations: it into, describe in Fait VI the role played by the organization in this regard.	JU	!	

17

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orgai	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	t complete	e Sections 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):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	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 0.015 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 0.035.	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 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ılly integrat	ed Type III supporting orga	nization (see
	instructions).			

Schedule A (Form 990) 2024

Schedule A (Form 990) 2024

Schedule B (Form 990)

(Rev. December 2024) Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.

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

OMB No. 1545-0047

Name of the organization

LIFEHOUSE, INC.

20-8514733

Organization type (check one):							
Filers of	:	Section:					
Form 99	0 or 990-EZ	X 501(c)(3) (enter number) organization					
		4947(a)(1) nonexempt charitable trust not treated as a private foundation					
		527 political organization					
Form 99	0-PF	501(c)(3) exempt private foundation					
		4947(a)(1) nonexempt charitable trust treated as a private foundation					
		501(c)(3) taxable private foundation					
	nly a section 501(c)(covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
	· ·	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special	Rules						
X	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.						
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.						
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year\$						
answer "	Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify hat it doesn't meet the filing requirements of Schedule B (Form 990).						

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (Rev. 12-2024)

Name of organization

Employer identification number

20-8514733

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$15,000.	Person X Payroll

Name of organization

Employer identification number

20-8514733

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$15,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$15,000.	Person X Payroll

Name of organization Employer identification number

LIFEHOUSE, INC.

20-8514733

Part II	Noncash Property (see instructions). Use duplicate copies of Part II	I if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	25	 	la R (Form 990) (Ray, 12-2024)

Name of organization **Employer identification number** LIFEHOUSE, 20-8514733 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Supplemental Financial Statements

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

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

LIFEHOUSE, INC.

Employer identification number 20 – 8514733

Pa	rt I Organizations Maintaining Donor Advised	d Funds or Other Similar Fund	s or Accou	nts. Complete if the			
	organization answered "Yes" on Form 990, Part IV, line 6.						
		(a) Donor advised funds	(b) Fu	nds 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 v	vriting that the assets held in donor adv	ised funds				
	are the organization's property, subject to the organization's	_		Yes No			
6	Did the organization inform all grantees, donors, and donor ad						
_	for charitable purposes and not for the benefit of the donor or						
			Ū	Yes No			
Pa							
1	Purpose(s) of conservation easements held by the organization		,				
•	Preservation of land for public use (for example, recreat		of a historicall	y important land area			
	Protection of natural habitat	· —		istoric structure			
	Preservation of open space	Treservation	or a cortinea n	iotorio straotare			
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribution in the form	n of a conserv	ation easement on the last			
_	day of the tax year.	ica conscivation contribution in the for	IT OF A CONSCIV	Held at the End of the Tax Year			
а			2a	11010 01 110 0110 01 110 1011 1001			
b							
0	Number of conservation easements on a certified historic stru	ucture included on line 2a					
d	Number of conservation easements included on line 2c acqui		20	+			
u			2d				
3	on a historic structure listed in the National Register			during the tay			
3		eased, extinguished, or terminated by tr	ie organization	r during the tax			
4	year Number of states where property subject to conservation eas	ement is located					
5	Does the organization have a written policy regarding the peri		_ f				
3	violations, and enforcement of the conservation easements it			Yes No			
6	Staff and volunteer hours devoted to monitoring, inspecting, I						
U	otali and volunteer nours devoted to monitoring, inspecting, i	mandling of violations, and emorcing co	riservation eas	ements during the year			
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conserv	ration easemer	ate during the year			
′	Amount of expenses incurred in monitoring, inspecting, name	ing of violations, and emorcing conserv	ation easeme	its during the year			
8	Does each conservation easement reported on line 2d above	eatiefy the requirements of section 170	(b)(4)(B)(i)				
Ü		, ,	(/(/(/(/	Yes No			
9	In Part XIII, describe how the organization reports conservation	on accompate in its revenue and expense					
9	balance sheet, and include, if applicable, the text of the footn	•					
	organization's accounting for conservation easements.	ote to the organization's imancial state	nents that des	cribes trie			
Pa	rt III Organizations Maintaining Collections of	Art. Historical Treasures. or C	Other Simila	ar Assets.			
	Complete if the organization answered "Yes" on Form						
	If the organization elected, as permitted under FASB ASC 958		and halance	sheet works			
Iu	of art, historical treasures, or other similar assets held for pub	•					
	service, provide in Part XIII the text of the footnote to its finan			public			
h	If the organization elected, as permitted under FASB ASC 958			t works of			
b							
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in fur	meranice or pt	ablic service,			
	provide the following amounts relating to these items.			Φ.			
	(i) Revenue included on Form 990, Part VIII, line 1						
_				\$			
2	If the organization received or held works of art, historical trea	,	iai gain, provid	ie			
	the following amounts required to be reported under FASB AS	_		Φ.			
a	Revenue included on Form 990, Part VIII, line 1						
b	Assets included in Form 990, Part X			\$			

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

Schedule D (Form 990) (Rev. 12-2024)

LHA 432051 01-02-25

Pa	rt III Organizations Maintaining Co	ollections of Art	, Historical Tre	asures, o	Other	Similar	Assets	(contir	nued)	
3	Using the organization's acquisition, accession	on, and other records	, check any of the f	ollowing that	make si	gnificant u	se of its		-	
	collection items (check all that apply).									
а	Public exhibition	d	Loan or excl	hange progra	ım					
b	Scholarly research	е	Other							
С	c Preservation for future generations									
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.									
5	During the year, did the organization solicit or	receive donations of	art, historical treas	ures, or othe	r similar	assets				
	to be sold to raise funds rather than to be ma							Yes		No
Pa	t IV Escrow and Custodial Arrang	gements Complete	e if the organization	answered "	Yes" on F	orm 990,	Part IV, li	ne 9, or		
	reported an amount on Form 990, Par	t X, line 21.								
1a	Is the organization an agent, trustee, custodia	an, or other intermedi	ary for contribution	s or other as	sets not i	included		_		_
	on Form 990, Part X?						L	Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the follo	owing table:							
								Amoun	t	
С	Beginning balance					1c				
d	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f				
2 a	Did the organization include an amount on Fo	orm 990, Part X, line 2	21, for escrow or cu	stodial acco	unt liabili	ty?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.									
Pa	T V Endowment Funds Complete if									
	_	(a) Current year	(b) Prior year	(c) Two year	s back	(d) Three y	ears back	(e) Four	years	back
1a	Beginning of year balance	613,570.								
b	Contributions	170,000.	599,980.							
С	Net investment earnings, gains, and losses	39,524.	13,590.							
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs	13,317.								
f	Administrative expenses									
g	End of year balance	809,777.	613,570.							
2	Provide the estimated percentage of the curre		(line 1g, column (a)) held as:						
а	Board designated or quasi-endowment	100	_%							
b	Permanent endowment	%								
С	Term endowment	%								
	The percentages on lines 2a, 2b, and 2c should	ıld equal 100%.								
За	Are there endowment funds not in the posses	ssion of the organizat	ion that are held an	d administer	ed for the	Э		Г		
	organization by:								Yes	No
	(i) Unrelated organizations?							3a(i)		X
								3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organizat							3b		Щ
4 Do	Describe in Part XIII the intended uses of the		ment funds.							
Pal	t VI Land, Buildings, and Equipme		Doubly line 11 - C	F 000	Dart V. I	i 10				
	Complete if the organization answered						.			
	Description of property	(a) Cost or ot			` '	ccumulate	d	(d) Boo	k valu	е
		basis (investm		` ′	aep	reciation		2	- -	<u> </u>
_	Land			6,525.		066 65				25.
b	Buildings		83	3,928.		266,62	18.	56	7,3	<u> </u>
C	Leasehold improvements			1 600		25 20	1	1 /	0 3	06
	Equipment		5	4,690.		35,38	94.	Т;	9,3	00.
	Other							60	3,1	21
ı ota	I. Add lines 1a through 1e. (Column (d) must ed	aual Form 990 Part X	line 10c column	(R))			1	ο⊿.	٠. ـ	J ⊥ •

Schedule D (Form 990) (Rev. 12-2024)

Schedule D (Form 990) (Rev. 12-2024) LIFEHOUSE,	INC.	20	-8514733 Page 3
Part VII Investments - Other Securities			
Complete if the organization answered "Yes"	_	11b. See Form 990, Part X, line 12.	
(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, line 12, col. (B))			
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)			
<u>(5)</u>			
<u>(6)</u>			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, column Table 15,	ol. (B))		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability	,	,	(b) Book value
(1) Federal income taxes			(*)
(2) SECURITY DEPOSITS			1,000.
(3)			1,000
(4)			
(5)			
<u>(6)</u>			
(7)			
(8)			l .

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the 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

Schedule D (Form 990) (Rev. 12-2024)

(9)

1,000.

Pai	rt XI Reconciliation of Revenue per Audited Financial Staten		Revenue per Re	turn	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1:	2a.		1 1	
1				1	788,145.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 - 1	10 000		
a	Net unrealized gains (losses) on investments		10,228.	-	
b	Donated services and use of facilities				
C	Recoveries of prior year grants				
d	, , , , , , , , , , , , , , , , , , , ,			-	10 220
e	Add lines 2a through 2d			2e 3	10,228. 777,917.
3	Subtract line 2e from line 1 Amounts included on Form 990. Part VIII. line 12. but not on line 1:			3	111,911•
4		4a			
a			-22,063.		
b	Other (Describe in Part XIII.) Add lines 4a and 4b			4c	-22 063.
5	Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.)			5	-22,063. 755,854.
Pa	rt XII Reconciliation of Expenses per Audited Financial State	ments With	Expenses per F		755,054.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1:				
1	Total expenses and losses per audited financial statements			1	653,972.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				•
а	Donated services and use of facilities	2a			
b	Prior year adjustments				
С	Other losses	1 _ 1			
d			22,063.		
е		<u>-</u>		2e	22,063.
3	Subtract line 2e from line 1			3	22,063. 631,909.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С				4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	631,909.
Pa	rt XIII Supplemental Information				
Prov	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	art IV, lines 1b a	and 2b; Part V, line 4	l; Part X, I	ine 2; Part XI,
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a	dditional inform	ation.		
	RT V, LINE 4:				
	E ORGANIZATION HAS SET ASIDE FUNDS AS A BO	DARD DES	IGNATED EN	IDOWNE	ENT TO
HEI	LP FUND FUTURE OPERATIONS.				
	RT X, LINE 2:				
	E ORGANIZATION IS EXEMPT FROM FEDERAL, ST				
	NOT-FOR-PROFIT ORGANIZATION DESCRIBED UND				
	CTION 501(C)(3). IN ADDITION, THE ORGANIS				
	ASSIFIED AS AN ORGANIZATION OTHER THAN A				
	CTION 509(A)(2). THE ORGANIZATION FILES				
	E U.S. FEDERAL JURISDICTION AND WITH THE				
	VERAL.	KEN I OCK I	OFFICE OF	AIIC	JINE I
GEL	VEKAL •				
AS	OF DECEMBER 31, 2024 AND 2023, THE ORGAN	TZATTON	ртр мот на	VE AV	IV
	CRUED INTEREST OR PENALTIES RELATED TO INC				
	TEREST OR PENALTIES HAVE BEEN CHARGED TO				
	DED.	01	1,0 1 011 1111		
					
PAI	RT XI, LINE 4B - OTHER ADJUSTMENTS:				
	ECIAL EVENTS EXPENSE				-22,063.
PAI	RT XII, LINE 2D - OTHER ADJUSTMENTS:				
	ECIAL EVENTS EXPENSE				22,063.
					



SCHEDULE G (Form 990)

(Rev. December 2024)

Department of the Treasury Internal Revenue Service

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 LIFEHOUSE, INC.						Employer identification number 20-8514733	
	Complete if the organization answer	ered "Y	es" or	n Form 990, Part IV, I	ine 1		
required to complete this par							
 1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the 10 highest paid individed compensated at least \$5,000 by the 	e Solicita f Solicita g Special or oral agreement with any individual art VII) or entity in connection with p	tion of tion of fundra (includerofess)	nongo gover aising ding of onal fo	overnment grants nment grants events fficers, directors, trus undraising services?		Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		control of from activity		(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
		-					
			<u> </u>				
Total 3 List all states in which the organization or licensing.	on is registered or licensed to solicit		utions	or has been notified	it is e	exempt from re	gistration
For Paperwork Reduction Act Notice, se	ee the Instructions for Form 990 or	990-E	Z.		Sche	edule G (Form	990) (Rev. 12-2024)

Schedule G (Form 990) (Rev. 12-2024) LIFEHOUSE, INC. 20-8514733 Page 2 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events GOLF UNITY FOR NONE (add col. (a) through SCRAMBLE LIFE col. (c)) (event type) (event type) (total number) 59,521. 160,197. 219,718. 1 Gross receipts 52,271. 160,197. 212,468. 2 Less: Contributions 7,250. **3** Gross income (line 1 minus line 2) 7,250. 1,950. 1,950. 4 Cash prizes 5 Noncash prizes 560. 560. Direct Expenses 7,250. 7,250. 6 Rent/facility costs 1,522. 1,522. 7 Food and beverages 8 Entertainment 6,001. 4,780. 10,781. 9 Other direct expenses 22,063. 10 Direct expense summary. Add lines 4 through 9 in column (d) -14,813.11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming (a) Bingo Revenue bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states?

Schedule G (Form 990) (Rev. 12-2024)

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

b If "No," explain: _

b If "Yes," explain:

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Sch	nedule G (Form 990) (Rev. 12-2024) LIFEHOUSE, INC. 20-	8514733	Page 3
11	Does the organization conduct gaming activities with nonmembers?		No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	Yes	— ☐ No
13	to administer charitable gaming? Indicate the percentage of gaming activity conducted in:	165	NO
	a The organization's facility	13a	%
	o An outside facility	13b	
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		,-
	Name		
	Address		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	∟ No
	of If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$ Elf "Yes," enter the 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		
k	a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$		□ No
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part I, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	art III, lines 9, 9	b, 10b,
_			
_			
_			

Schedule G	(Form 990) LIFEHOUSE, INC. Supplemental Information (continued)	20-8514733 Page 4
Part IV	Supplemental Information (continued)	
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-		
-		

SCHEDULE 0 (Form 990)

(Rev. December 2024) Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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			
LIFEHOUSE, INC.	20-8514733			
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMEN				
DEVELOPMENT, AND GOAL-SETTING ARE ALL A PART OF OUR PROGRA				
MONITORED BY OUR PROGRAM MANAGER AND CASE MANAGER. OUR PROGRAM				
DESIGNED TO HELP OUR PARTICIPANTS BECOME SELF-SUFFICIENT A				
TO RAISE THEIR CHILD(REN) AND FURTHER THEIR EDUCATION OR S	SELECT A			
CAREER PATH.				
FORM 990, PART VI, SECTION B, LINE 11B:				
A COPY OF THE FORM 990 IS REVIEWED BY THE BOARD PRIOR TO F	TLING.			
TOTAL OF THE LOUIS 330 TO KEYTEMED BY THE BOUND TRION TO I	11110.			
FORM 990, PART VI, SECTION B, LINE 12C:				
EACH DIRECTOR SHALL ADHERE TO THE CONFLICT OF INTEREST RUL	ES AS STATED IN			
KRS 273.219, A DIRECTOR WITH AN INTEREST IN A TRANSACTION				
ORGANIZATION SHALL DISCLOSE THE MATERIAL FACTS OF SUCH INT				
BOARD, SO THAT THE BOARD CAN ENSURE THAT ANY SUCH TRANSACT				
THE ORGRANIZATION.				
FORM 990, PART VI, SECTION B, LINE 15A:				
APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE.				
FORM 990, PART VI, SECTION C, LINE 19:				
THE ORGANIZATION DETERMINES WHETHER OR NOT TO MAKE ITS GOV	ERNING DOCUMENTS,			
CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAI	LABLE TO THE			
PUBLIC UPON REQUEST.				

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

Schedule O (Form 990) (Rev. 12-2024)