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Form **990** 

Department of the Treasury

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2022

Open to Public

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

Inspection Internal Revenue Service For the 2022 calendar year, or tax year beginning 07-01 2022, and ending 06-30 ,2023 Α Check if applicable: C Name of organization GUIDING LIGHT MISSION INC. D Employer identification number Address change Doing business as 38-2638465 E Telephone number Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite Initial return 255 SOUTH DIVISION (616)451-0236 Final return/terminated City or town, state or province, country, and ZIP or foreign postal code G Gross receipts Amended return GRAND RAPIDS, MI 49503 7,798,920 П X No Application pending F Name and address of principal officer: H(a) Is this a group return for subordinates? Yes H(b) Are all subordinates included? Yes | No X 501(c)(3) 501(c) ( 4947(a)(1) or 527 If "No," attach a list. See instructions Tax-exempt status: ) (insert no.) WWW.GUIDINGLIGHTWORKS.ORG J Website: H(c) Group exemption number Form of organization: X Corporation Trust Association Other L Year of formation: 1982 M State of legal domicile: MI Part I Summary 1 Briefly describe the organization's mission or most significant activities: THROUGH THE GUIDING LIGHT OF GOD'S SPIRIT, GUIDING LIGHT MISSION PARTNERS WITH INDIVIDUALS TO FULFILL THEIR GOD-GIVEN POTENTIAL THROUGH Activities & Governance RESCUE, RECOVERY, AND RE-ENGAGEMENT IN COMMUNITY. 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) ..... 3 3 11 Number of independent voting members of the governing body (Part VI, line 1b) ..... 4 11 5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) ..... 5 29 6 Total number of volunteers (estimate if necessary) 6 83 Total unrelated business revenue from Part VIII, column (C), line 12 7a 7a 3,086,682 Net unrelated business taxable income from Form 990-T, Part I, line 11 . . . . . 7b b 0 **Current Year** Prior Year Contributions and grants (Part VIII, line 1h) ..... 8 4,946,230 4,484,653 Revenue 9 3,121,365 3,086,682 Investment income (Part VIII, column (A), lines 3, 4, and 7d) ..... 10 (34,898 50,242 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) ..... 122,816 166,245 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 8,155,513 7,787,822 . . . . . 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) ..... 0 14 Benefits paid to or for members (Part IX, column (A), line 4) . . . . . . . . . . . . . . 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .... 6,227,418 4,257,779 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) . . . . . . . . 0 Total fundraising expenses (Part IX, column (D), line 25) b 1,145,202 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 17 . . . . . . . . 1,212,775 3,005,860 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 7,440,193 7,263,639 19 Revenue less expenses. Subtract line 18 from line 12 . . . . . . . . 715,320 524,183 **Beginning of Current Year** End of Year Net Assets or Fund Balances 20 Total assets (Part X, line 16) 6,842,365 6,305,715 21 Total liabilities (Part X, line 26) 107,364 119,831 22 Net assets or fund balances. Subtract line 21 from line 20 . . 6,198,351 6,722,534 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

	ANDY ODEHN	IAL					
Sign	Signature of officer					Dat	te
Here	ANDY ODEHN						
	Type or print name and title						
	Print/Type preparer's nan	ne	Preparer's signature	Date		Check if	PTIN
Paid	MICHAEL A RY	BICKI	MICHAEL A RYBICKI	06-04-2024		self-employed	P01379647
Preparer	Firm's name	GOODLANI	DER, SWETT AND RYBICKI		Firm's E	IN	
Use Only	Firm's address	4462 PLA	INFIELD AVENUE NE		Phone	10.	
		GRAND RA	PIDS MI 49525			616-3	361-1896
May the IRS	discuss this return wi	ith the preparer sh	nown above? See instructions				🗴 Yes 🗌 No

Form	n 990 (2022) GUIDING LIGHT MISSION INC.	38-2638465	Page <b>2</b>
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	🗌
1	Briefly describe the organization's mission:		
	THROUGH THE GUIDING LIGHT OF GOD'S SPIRIT, GUIDING LIGHT MISSION PARTNERS WIT		
	FULFILL THEIR GOD-GIVEN POTENTIAL THROUGH RESCUE, RECOVERY, AND RE-ENGAGEMENT	IN COMMUNIT	ſY
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	🗌 Yes 🛛	No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
	services?	🗌 Yes 🛛	No
	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	-	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth the total expenses, and revenue, if any, for each program service reported.	ers,	
	the total expenses, and revenue, if any, for each program service reported.		
4a	(Code: ) (Expenses \$ 5,941,500 including grants of \$ ) (Revenue	\$	)
	THROUGH THE GUIDING LIGHT OF GOD'S SPIRIT, GUIDING LIGHT MISSION PARTNERS WIT		LS TO
	FULFILL THEIR GOD-GIVEN POTENTIAL THROUGH RESCUE, RECOVERY, AND RE-ENGAGEMENT		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue	\$	)
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue	\$	)
	(	•	/
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses     5,941,500		
EEA		Form	990 (2022)

Form	990 (2022) GUIDING LIGHT MISSION INC. 38-2638	465	F	age 3
Pa	t IV Checklist of Required Schedules			
		r	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		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
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		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
-	"Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
~	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
•	complete Schedule D, Part III	8		x
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	9		v
10	debt negotiation services? If "Yes," complete Schedule D, Part IV         Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		x
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	v	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10	x	
	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,"			
u	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	- Thu	л	
	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		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		x
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	x	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		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," complete Schedule G, Part III	19		x
20 a	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		x

Form	990 (2022) <b>GUIDING LIGHT MISSION INC.</b> 38-263	8465	F	Page 4
Pa	rt IV Checklist of Required Schedules (continued)			
		r	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		х
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
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	0.4		
لم	to defease any tax-exempt bonds?	24c		-
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	250		
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		v
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	250		x
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II.	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key	20		-
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		x
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		х
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		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	x	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? 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		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? 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 Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
D	19? Note: All Form 990 filers are required to complete Schedule O	38	X	<u> </u>
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
4 -	Enter the number reported in Poy 2 of Form 100%. Enter 0, if not enalisable	c 📃	Yes	No
1a ⊾	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable       1a       1         Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable       1b			
b		0		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) wippings to prize wippers?	10	v	
	reportable gaming (gambling) winnings to prize winners?	1c	<u> </u>	

Form 990 (2022) GUIDING LIGHT MISSION INC. 38-2638465								
Par			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							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	х					
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	х					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,							
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		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?	5c		<u> </u>				
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							
7	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	7-						
	and services provided to the payor?	7a 7b		x				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	70						
d	If "Yes," indicate the number of Forms 8282 filed during the year.         7d	7c		x				
d	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		v				
e f	Did the organization during the year, pay premiums, directly or indirectly, no a personal benefit contract?	76 7f		x x				
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g						
9 h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79 7h						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the							
•	sponsoring organization have excess business holdings at any time during the year?	8		x				
9	Sponsoring organizations maintaining donor advised funds.							
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		x				
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		x				
10	Section 501(c)(7) organizations. Enter:							
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							
11	Section 501(c)(12) organizations. Enter:							
а	Gross income from members or shareholders							
b	Gross income from other sources (Do not net amounts due or paid to other sources							
	against amounts due or received from them.)							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		L				
b	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.							
а	Is the organization licensed to issue qualified health plans in more than one state?	13a						
	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							
C 1 1 a	Enter the amount of reserves on hand	4.4-						
14a b	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b						
ь 15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule Q	14b						
IJ	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		x				
	If "Yes," see the instructions and file Form 4720, Schedule N.	13						
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.	10		A				
17	Section 501(c)(21) organizations. Did the trust, or any 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						
	If "Yes," complete Form 6069.							

Forr	m 990 (2022) GUIDING LIGHT MISSION INC. 38-26	38465	F	Page 6
Pa	art VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and	d for a "No	"	
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instru	uctions.		
	Check if Schedule O contains a response or note to any line in this Part VI			х
Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	11		
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent	11		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	. 2		x
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	. 3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	. 4		х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			х
6	Did the organization have members or stockholders?	. 6		x
- 7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	. 7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
~	stockholders, or persons other than the governing body?	. 7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
•	the year by the following:			
а	The governing body?	. 8a	x	
b	Each committee with authority to act on behalf of the governing body?		x	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	. 05		
5	the organization's mailing address? If "Yes," provide the names and addresses on Schedule Q	. 9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	. 5		~
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	. 10a		x
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
Ň	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	. 10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		x	
b		. 114	_ <b>^</b>	
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13.</i>	. 12a	x	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?			
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	. 120	_ <b>^</b>	
C	describe on Schedule O how this was done	120	v	
13	Did the organization have a written whistleblower policy?		x x	
	Did the organization have a written document retention and destruction policy?			
14 15		. 14	x	
IJ	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?			
-		150		
a ⊾	The organization's CEO, Executive Director, or top management official		X	
b	Other officers or key employees of the organization	. 15b	x	
16-	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	160		
<b>L</b>	with a taxable entity during the year?	. <u>16a</u>		x
α	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	4.01		
800	organization's exempt status with respect to such arrangements?	.   16b		1
	tion C. Disclosure			
17 4 0	List the states with which a copy of this Form 990 is required to be filed Michigan			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
••	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records.			

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Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Co	mpensated Employe	es, 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 Er	nployees	
1a Complete t	his table for all persons required to be listed. Report compensation for the calendar year ending with o	or within the	
organization's t	ax year.		
<ul> <li>List all of</li> </ul>	the organization's current officers, directors, trustees (whether individuals or organizations), regardles	ss 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 instructions for the order in which to list the persons above.

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

	any related organizat		nper	Isal	eu a	iy cun	ent	uncer, unector, or	แนรเยย.	
					(C)					
(A)	(B)				sition			(D)	(E)	(F)
Name and title	Average					an one both an		Reportable	Reportable	Estimated amount
	hours					(trustee)		compensation	compensation	of other
	per week							from the organization (W-2/	from related organizations (W-2/	compensation from the
	(list any hours for	Individual trustee or director	Ins	Officer	Ke	em Hig	For	1099-MISC/	1099-MISC/	organization and
	related	tirec	tituti	icer	/em	hest	Former	1099-NEC)	1099-NEC)	related organizations
	organizations	tor	Institutional trus		Key employee	ee on				
	below	uster	trust		ee	Ipen				
	dotted line)	U	ee			Highest compensated employee				
(1) DEE DEE TAYLOR										
BOARD MEMBER		х						0	0	0
(2) KYLE_KUNNEN	<u>1.0</u> 0									
BOARD MEMBER		х						0	0	0
(3) STEVEN JANDERNOA										
BOARD MEMBER		х						0	0	0
(4) KATE MORTON										
BOARD MEMBER		х						0	0	0
(5) DAWN_BUURSMA	1.00									
BOARD MEMBER		х						0	0	0
(6) PAUL P DAVIES	1.00									
BOARD MEMBER		x						0	0	0
(7) ANDY ODEHNAL	2.00									
TREASURER		х		х				0	0	0
(8) ELIZABETH BOVARD-STRONG	1.00									
SECRETARY		x		х				0	0	0
(9) HARVEY KONING	1.00									
BOARD CHAIR		x	x	х				0	0	0
(10)										
<u>(11)</u>										
<u>(</u> 12)										
(13)										
(14)										
										Farma 000 (2022)

	90 (2022) GUIDING LIGHT MIS										3-2638			age <b>8</b>
Part	VII Section A. Officers, Directors, T	rustees,	Key E	Emp	oloy	yee	s, ar	nd I	Highest Comp	ensated	I Emplo	oyees	(cont	inued
	(A) Name and title	<b>(B)</b> Average hours per week	box,	unles	Pos eck m ss per	son is	han one s both ai /trustee)		(D) Reportable compensation from the	(E) Reporta compensa from rela	able ation ated	con	(F) ated amo of other apensati	
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizatior 1099-MI 1099-NI	SC/	orgar	om the hization a organiz	
(15)			-											
(16)	·		-											
(17)			-											
(18)			-											
(19)			-											
(20)			-											
(21)			-											
(22)			-											
(23)			-											
(24)			-											
(25)			-											
1b כ	Subtotal			•••	•••	 	 		0					0
d 2	Total (add lines 1b and 1c) Total number of individuals (including but not limiter reportable compensation from the organization								-	of	0			 
3	Did the organization list any <b>former</b> officer, direct employee on line 1a? <i>If "Yes," complete Schedul</i>						-					3	Yes	No X
4	For any individual listed on line 1a, is the sum of re- organization and related organizations greater the <i>individual</i>	an \$150,00	0? <i>If</i> "Y	′es," •••	com	nplei •••	te Sch • • •	edu	le J for such			4		x
5	Did any person listed on line 1a receive or accrue for services rendered to the organization? If "Yes	•		-			-					5		x
	on B. Independent Contractors				- 4	11		1		0(				
1	Complete this table for your five highest compensation from the organization. Report comp										ax vear			
	(A)			onac			inding		(B)		-	(C)		
	Name and business addres	S							Description of servic	es		Compensa	ation	
2	Total number of independent contractors (including received more than \$100,000 of compensation from	-		thos	se lis	ted a	above	) wh	10					

Form 99				LIGHT MI	SSI	ON INC.			38-26384	65 Page 9
Part	VIII	Statement of Rev								
		Check if Schedule O co	ontair	ns a response	or n	ote to any line in thi	s Part VIII			[
							<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	1a	Federated campaigns .			1a					
ts	b	Membership dues	•••		1b					
unts	С	Fundraising events	•••	• • • • • •	1c					
Contributions, Gifts, Grants and Other Similar Amounts	d	Related organizations .			1d					
Gift lar∕	e	Government grants (contr		· ·	1e					
ons, Simi	f	All other contributions, gif	-							
utio		and similar amounts not in		-	1f	4,484,653				
d ti	g				4~	¢ 1 045 505				
and	h	lines 1a-1f <b>Total.</b> Add lines 1a-1f		L	-	\$ 1,045,587	4 494 653			
		Total. Add lines ta-ti	••		••	Business Code	4,484,653			
	22	EMPLOYMENT SERVIC	ידים			561300	3,086,682		3,086,682	
e	b					561300	3,000,002		3,000,002	
ervi ue	c S									
Program Service Revenue	d									
Rev	e									
Š,		All other program service	rever	nue						
_		Total. Add lines 2a-2f .					3,086,682			
	3	Investment income (includi								
	Ū	other similar amounts)					50,242	50,242		
	4	Income from investment of	tax-e	exempt bond	proc	eeds				
	5	Royalties	<u></u>							
				(i) Real		(ii) Personal				
	6a	Gross rents	6a	160,	913					
		Less: rental expenses	6b							
		Rental income or (loss)	6C	160,	913					
	d	Net rental income or (loss)	•				160,913	160,913		
	7a	Gross amount from		(i) Securities	8	(ii) Other				
		sales of assets	7-							
	h	other than inventory Less: cost or other basis	7a							
0		and sales expenses	7h							
n u		Gain or (loss)								
Seve	1	Net gain or (loss)								
Other Revenue		Gross income from fundra								
oth		events (not including \$								
-		of contributions reported o	n line	Э						
		1c). See Part IV, line 18			8a	16,430				
	b	Less: direct expenses .			8b	11,098				
	С	Net income or (loss) from	fundı	raising events			5,332			5,332
	9a	Gross income from gaming	-							
		activities, See Part IV, line			9a					
		Less: direct expenses .			9b					
		Net income or (loss) from	-	ng activities	· ·					
	10a	Gross sales of inventory, I	ess							
		returns and allowances .			10					
		Less: cost of goods sold			10ł	-				
	C	Net income or (loss) from	sales	s of inventory	••					
	11-					Business Code				
ie Ie	11a									
llan 'ent	b c							<u> </u>		
Miscellanous Revenue		All other revenue								
ž		Total. Add lines 11a-11d								
		Total revenue. See instru					7 - 787 - 822	211.155	3,086,682	5,332

	Check if Schedule O contains a response or note to a			•••••	
Do n	ot include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	<b>(D)</b> Fundraising
8b, 9	b, and 10b of Part VIII.	Tetal expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
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,				
5	trustees, and key employees				
6					
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	3,794,008	3,386,330	123,803	283,875
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	463,771	426,331	11,370	26,070
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17 .				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
5	(A) amount, list line 11g expenses on Schedule O.)	100,959	98,779	2,180	
12	Advertising and promotion	1,026,971	189,530	2,184	835,257
13	Office expenses	118,014	112,113	5,901	0557257
14	Information technology	110,014	112,115	5,501	
15	Royalties				
16		267,126	253,770	13,356	
	· · ·	207,120	253,770	13,350	
17					
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,001	1,901	100	
20					
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	132,186	125,577	6,609	
23	Insurance				
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A), amount, list line 24e expenses on Schedule O.)				
а	DONATIONS	844,175	844,175		
b	AUTO	31,894	30,299	1,595	
с	OTHER EXPENSES	439,165	429,326	9,839	
d	TRANSPORTATION	43,369	43,369		
е	All other expenses	-	-		
25	Total functional expenses. Add lines 1 through 24e	7,263,639	5,941,500	176,937	1,145,202
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)				

		Check if Schedule O contains a response or note	e to an	y line in this Part X			
					(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			423,235	1	1,675,871
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			686,846	4	258,542
	5	Loans and other receivables from any current or former of	officer,	director,			
		trustee, key employee, creator or founder, substantial con	ntributo	or, or 35%			
		controlled entity or family member of any of these person	ns .			5	
	6	Loans and other receivables from other disqualified pers	ons (as	s defined			
		under section 4958(f)(1)), and persons described in sect	tion 49	58(c)(3)(B)		6	
	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	Prepaid expenses and deferred charges			75,030	9	67,289
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	3,968,398			
	b	Less: accumulated depreciation	10b	1,568,354	1,703,204	10c	2,400,044
	11	Investments - publicly traded securities			3,417,400	11	2,440,619
	12	Investments - other securities. See Part IV, line 11 .				12	
	13	Investments - program-related. See Part IV, line 11 .				13	
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equal line 3	33) .		6,305,715	16	6,842,365
	17	Accounts payable and accrued expenses			107,364	17	119,831
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part IV o	f Sche	dule D		21	
ŷ	22	Loans and other payables to any current or former office	er, direc	ctor,			
Liabilities		trustee, key employee, creator or founder, substantial co	ntributo	or, or 35%			
iabi		controlled entity or family member of any of these person	ns .			22	
	23	Secured mortgages and notes payable to unrelated thir	d parti	es		23	
	24	Unsecured notes and loans payable to unrelated third p	arties			24	
	25	Other liabilities (including federal income tax, payables t	o relat	ed third			
		parties, and other liabilities not included on lines 17-24).	Comp	lete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			107,364	26	119,831
		Organizations that follow FASB ASC 958, check here	e X				
s		and complete lines 27, 28, 32, and 33.					
Sce	27	Net assets without donor restrictions			6,149,505	27	6,673,688
alaı	28	Net assets with donor restrictions			48,846	28	48,846
а р		Organizations that do not follow FASB ASC 958, che	eck her	re 🗌			
'n		and complete lines 29 through 33.					
orF	29	Capital stock or trust principal, or current funds				29	
ets	30	Paid-in or capital surplus, or land, building, or equipment	fund			30	
Ass	31	Retained earnings, endowment, accumulated income, or	r other	funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances			6,198,351	32	6,722,534
	33	Total liabilities and net assets/fund balances	<u></u>	<u></u> .	6,305,715	33	6,842,365

Form 990 (2022) GUIDING LIGHT MISSION INC.

Part X Balance Sheet

Form 990 (2022)

38-2638465 Page 11

Form	990 (2022) GUIDING LIGHT MISSION INC.	38-2638465	5	Pa	age <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,	787,	822
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,	263,	639
3	Revenue less expenses. Subtract line 2 from line 1	3		524,	183
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6,	198,	351
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	6,	722,	534
Pa	rt 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	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		х
	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:				
	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 basis, consolidated basis, or both:				
	Separate basis IC Consolidated basis IB oth 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	х	
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
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?		3a		х
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		
EEA			Form	990	(2022)

SCHE	DULE	Α
(Form	990)	

Total

Department of the Treasury Internal Revenue Service

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

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) none

if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexemp		2022
Attach to Form 990 or Form 990-EZ.		Open to Public
Go to www.irs.gov/Form990 for instructions and the latest inform	nation.	Inspection
	Employer identificati	on number
•	38-26384	65
Charity Status. (All organizations must complete this p	art.) See instruc	tions.

OMB No. 1545-0047

Name	me of the organization Employer identification number					n number	
GUID	ING LIGHT MISSION INC.					38-263846	5
Part	t I Reason for Public Char	rity Status. (Al	I organizations mus	t comple	ete this p	art.) See instruction	ons.
The o	rganization is not a private foundation be	ecause it is: (For lin	nes 1 through 12, check c	only one bo	эх.)		
1	A church, convention of churches,	or association of c	hurches described in <b>se</b>	ction 170(	b)(1)(A)(i)		
2	A school described in section 170	(b)(1)(A)(ii). (Attac	h Schedule E (Form 990	)).)			
3	A hospital or a cooperative hospita	I service organizat	ion described in section	170(b)(1)	(A)(iii).		
4	A medical research organization or	perated in conjunct	tion with a hospital desci	ibed in <b>se</b>	ction 170(	b)(1)(A)(iii). Enter the	
	hospital's name, city, and state:						
5	An organization operated for the be	enefit of a college o	r university owned or ope	erated by a	a governme	ental unit described in	
	section 170(b)(1)(A)(iv). (Complet	•	, , , , , , , , , , , , , , , , , , ,	,	0		
6	A federal, state, or local government	,	l unit described in sectio	on 170(b)( <sup>-</sup>	1)(A)(v).		
7	An organization that normally receiv	•				rom the general public	
	described in section 170(b)(1)(A)(					5 1	
8	A community trust described in sec		,				
9	An agricultural research organization			perated in	coniunctio	n with a land-grant coll	eae
•	or university or a non-land-grant co				•	•	-9-
	university:		()		,		
10	X An organization that normally receip receipts from activities related to its support from gross investment inco acquired by the organization after	s exempt functions, me and unrelated b	subject to certain exception business taxable income	tions; and (less secti	(2) no mor on 511 tax	e than 33 1/3% of its	S
11	An organization organized and ope	erated exclusively t	o test for public safety.	See sectio	n 509(a)(4	ł).	
12	An organization organized and oper	rated exclusively fo	r the benefit of, to perform	n the funct	tions of, or	to carry out the purpos	es of
	one or more publicly supported org	anizations describ	ed in section 509(a)(1)	or section	509(a)(2)	. See section 509(a)(3	8). Check
	the box on lines 12a through 12d th	at describes the typ	be of supporting organization	ation and c	omplete lin	nes 12e, 12f, and 12g.	
а	<b>Type I.</b> A supporting organization	ion operated, supe	rvised, or controlled by i	ts support	ed organiz	ation(s), typically by gi	ving
	the supported organization(s) the	he power to regula	rly appoint or elect a ma	ority of the	directors	or trustees of the	
	supporting organization. You n	nust complete Pa	rt IV, Sections A and B				
b	<b>Type II.</b> A supporting organization	tion supervised or	controlled in connection	with its su	pported or	ganization(s), by havin	g
	control or management of the s	upporting organiza	tion vested in the same	persons that	at control o	r manage the supporte	d
	organization(s). You must con	nplete Part IV, Se	ctions A and C.				
С	Type III functionally integrate	ed. A supporting or	ganization operated in c	onnection	with, and	functionally integrated	with,
	its supported organization(s) (s	see instructions). Y	ou must complete Par	IV, Section	ons A, D, a	and E.	
d	Type III non-functionally inte	grated. A supporti	ng organization operate	d in conne	ction with i	its supported organizat	tion(s)
	that is not functionally integrate	d. The organization	generally must satisfy a	distributio	n requirem	ent and an attentivenes	S
	requirement (see instructions).	You must comple	ete Part IV, Sections A	and D, an	d Part V.		
е	Check this box if the organization	on received a writte	en determination from the	IRS that it	is a Type	I, Type II, Type III	
	functionally integrated, or Type	III non-functionally	integrated supporting of	ganizatior	).		
f	Enter the number of supported organ						
g	Provide the following information about	ut the supported or	ganization(s).				
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the o	rganization	(v) Amount of monetary	(vi) Amount of
			(described on lines 1-10 above (see instructions))	listed in you docum	0 0	support (see instructions)	other support (see instructions)
				Yes	No		
(A)							
(B)							
(C)							
(D)							
(E)							

Schedu	e A (Form 990) 2022 GUIDING LIC					38-263846	
Part	II Support Schedule for Organiza	ations Desci	ibed in Sect	ions 170(b)(	1)(A)(iv) and	170(b)(1)(A)	(vi)
	(Complete only if you checked th						lify under
	Part III. If the organization fails to	o qualify unde	er the tests lis	sted below, pl	lease complet	te Part III.)	
	on A. Public Support	I	1	1		1	
	dar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.						
	on B. Total Support	I	1	T	I	1	1
	dar year (or fiscal year beginning in)	<b>(a)</b> 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources						
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc.						
13	First 5 years. If the Form 990 is for the or						
	organization, check this box and stop her						
	on C. Computation of Public Support						
14	Public support percentage for 2022 (line 6					14	%
15	Public support percentage from 2021 Sch					15	%
16a	33 1/3% support test - 2022. If the organ						
h	box and <b>stop here.</b> The organization qua			•			
b	33 1/3% support test - 2021. If the organ						
170	this box and <b>stop here.</b> The organization <b>10%-facts-and-circumstances test - 20</b>	-		-			
17a		-					
	10% or more, and if the organization mee						
	Part VI how the organization meets the fa			-	=		_
h	organization						
b	10%-facts-and-circumstances test - 20	-					
	15 is 10% or more, and if the organization					-	
	in Part VI how the organization meets the			-	-		· · _
12	organization If the organization di						
18							_
		• • • • • • • •	• • • • • • • •	• • • • • • • •	• • • • • • • •	• • • • • • • •	••••

	e A (Form 990) 2022 GUIDING LIC					38-263846	5 Page 3
Part							
	(Complete only if you checked the	ne box on line	e 10 of Part I	or if the orgar	nization failed	to qualify ur	der Part II.
	If the organization fails to qualify	under the te	sts listed belo	ow, please co	mplete Part I	l.)	
Secti	on A. Public Support				•		
	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	2,988,548	4,477,309	4,493,445	4,946,230	3,581,340	20,486,872
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	fumished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
Ŭ	unrelated trade or business under section 513						
4	Tax revenues levied for the						
-	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
3	furnished by a governmental unit to the						
	organization without charge						
6	<b>Total.</b> Add lines 1 through 5	0.000 540	4 488 200	4 402 445	4 046 020	2 501 240	20 406 070
6 70	0	2,988,548	4,477,309	4,493,445	4,946,230	3,581,340	20,486,872
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.)						20,486,872
-	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6	2,988,548	4,477,309	4,493,445	4,946,230	3,581,340	20,486,872
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources .	19,708	39,293	9,800	18,441	12,897	100,139
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b	19,708	39,293	9,800	18,441	12,897	100,139
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.)	15,606	28,984	45,994	50,842	5,332	146,758
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						20,733,769
14	First 5 years. If the Form 990 is for the o		rst, second, thi	rd, fourth, or fi	fth tax year as	a section 501	c)(3)
	organization, check this box and stop he						
Secti	on C. Computation of Public Suppo	-					
15	Public support percentage for 2022 (line 8		•	13, column (f))		15	98.81 %
16	Public support percentage from 2021 Sch	edule A, Part	III, line 15 .			16	99.01 %
Secti	on D. Computation of Investment In	come Perce	ntage				
17	Investment income percentage for 2022 (	line 10c, colun	nn (f), divided b	by line 13, colu	mn (f))	17	0.00 %
18	Investment income percentage from 2021	Schedule A, I	Part III, line 17			18	0.00 %
19a	33 1/3% support tests - 2022. If the orga	nization did no	ot check the bo	ox on line 14, a	nd line 15 is m	ore than 33 1/	3%, and line
	17 is not more than 33 1/3%, check this b	ox and <b>stop h</b>	ere. The organ	nization qualifie	es as a publicly	supported or	ganization 🗴
b	33 1/3% support tests - 2021. If the organizat	ion did not chec	k a box on line 1	4 or line 19a, an	d line 16 is more	than 33 1/3%,	
	line 18 is not more than 33 1/3%, check this bo	ox and stop here	e. The organizati	on qualifies as a	publicly support	ed organization	🗌
20	Private foundation. If the organization di	d not check a	box on line 14,	19a, or 19b, c	heck this box a	and see instru	ctions 🗌

Page 4

No

Yes

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

#### GUIDING LIGHT MISSION INC. 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). Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer 3a lines 3b and 3c below. b Did the organization confirm that each supported organization gualified 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. Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) С purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. Was any supported organization not organized in the United States ("foreign supported organization")? If 4a "Yes," and if you checked 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. Did the organization support any foreign supported organization that does not have an IRS determination С 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). Type I or Type II only. Was any added or substituted supported organization part of a class already b designated in the organization's organizing document? Substitutions only. Was the substitution the result of an event beyond the organization's control? С 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 disgualified 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. Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which b the supporting organization had an interest? If "Yes," provide detail in Part VI. С 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. Was the organization subject to the excess business holdings rules of section 4943 because of section 10a 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below. b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.) EEA

Schedule A (Form 990) 2022

Part	IV Supporting Organizations (continued)		1	
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and	44-		
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,	44.4		
Sacti	provide detail in Part VI. on B. Type I Supporting Organizations	11c		
Jech			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		103	110
•	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 <b>Part VI</b> 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		
Secti	on C. Type II Supporting Organizations		I	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
			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? <i>If "No," explain in Part VI how</i>			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have	-		
3	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 <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations	•		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (se	e instr	uctio	ns).
а	The organization satisfied the Activities Test. Complete line 2 below.			,
b	The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instru	ctions).		
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 <b>Part VI</b> 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	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

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Schedule A (Form 990) 2022

Part IV

GUIDING LIGHT MISSION INC.

Supporting Organizations (continued)

Schedu	(Form 990) 2022 GUIDING LIGHT MISSION INC.		38-263	8465 Page
Part				
1	Check here if the organization satisfied the Integral Part Test as a qualifying			,
	instructions. All other Type III non-functionally integrated supporting organ	izati	ons must complete Section	ons A through E.
Secti	on 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		
Secti	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in <b>Part VI</b> ):			
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		
Secti	on 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	· · · · · · · · · · · · · · · · · · ·	
	Check here if the current year is the argenization's first as a new functions	.u.,	to groted Type III oupport	ling organization

GUIDING LIGHT MISSION INC.

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

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Schedul	e A (Form 990) 2022 GUIDING LIGHT MISSION INC V Type III Non-Functionally Integrated 509(a)(			538465 Page 7
	on D - Distributions	b) Supporting Organi		Current Year
Secti	on D - Distributions			Current rear
1	Amounts paid to supported organizations to accomplish e	· · · ·		1
2	Amounts paid to perform activity that directly furthers exer	mpt purposes of support		
	organizations, in excess of income from activity			2
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organ		3
4	Amounts paid to acquire exempt-use assets	· · · · · · · · · · · · · · · · · · ·		4
	Qualified set-aside amounts (prior IRS approval required)	- provide details in Part		5
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	the evention is your		7
8	Distributions to attentive supported organizations to which	i the organization is resp		0
	(provide details in <b>Part VI</b> ). See instructions. Distributable amount for 2022 from Section C, line 6			9
9 10				0
10	Line 8 amount divided by line 9 amount		(ii)	(iii)
Sacti	on E - Distribution Allocations (see instructions)	(i)	Underdistributions	
0000		Excess Distributions	Pre-2022	Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022			
-	(reasonable cause required - <i>explain in Part VI</i> ). See			
	instructions.			
3	Excess distributions carryover, if any, to 2022			
а	From 2017			
b	From 2018			
С	From 2019			
d	From 2020			
е	From 2021			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2022 distributable amount			
i	Carryover from 2017 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from			
	Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
C	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, <i>explain in Part VI</i> . See instructions.			
6	Remaining underdistributions for 2022. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2023. Add lines 3j			
	and 4c.			
	Breakdown of line 7:			
	Excess from 2018			
b	Excess from 2019			
2 d	Excess from 2020 Excess from 2021			
	Exercise from 2022			
EEA				Schedule A (Form 990) 2022
				2012 Concours A (1 0111 330) 2022

	France Representation Provide the explorections required by Part II, line 40, Part II, line 47, or 47, Part
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part
	III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section
	B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b
	3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E,
	lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

		Political Campaign a	nd Lobbying	g Activities	OMB No. 1545-0047
(Form 990)		Organizations Exempt From Income 1	2022		
		ete if the organization is described be		to Form 990 or Form 990-EZ.	Open to Public
	ent of the Treasury Revenue Service	Go to www.irs.gov/Form990 for in			Inspection
If the o	ganization answered "Yes,	" on Form 990, Part IV, line 3, or Form	990-EZ, Part V, line	e 46 (Political Campaign Activ	vities), then
		Complete Parts I-A and B. Do not comp			
		n 501(c)(3)) organizations: Complete Pa	arts I-A and C below.	Do not complete Part I-B.	
	ction 527 organizations: Comp	-			
	-	on Form 990, Part IV, line 4, or Form			
		that have filed Form 5768 (election under the have NOT filed Form 5768 (election			
		that have NOT filed Form 5768 (election " on Form 990, Part IV, line 5 (Proxy T			
	ee separate instructions), th		ax) (See Separate II		art v, inte 550 (Froxy
, ,	ction 501(c)(4), (5), or (6) orga				
	of organization			Employer identif	ication number
GUIDI	NG LIGHT MISSION I	NC.		38-2638465	
Part	I-A Complete if th	e organization is exempt und	er section 501(	c) or is a section 527 or	ganization.
1	Provide a description of the o	organization's direct and indirect politica	I campaign activities	in Part IV. See instructions for	
	definition of "political campai	ign activities."			
2	Political campaign activity ex	penditures. See instructions		\$_	
3		campaign activities. See instructions			
Part		e organization is exempt und		<u>,,,,</u>	
1		se tax incurred by the organization unde			
2		se tax incurred by organization manage			
3	-	section 4955 tax, did it file Form 4720 f	•		
4a	If "Yes," describe in Part IV.				Ves 🗌 No
b Part		e organization is exempt und	er section 501(	c) except section 501(c	<u>-)(3)</u>
1		bended by the filing organization for sect			,,,(0).
-		· · · · · · · · · · · · · · · · · · ·			
2		organization's funds contributed to othe			
	527 exempt function activitie	······································		\$	
3	Total exempt function expen	ditures. Add lines 1 and 2. Enter here ar	d on Form 1120-POL	-,	
	line 17b			\$_	
4	Did the filing organization file	e Form 1120-POL for this year?			🗌 Yes 🗌 No
5	,	and employer identification number (EIN	, 1	0	0
		5. For each organization listed, enter the			
	•	butions received that were promptly and		1 1 0	
	as a separate segregated fu	Ind or a political action committee (PAC)	. If additional space i	s needed, provide information in	n Part IV.
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's funds. If none, enter -0	contributions received and promptly and directly
					delivered to a separate
					political organization. If none, enter -0
(1)					
(2)					
(0)					
(3)					
(4)					
(4)					
(5)					
(6)					
			7		Sahadula () (Farm 000) 0000
EEA	erwork reduction Act Notice, S	see the Instructions for Form 990 or 990-E	<b>L</b> .		Schedule C (Form 990) 2022

Sch	edule	e C (Form 990) 2022 GUIDING LIGHT M	IISSION INC.	38-26384	65 Page <b>2</b>
P	art	II-A Complete if the organization	is exempt under section 501(c)(3) and file	d Form 5768 (ele	ction under
		section 501(h)).			
Α	Che	eck 🛛 if the filing organization belongs to an a	affiliated group (and list in Part IV each affiliated group me	ember's name, address,	
		EIN, expenses, and share of excess lo	bbying expenditures).		
В	Che	eck 🛛 if the filing organization checked box A	and "limited control" provisions apply.		
		Limits on Lobby	ing Expenditures	(a) Filing	(b) Affiliated
		(The term "expenditures" me	ans amounts paid or incurred.)	organization's totals	group totals
	1a	Total lobbying expenditures to influence public of	ppinion (grassroots lobbying)		
	b	Total lobbying expenditures to influence a legisla	ative body (direct lobbying)		
	С	Total lobbying expenditures (add lines 1a and 1b	)		
	d	Other exempt purpose expenditures			
	е	Total exempt purpose expenditures (add lines 10	c and 1d)		
	f	Lobbying nontaxable amount. Enter the amount	from the following table in both		
	_	columns.			
		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
		Not over \$500,000	20% of the amount on line 1e.		
		Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
		Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
		Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
_		Over \$17,000,000	\$1,000,000.		
	g	Grassroots nontaxable amount (enter 25% of lin	le 1f)		
	h	Subtract line 1g from line 1a. If zero or less, enter	er -0		
	i	Subtract line 1f from line 1c. If zero or less, ente	r-0		
	j	If there is an amount other than zero on either lin	e 1h or line 1i, did the organization file Form 4720		
				<u></u>	Yes No
		4-Yea	r Averaging Period Under Section 501(h)		

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

	Lobby	ing Expenditures	During 4-Year Av	veraging Period	Γ	
	Calendar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	( <b>d)</b> 2022	<b>(e)</b> Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column (e))					
с	Total lobbying expenditures					
d	Grassroots nontaxable amount					
e	Grassroots ceiling amount (150% of line 2d, column (e))					
f	Grassroots lobbying expenditures					

Schedule C (Form 990) 2022

Schedu	le C (Form 990) 2022 GUIDING LIGHT MISSION INC.		2638	
Part	II-B Complete if the organization is exempt under section 501(c)(3) and has NOT f	iled	Form	n 5768
	(election under section 501(h)).			
<b>-</b>		(;	a)	(b)
	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed			
descri	ption of the lobbying activity.	Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state, or local			
	legislation, including any attempt to influence public opinion on a legislative matter or			
	referendum, through the use of:			
а	Volunteers?		x	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		x	
с			x	
d	Mailings to members, legislators, or the public?		x	
е	Publications, or published or broadcast statements?		x	
f	Grants to other organizations for lobbying purposes?		x	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		x	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		x	
i	Other activities?		x	
j	Total. Add lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		x	
b	If "Yes," enter the amount of any tax incurred under section 4912			
с	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		Ī	
Part	III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)	:)(5).	or s	ection
	501(c)(6).			
				Yes No
1	Were substantially all (90% or more) dues received nondeductible by members?			1
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?			3
Part				-
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" O			
	answered "Yes."		,	
1	Dues, assessments and similar amounts from members		1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of			
-	political expenses for which the section 527(f) tax was paid).			
а	Current year		2a	
b	Carryover from last year		2b	
, c			2c	
3	Total       Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the	•	5	
4	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying			
			4	
E	and political expenditures next year?		4	
5 Part	Taxable amount of lobbying and political expenditures. See instructions         Supplemental Information	•••	5	
		lines	1 000	
	e the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, instructions); and Part II-B, line 1. Also, complete this part for any additional information.	nnes	iano	
- (000				

SCHEDULE D	)
(Form 990)	

## **Supplemental Financial Statements**

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

Attach to Form 990.

OMB No. 1545-0047 2022

, 120, 01 120	•	Open to Public

Department of the Treasury

nternal	Revenue Service Go to www.irs.gov/Form9	990 for instructions	and the latest information	tion.	Inspection	ו
Name o	f the organization			Employer identif	ication number	
JUIDI	NG LIGHT MISSION INC.			38-2638	465	
Pa	t I Organizations Maintaining Donor Advised	Funds or Other S	Similar Funds or Acc	ounts.		
	Complete if the organization answered "Yes"	on Form 990, Part	IV, line 6.			
	· · · · · ·	(a) Dono	r advised funds	<b>(b)</b> Fu	nds and other accounts	3
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in	writing that the asse	ts held in donor advised			
	funds are the organization's property, subject to the organiz	-			🗌 Yes	No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that	at grant funds can be use	ed		
	only for charitable purposes and not for the benefit of the do	-	-			
	conferring impermissible private benefit?				🗌 Yes	No
Part						
	Complete if the organization answered "Yes"	on Form 990, Part	IV, line 7.			
1	Purpose(s) of conservation easements held by the organiza					
	Preservation of land for public use (for example, recreati	ion or education)	Preservation of a h	nistorically impor	tant land area	
	Protection of natural habitat		Preservation of a c	certified historic	structure	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a quali	ified conservation cor	ntribution in the form of a	conservation		
	easement on the last day of the tax year.			Hel	d at the End of the	Tax Yea
а	Total number of conservation easements			. 2a		
b	Total acreage restricted by conservation easements $\ . \ .$			. 2b		
С	Number of conservation easements on a certified historic st	tructure included in (a	)	. 2c		
d	Number of conservation easements included in (c) acquired	d after July 25, 2006,	and not on a			
	historic structure listed in the National Register $\ldots$			. 2d		
3	Number of conservation easements modified, transferred, re	eleased, extinguished	d, or terminated by the or	rganization durin	ig the	
	tax year					
4	Number of states where property subject to conservation ea					
5	Does the organization have a written policy regarding the pe					_
	violations, and enforcement of the conservation easements					No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations	s, and enforcing conserva	ation easements	during the year	
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations an	d enforcing conservation	easements dur	ng the year	
	Amount of expenses meaned in monitoring, inspecting, naire				ing the year	
8	Does each conservation easement reported on line 2(d) abo	ove satisfy the require	ements of section 170(h)	(4)(B)(i)		
	and section 170(h)(4)(B)(ii)? $\ldots$				🗌 Yes	No
9	In Part XIII, describe how the organization reports conserva	ation easements in its	revenue and expense st	atement and		
	balance sheet, and include, if applicable, the text of the footn	note to the organization	on's financial statements	that describes the	ne	
_	organization's accounting for conservation easements.					
Part				ther Similar	Assets.	
	Complete if the organization answered "Yes"					
1a	If the organization elected, as permitted under FASB ASC 9					
	of art, historical treasures, or other similar assets held for pu			erance of public		
	service, provide in Part XIII the text of the footnote to its fina					
b	If the organization elected, as permitted under FASB ASC 9					
	art, historical treasures, or other similar assets held for publi	ic exhibition, educatio	on, or research in furthera	ance of public se	ervice,	
	provide the following amounts relating to these items:					
	(i) Revenue included on Form 990, Part VIII, line 1				\$	
	(ii) Assets included in Form 990, Part X				\$	
2	If the organization received or held works of art, historical tro		-	ain, provide the		
	following amounts required to be reported under FASB ASC	•				
а	Revenue included on Form 990, Part VIII, line 1				\$	

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

\$

	e D (Form 990) 2022 GUIDING LIGHT I						38-26384			Page 2
Par	t III Organizations Maintaining	Coll	ections of Art, His	torical T	Freasures	, or Ot	her Similar Ass	ets (c	ontin	nued)
3	Using the organization's acquisition, access	ion, ar	nd other records, check a	ny of the fo	ollowing that	make się	gnificant use of its			
	collection items (check all that apply):									
а	Public exhibition		d	🗌 Loan o	r exchange p	orogram				
b	Scholarly research		е	Other						_
С	Preservation for future generations									
4	Provide a description of the organization's of	collecti	ons and explain how they	further the	e organizatio	n's exen	npt purpose in Part			
	XIII.									
5	During the year, did the organization solicit	or rece	eive donations of art, histo	rical treas	ures, or othe	r similar				
	assets to be sold to raise funds rather than to be maintained as part of the organization's collection?									
Par	Part IV Escrow and Custodial Arrangements.									
	Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form									
	990, Part X, line 21.									
1a										
	included on Form 990, Part X?							∏ Ye	sГ	No
b	If "Yes," explain the arrangement in Part XII									]
							Amou	Int		
с	Beginning balance					. 10				
d	Additions during the year									
e	Distributions during the year									
f	Ending balance									
2a	Did the organization include an amount on F								•	No
b	If "Yes," explain the arrangement in Part XII						•			1
Par							••••••	••••	<u>•                                     </u>	<u></u>
I UI	Complete if the organization	ansv	vered "Yes" on Form	n 990 P	art IV line	10				
			Current year (b) Priv		(c) Two year		(d) Three years back	(e) Fou	, voare	back
1a	Beginning of year balance	(a)		57,123		,123	155,586		148,	
b			L.	,123	157	,123	155,586		140,	699
С	Net investment earnings, gains, and						0 501		~	007
							2,501		6,	887
d	Grants or scholarships									
е	Other expenditures for facilities and									
	programs									
f	Administrative expenses									
g	End of year balance	L		57,123		,123	158,087		155,	586
2	Provide the estimated percentage of the cur	rent ye		column (a)	)) held as:					
a	Board designated or quasi-endowment		%							
b	Permanent endowment%	)								
С	Term endowment%									
	The percentages on lines 2a, 2b, and 2c sho									
3a	Are there endowment funds not in the poss	essior	of the organization that a	are held ar	nd administer	ed for th	e			
	organization by:							r	Yes	No
	(i) Unrelated organizations							3a(i)	<u> </u>	х
	(ii) Related organizations							3a(ii)	<u> </u>	х
b	If "Yes" on line 3a(ii), are the related organi	zation	s listed as required on Sc	hedule R?	••••			3b		
	Describe in Part XIII the intended uses of the			nds.						
Par										
	Complete if the organization	ansv	vered "Yes" on Forn	n 990, P	art IV, line	e 11a. S	<u>See Form 990, P</u>	art X,	ine '	10.
	Description of property		(a) Cost or other basis	(b) Cost o	or other basis	(c)	Accumulated	( <b>d</b> ) Boo	k value	;
			(investment)	(	other)	d	lepreciation			
1a	Land		246,400						246,	400
b	Buildings		3,375,004				1,280,543	2,	094,	461
С	Leasehold improvements									
d	Equipment		231,645				196,113		35,	532
е	OtherSTMD1	Е.	115,349				91,698			651
Total.	Add lines 1a through 1e. (Column (d) must			n (B), line	10c.)			2,	400,	
EEA								ule D (Fo		

Schedule D (Form 990) 2022

# Complete if the organization answered "Yes" on Form 990, Part IV, line 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-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.).		

### Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.).		

#### Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.).	

Part X Other Liabilities.

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)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column	(b) must equal Form 990. Part X. col. (B) line 25.	)

2. 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. . . .

Schedu	le D (Form 990) 2022 GUIDING LIGHT MISSION INC.	38-2638465	Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	er Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines <b>4a</b> and <b>4b</b>	4 <b>c</b>	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).		
Part		per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	. 2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	
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.)		
С	Add lines <b>4a</b> and <b>4b</b>		
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
Part	XIII Supplemental Information.		

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

SCHEDULE G (Form 990)         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.         OMB No. 15           202						OMB No. 1545-0047			
	ment of the Treasury		Att	ach to Form	990 or Form 9	90-EZ.		Open to Public	
	I Revenue Service f the organization	(	30 to www.irs.gov/F	orm990 for in	istructions ar	id the latest informat	Employer identif	Inspection	
	ING LIGHT MI	SSION INC.						38465	
Part			Complete if th	e organiza	ation ansv	vered "Yes" on	Form 990, Part I	/, line 17.	
		-EZ filers are not							
1	_	the organization rais	sed funds through a	· _					
a	Mail solicitatio								
b	Phone solicita	mail solicitations		T L		of government grar	ITS		
c d	In-person solid			g		iuraising events			
2a	<b>—</b> ·	tion have a written of	r oral agreement w	ith anv indivi	dual (includir	a officers. directors	. trustees.		
b	or key employees If "Yes," list the 1	s listed in Form 990,	Part VII) or entity i duals or entities (fu	n connection	with profess	sional fundraising se		<b>Yes No</b> be	
	(i) Name and addres or entity (fun		(ii) Activity	custody o	draiser have r control of putions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization	
				Yes	No				
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
Total									
3	List all states in v registration or lice	-	on is registered or li	censed to so	blicit contribu	tions or has been no	otified it is exempt fror	n	

_			DING LIGHT MISSIC			-2638465 Page 2
Pa	rt II	Fundraising Events. Com	-			-
		than \$15,000 of fundraising		d gross income on Form	n 990-EZ, lines 1 and 6b	<ol> <li>List events with</li> </ol>
		gross receipts greater than	\$5,000.	1	1	
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			GOLF OUTING		NONE	(add col. <b>(a)</b> through col. <b>(c)</b> )
			(event type)	(event type)	(total number)	
anı						
Revenue	1	Gross receipts				
Å						
	2	Less: Contributions				
	3	Gross income (line 1 minus				
		line 2)				
	4	Cash prizes				
	_					
	5	Noncash prizes				
	_					
ses	6	Rent/facility costs				
Direct Expenses	_					
Щ	7	Food and beverages				
ect						
D	8	Entertainment				
	•					
	9	Other direct expenses				
	10	Direct expense summary Add lin	on 4 through 0 in column (	d)		
	11	Direct expense summary. Add lin Net income summary. Subtract lin	•	,		
Pa	rt III	Gaming. Complete if the or				nore than
		\$15,000 on Form 990-EZ, li				
		· · · · · · · · · · · · · · · · · · ·		(b) Pull tabs/instant		(d) Total gaming (add
onu			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue						
Ř	1	Gross revenue				
<i>(</i> 0	2	Cash prizes				
Sec						
Direct Expenses	3	Noncash prizes				
ŵ						
rec	4	Rent/facility costs				
ā						
	5	Other direct expenses				
			☐ Yes%	<b>Yes</b> %	<b>Yes</b> %	
	6	Volunteer labor	No	🗌 No	□ <b>No</b>	
	7	Direct expense summary. Add lin	es 2 through 5 in column (	d)		
	8	Net gaming income summary. Su	ubtract line 7 from line 1, co	blumn (d)		<u> </u>
-	_		- Constant of the second	1. 11		
9		ter the state(s) in which the organiz				
		the organization licensed to conduc				Yes No
	b If"	'No," explain:				
40			a licensee reveled succes	adad as tarminated during t	the tax vear?	Yes 🗌 No
	a \//-					
		ere any of the organization's gamin	-	-	-	
			-	ided, or terminated during t	-	

### SCHEDULE M (Form 990)

# **Noncash Contributions**

OMB No. 1545-0047

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

Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information. Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

### Employer identification number

#### GUIDING LIGHT MISSION INC. Part I Types of Property

38-2638465

		<b>(a)</b> Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method noncash cor	(d) of determinin ntribution am	0
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household						
	goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded	x		58,200	QUOTED P	RICE	
10	Securities - Closely held stock						
11	Securities - Partnership, LLC,						
	or trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation						
	contribution - Historic						
	structures						
14	Qualified conservation						
	contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory	x		963,387	ESTIMATE		
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other ()						
26	Other ()						
27	Other ()						
28	Other ( )	orgonization	during the tax year for contribut	tions for			
29	Number of Forms 8283 received by the which the organization completed Form	-			20		
	which the organization completed Form	0203, Fait V	, Donee Acknowledgement		29	Yes	No
30a	During the year, did the organization rece	aive by contr	bution any property reported in	Part Llines 1 through		163	
504	28, that it must hold for at least three yea	-		-			
	used for exempt purposes for the entire					30a	x
b	If "Yes," describe the arrangement in Pa					Jou	
31	Does the organization have a gift accept		hat requires the review of any n	onstandard			
01						31 X	
32a	Does the organization hire or use third p						
0 <u>-</u> u						32a	x
b	If "Yes," describe in Part II.						
33	If the organization didn't report an amou	nt in column	(c) for a type of property for whi	ich column (a) is checked.			
	describe in Part II.						

### SCHEDULE O (Form 990)

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

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2022
Open to Public
Inspection

Department of the Treasury Internal Revenue Service

#### Name of the organization GUIDING LIGHT MISSION INC.

Employer identification number 38-2638465

#### 01. Form 990 governing body review (Part VI, line 11)

FORM 990 WAS GIVEN TO EACH MEMBER OF THE ORGANIZATION'S GOVERNING BODY TO ALLOW ADEQUATE

TIME FOR EACH'S MEMBER'S REVIEW PRIOR TO FILING.

02. Conflict of interest policy compliance (Part VI, line 12c)

THE ORGANIZATION REQUIRES THAT EACH MEMBER OF THE ORGANIZATION'S BOARD OF DIRECTORS SIGN

THE CONFLICT OF INTEREST POLICY ON AN ANNUAL BASIS.

03. CEO, executive director, top management comp (Part VI, line 15a)

THE BOARD OF DIRECTORS OF THE ORGANIZATION APPROVE THE COMPENSATION FOR THE ORGANIZATION'S

EXECUTIVE DIRECTOR AND OFFICERS ON AN ANNUAL BASIS.

### 04. Other officer or key employee compensation (Part VI, line 15b

THE BOARD OF DIRECTORS OF THE ORGANIZATION APPROVE THE COMPENSATION FOR THE ORGANIZATION'S

EXECUTIVE DIRECTOR AND OFFICERS ON AN ANNUAL BASIS.

### 05. Governing documents, etc, available to public (Part VI, line 19)

THE ORGANIZATION UTILIZES THIS FORM 990 AS A MEANS OF INFORMING THE GENERAL PUBLIC THAT

THE REFERRED TO DOCUMENTS ARE AVAILABLE FOR THEIR REVIEW UPON A REQUEST MADE TO THE

ORGANIZATION'S MANAGEMENT.

06. Explanation of other changes in net assets or fund balances (Part XI, line 9)

NET REALIZED AND UNREALIZED GAINS.

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service Name of the organization	Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information. Employer							OMB No. 154 202 Open to P Inspect er identification	2 ublic ion
GUIDING LIGHT M		late if the ergenized	ion onouro	rad "Vaa"	on Form 000 Dor	t 11/ line 22	38-26	538465	
· · · ·	cation of Disregarded Entities. Comp (a) e, address, and EIN (if applicable) of disregarded entity		(b) Primary activit		(c) Legal domicile (state or foreign country)	(d) Total income	<b>(e)</b> End-of-year asset	s Direct con	) htrolling
(1) THE JOB POST, 522 S DIVISION GRAND RAPIDS N	N AVE	EMPLOY	MENT		MI			GUIDING LIGHT MISSION	<u> </u>
(2)									
(3)									
(4)									
(5)									
	cation of Related Tax-Exempt Organ		if the orga	anization a	nswered "Yes" on	Form 990, Part	IV, line 34 b	ecause it ha	ld
Name	(a) e, address, and EIN of related organization	<b>(b)</b> Primary activity	-	(C) I domicile (state preign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct contro entity	contro	(g) 12(b)(13) Iled entity? No
(1)									
(2)									
(3)									
(4)									
(5)									

GUIDING LIGHT MISSION INC.

38-2638465

Page **2** 

					tnership during the		(m)	(h)	(1)	(3)		(14)
	(a) e, address, and EIN of elated organization	<b>(b)</b> Primary activity	(C) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant St income (related, unrelated, excluded from tax under	(f) nare of total income	(g) Share of end-of- year assets	(h) Disproporti allocatio	amount in box of Schedule K (Form 1065)	20 man: -1 pari	ral or F aging ner?	(k) Percentage ownership
(1)					sections 512-514)			Yes	No	Yes	No	
(2)												
(3)												
(4)												
(5)												
Part IV	Identification of	Related Organiz	ations Taxable		ion on Truch Oom							1) /
N;	line 34, because i (a) arme, address, and EIN of related o	t had one or mor			as a corporation or 1 (d) Direct controlling		g the tax ye		ered "Yes" on (g) Share of end-of-year assets	FORM 990 (h) Percentage ownership	Section	(i) 512(b)(13) ntrolled ntity?
	(a)	t had one or mor	e related organiz (b)	zations treated a (c) Legal dom	as a corporation or 1 (d) Direct controlling	trust during (e) Type of e	g the tax ye	ar. (f) re of total	<b>(g)</b> Share of	(h) Percentage	Section	(i) 512(b)(13) ntrolled
	(a)	t had one or mor	e related organiz (b)	zations treated a (c) Legal dom	as a corporation or 1 (d) Direct controlling	trust during (e) Type of e	g the tax ye	ar. (f) re of total	<b>(g)</b> Share of	(h) Percentage	Section col	(i) 512(b)(13) ntrolled ntity?
	(a)	t had one or mor	e related organiz (b)	zations treated a (c) Legal dom	as a corporation or 1 (d) Direct controlling	trust during (e) Type of e	g the tax ye	ar. (f) re of total	<b>(g)</b> Share of	(h) Percentage	Section col	(i) 512(b)(13) ntrolled ntity?
(1)	(a)	t had one or mor	e related organiz (b)	zations treated a (c) Legal dom	as a corporation or 1 (d) Direct controlling	trust during (e) Type of e	g the tax ye	ar. (f) re of total	<b>(g)</b> Share of	(h) Percentage	Section col	(i) 512(b)(13) ntrolled ntity?
(1) (2)	(a)	t had one or mor	e related organiz (b)	zations treated a (c) Legal dom	as a corporation or 1 (d) Direct controlling	trust during (e) Type of e	g the tax ye	ar. (f) re of total	<b>(g)</b> Share of	(h) Percentage	Section col	(i) 512(b)(13) ntrolled ntity?

Page \$	3
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No

Yes

#### Transactions with Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. Part V Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity . 1a

<b>b</b> Gift, grant, or capital contribution to related organization(s)	1b	
c Gift, grant, or capital contribution from related organization(s)	1c	
d Loans or loan guarantees to or for related organization(s)	1d	
e Loans or loan guarantees by related organization(s)	1e	
f Dividends from related organization(s)	1f	
g Sale of assets to related organization(s)	1g	
h Purchase of assets from related organization(s)	1h	
i Exchange of assets with related organization(s)	1i	
j Lease of facilities, equipment, or other assets to related organization(s)	1j	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	
I Performance of services or membership or fundraising solicitations for related organization(s)	11	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	
o Sharing of paid employees with related organization(s)	10	
p Reimbursement paid to related organization(s) for expenses	1p	
q Reimbursement paid by related organization(s) for expenses	1q	
r Other transfer of cash or property to related organization(s)	1r	
s Other transfer of cash or property from related organization(s)	1s	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a)	(b)	(c)	(d)
Name of related organization	Transaction type (a-s)	Amount involved	Method of determining amount involved
_(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
EEA			Schedule R (Form 990) 2022

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets

or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d)	(e	)	(f)	(g)	(h	I)	(i)	(j)		(k)
Name, address, and EIN of e	ntity Primary activity	Legal domicile (state or foreign country)	Predominant income (related, unrelated, excluded from tax under sections 512-514)	sec 501 organiz	(c)(3) zations?	Share of total income	Share of end-of-year assets	alloca	ortionate ations?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	man par	eral or aging tner?	Percentage ownership
			,	Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
4)													
(5)													
(6)													
, , ,													
(7)													
(8)													
(9)													
10)													
11)													
12)													
(12)													

Form	8868	
(Rev. Jar	nuary 2022)	

## Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

- File a separate application for each return.
- ► Go to www.irs.gov/Form8868 for the latest information.

**Electronic filing** (*e-file*). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or	Name of exempt organization or other filer, see instructions.	Taxpayer identification number (TIN)					
print	GUIDING LIGHT MISSION INC.	38-2638465					
File by the	Number, street, and room or suite no. If a P.O. box, see instructions.						
due date for	255 SOUTH DIVISION						
filing your return. See							
instructions.	GRAND RAPIDS MI 49503						

Application	Return	Application	Return
Is For	Code	Is For	Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

• The books are in the care of **>** ANDY ODEHNAL, 255 SOUTH DIVISION GRAND RAPIDS MI 49503

Т	elephone No.► 616-451-0236 FAX No.►			
• If	the organization does not have an office or place of business in the United States, check this box			▶ 🗌
• If	this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)	. If this is		
for th	he whole group, check this box $\ldots$ $\ldots$ $\blacktriangleright$ . If it is for part of the group, check this box. $\ldots$ $\blacktriangleright$ and at	tach		
a list	with the names and TINs of all members the extension is for.			
1	I request an automatic 6-month extension of time until05-15, 20 24, to file the exempt organization the organization named above. The extension is for the organization's return for: ▶ □ calendar year 20 or	retum fo	r	
	Image: Solution year 20 of a start year beginning 07-01, 20 22, and ending 06-30	, 20	0 <u>23</u> .	
2	If the tax year entered in line 1 is for less than 12 months, check reason:			
3a	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any			
	nonrefundable credits. See instructions.	3a	\$	0
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and			
	estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0
С	Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by			
	using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0
Cau	tion: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and	Form 88	79-TE for pay	/ment
instru	uctions.			
For	Privacy Act and Paperwork Reduction Act Notice, see instructions.	Forr	m <b>8868</b> (Rev	. 1-2022)

EEA

FORM 990-T Schedule A: STAFFING FORM 990-T Schedule A: STAFFING DESCRIPTION MARKETING DESCRIPTION MARKETING DESCRIPTION MARKETING DATE: 136 DESCRIPTION FORM 990 - SCHEDULE D - PART VI - LINE 1E DESCRIPTION FORM 990 - SCHEDULE D - PART VI - LINE 1E DESCRIPTION OF INVESTMENT (INVESTMENT) (OTHER) DESCRIPTION OF INVESTMENT (INVESTMENT) (OTHER) DESCRIPTION OF INVESTMENT OF INVESTMENT (INVESTMENT) (OTHER) DESCRIPTION DESCRIPTION OF INVESTMENT DESCRIPTION DESCRIPTI	GUIDING LIGHT MISSION INC.       38-2638465         990-T SCHEDULE A PART II - LINE 14 OTHER DEDUCTIONS       Statement         Form 990-T Schedule A: STAFFING       AMOUNT         MARKETING PAYROLL PROCESSING FEES       136,936         OTHER       20,199         OTHER       20,019         OTHER       2,001         MARKETING       2,001         MARKETING       2,001         MARKETING       2,001         MEALS AND ENTERTAINMENT       2,001         MEALS AND ENTERTAINMENT       2,001         MEALS AND ENTERTAINMENT       2,001         MEALS AND ENTERTAINMENT       2,001         MEALS AND ENTERTATION       13,639         ENTAL INSURANCE       136         TRANSPORTATION       43,369         HITING EXPENSE       2,613         DENTAL INSURANCE       101,617         OTHER       2,187         TOTAL       650,363         FOR YOUR RECORDS ONLY       PG01	SUIDING LIGHT MISSION INC.       38-2638465         990-T SCHEDULE A PART II - LINE 14 OTHER DEDUCTIONS       Statement #         Porm 990-T Schedule A: STAFFING       136,936         DESCRIPTION MARKETING PAYROLL PROCESSING FEES       136,936         OFHER       20,199         DIFLER       1,557         STAFF DEVELOPMENT       2,601         GELS AND ENTERTAINMENT       226         CRAVEL EXPENSE       11,532         DAMINISTRATION EXPENSE       263,800         COMPUTER AND IT EXPENSE       136         TRANSPORTATION       43,369         IRING EXPENSE       101,617         OTHER       2,187         NOTAL       650,363         FOR YOUR RECORDS ONLY       PG01         FOR YOUR RECORDS ONL		Federal Supporting	Statements	2022	PG01
990-T SCHEDULE A PART II - LINE 14 OTHER DEDUCTIONS       Statement OTHER DEDUCTIONS         Form 990-T Schedule A: STAFFING       AMOUNT         MARKETING       136,936         PAYROLL PROCESSING FEES       20,199         OTHER       42,516         OFFICE SUPPLIES       1,557         STAFF DEVELOPMENT       2,001         MEALS AND ENTERTAINMENT       226         TRAVEL EXPENSE       203,800         COMPUTE AND IT EXPENSE       26,3800         COMPUTE AND IT EXPENSE       26,613         ORTHER       2,613         DENTAL INSURANCE       101,617         OTHER       2,613         DENTAL INSURANCE       44         EMPLOYEE RETENTION       2,187         TOTAL       650,363         FOR YOUR RECORDS ONLY       FG01         FORM 990 - SCHEDULE D - PART VI - LINE 1E       STATEMENT #DI         INVESTMENTS - OTHER       507,363         DESCRIPTION       COST/BASIS       EOO         OF INVESTMENT       (INVESTMENT)       OTHER       EOO         OF INVESTMENT       (INVESTMENT)       0       91,698       23,	990-T SCHEDULE A PART II - LINE 14 OTHER DEDUCTIONS       Statement OTHER DEDUCTIONS         Form 990-T Schedule A: STAFFING       AMOUNT         MARKETING       136,936         PAYROLL PROCESSING FEES       20,199         OTHER       42,516         OFFICE SUPPLIES       1,557         STAFF DEVELOPMENT       2,001         MEALS AND ENTERTAINMENT       226         TRAVEL EXPENSE       203,800         COMPUTE AND IT EXPENSE       21,527         COMPUTE AND IT EXPENSE       136         COMPUTE AND IT EXPENSE       101,617         OFHER       2,187         TOTAL       2,013         FOR YOUR RECORDS ONLY       PG01         FOR YOUR RECORDS ONLY       PG01         FOR YOUR RECORDS ONLY       PG01         FORM 990 - SCHEDULE D - PART VI - LINE 1E       STATEMENT #DI         INVESTMENTS - OTHER       STATEMENT #DI         DESCRIPTION       COST/BASIS       COST/BASIS         OF INVESTMENT       (INVESTMENT)       OTHER         OF INVESTMENT       115,349       0       91,698       23,21	990-T SCHEDULE A PART II - LINE 14 OTHER DEDUCTIONS       Statement #         Form 990-T Schedule A: STAFFING       136,936         DESCRIPTION       136,936         MARKETING       136,936         PATROLI PROCESSING FEES       20,199         DTHER       42,516         OFFICE SUPPLIES       1,557         STAFF DEVELOPMENT       2,001         MEALS AND ENTERTAINMENT       226         TRAVEL EXPENSE       203         SANK SERVICE CHARGES       11,532         ADMINISTRATION EXPENSE       263,800         COMPUTER AND IT EXPENSE       263,800         COMPUTER AND IT EXPENSE       26,613         DESCRIPTION       43,369         INTRIG EXPENSE       101,617         OTHER       2,613         DENTAL INSURANCE       44         EMPLOYEE RETENTION       2,187         FOR YOUR RECORDS ONLY       FG01         FORM 990 - SCHEDULE D - PART VI - LINE 1E       STATEMENT #DIE         INVESTMENTS - OTHER       50,363         DESCRIPTION       COST/BASIS       COST/BASIS         DF INVESTMENT       (INVESTMENT)       0         OF INVESTMENT       115,349       0       91,698         DEPR       VALU<					
FORM 990-T SCHEdule A: STAFFING FORM 990-T SCHEdule A: STAFFING DESCRIPTION MARKETING DESCRIPTION MARKETING DESCRIPTION MARKETING DATE: DESCRIPTION MARKETING DESCRIPTION DESCRIPTION FOR YOUR RECORDS ONLY FOR YOUR RECORDS	FORM 990-T SCHEdule A: STAFFING FORM 990-T Schedule A: STAFFING DESCRIPTION MARKETING DESCRIPTION MARKETING DATE: DESCRIPTION MARKETING DESCRIPTION DESCRIPTION FOR YOUR RECORDS ONLY FOR YOUR RECORDS	FOR YOUR RECORDS ONLY FOR 990 - SCHEDULE D - PART VI - LINE 1E STATEMENT #DIE DESCRIPTION FOR 990 - SCHEDULE D - PART VI - LINE 1E STATEMENT #DIE DESCRIPTION COST/BASIS COST/BASIS COST/BASIS DO PLATER DESCRIPTION COST/BASIS COST/BA	JUIDING LIGHT MISSION INC.			38-2	638465
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OFFICE SUPPLIES       1,557         STAFF DEVELOPMENT       2,001         MEALS AND ENTERTAINMENT       226         TRAVEL EXPENSE       203         BANK SERVICE CHARGES       11,532         ADMINISTRATION EXPENSE       263,800         COMPUTER AND IT EXPENSE       21,427         WORKERS COMP INSURANCE       101,617         OTHER       2,613         DENTAL INSURANCE       44         EMPLOYEE RETENTION       2,187         TOTAL	OFFICE SUPPLIES       1,557         STAFF DEVELOPMENT       2,001         MEALS AND ENTERTAINMENT       226         TRAVEL EXPENSE       203         BARK SERVICE CHARGES       11,532         ADMINISTRATION EXPENSE       263,800         COMPUTER AND IT EXPENSE       263,800         COMPUTER AND IT EXPENSE       263,800         COMPUTER AND IT EXPENSE       136         TRANSPORTATION       43,369         HIRING EXPENSE       2,613         OCMPUTER COMP INSURANCE       101,617         OTHER       2,613         DENTAL INSURANCE       44         EMPLOYEE RETENTION	DEFICE SUPPLIES 1,557 STAFF DEVELOPMENT 2,001 MEALS AND ENTERTAINMENT 226 TRAVEL EXPENSE 203 BANK SERVICE CHARGES 11,532 DAMINISTRATION EXPENSE 263,800 COMPUTER AND IT EXPENSE 263,800 COMPUTER AND FIXTURES 263,800 FOR YOUR RECORDS ONLY PG01 FOR YOUR RECORDS ONLY PC01 FOR YOUR RECO	PAYROLL PROCESSING FEES				20,199
STAFF DEVELOPMENT 2,001 MEALS AND ENTERTAINMENT 226 TRAVEL EXPENSE 203 BANK SERVICE CHARGES 11,532 ADMINISTRATION EXPENSE 263,800 COMPUTER AND IT EXPENSE 136 TRANSPORTATION 43,369 HIRING EXPENSE 21,427 WORKERS COMP INSURANCE 101,617 OTHER 2,613 DENTAL INSURANCE 44 EMPLOYEE RETENTION 2,187 TOTAL 650,363 FOR YOUR RECORDS ONLY PG01 FORM 990 - SCHEDULE D - PART VI - LINE 1E STATEMENT #D1 INVESTMENTS - OTHER DESCRIPTION COST/BASIS COST/BASIS BOO OF INVESTMENT (INVESTMENT) (OTHER) DEPR VAL FURNITURE AND FIXTURES 115,349 0 91,698 23,	STAFF DEVELOPMENT 2,001 MEALS AND ENTERTAINMENT 226 TRAVEL EXPENSE 203 BANK SERVICE CHARGES 11,532 ADMINISTRATION EXPENSE 263,800 COMPUTER AND IT EXPENSE 136 TRANSPORTATION 43,369 HIRING EXPENSE 21,427 WORKERS COMP INSURANCE 0101,617 OTHER 2,613 DENTAL INSURANCE 44 EMPLOYEE RETENTION 2,187 TOTAL 650,363 FOR YOUR RECORDS ONLY PG01 FORM 990 - SCHEDULE D - PART VI - LINE 1E STATEMENT #D1 INVESTMENTS - OTHER DESCRIPTION COST/BASIS COST/BASIS BOO OF INVESTMENT (INVESTMENT) (OTHER) DEPR VAL FURNITURE AND FIXTURES 115,349 0 91,698 23,	STAFF DEVELOPMENT 2,001 MEALS AND ENTERTAINMENT 226 IRAVEL EXPENSE 203 BANK SERVICE CHARGES 11,532 DADINISTRATION EXPENSE 263,800 COMPUTER AND IT EXPENSE 264,800 COMPUTER AND FIXTURES 264,800	OTHER				42,516
MEALS AND ENTERTAINMENT 226 TRAVEL EXPENSE 203 BANK SERVICE CHARGES 11,532 ADMINISTRATION EXPENSE 263,800 COMPUTER AND IT EXPENSE 263,800 COMPUTER AND IT EXPENSE 263,800 136 TRANSPORTATION 43,369 HIRING EXPENSE 21,427 WORKERS COMP INSURANCE 101,617 OTHER 2,613 DENTAL INSURANCE 44 EMPLOYEE RETENTION 2,187 TOTAL 2,187 TOTAL 650,363 FOR YOUR RECORDS ONLY FORM 990 - SCHEDULE D - PART VI - LINE 1E STATEMENT #DI INVESTMENTS - OTHER DESCRIPTION COST/BASIS COST/BASIS BOO OF INVESTMENT (INVESTMENT) (OTHER) DEPR VAL FURNITURE AND FIXTURES 115,349 0 91,698 23,	MEALS AND ENTERTAINMENT 226 TRAVEL EXPENSE 203 BANK SERVICE CHARGES 11,532 ADMINISTRATION EXPENSE 263,800 COMPUTER AND IT EXPENSE 263,800 COMPUTER AND IT EXPENSE 263,800 HIRING EXPENSE 21,427 WORKERS COMP INSURANCE 101,617 OTHER 2,613 DENTAL INSURANCE 21,427 WORKERS COMP INSURANCE 101,617 OTHER 2,613 DENTAL INSURANCE 44 EMPLOYEE RETENTION 2,187 TOTAL 650,363 FOR YOUR RECORDS ONLY FORM 990 - SCHEDULE D - PART VI - LINE 1E STATEMENT #D1 INVESTMENTS - OTHER DESCRIPTION COST/BASIS COST/BASIS BOO OF INVESTMENT (INVESTMENT) (OTHER) DEPR VAL LI5,349 0 91,698 23,	MEALS AND ENTERTAINMENT 226 TRAVEL EXPENSE 203 BANK SERVICE CHARGES 11,532 ADMINISTRATION EXPENSE 263,800 COMPUTER AND IT EXPENSE 263,800 136 TRANSPORTATION 43,369 HIRING EXPENSE 21,427 WORKERS COMP INSURANCE 101,617 DTHER 2,613 DENTAL INSURANCE 44 EMPLOYEE RETENTION 2,187 FOR YOUR RECORDS ONLY PG01 FORM 990 - SCHEDULE D - PART VI - LINE 1E STATEMENT #DIE INVESTMENTS - OTHER DESCRIPTION COST/BASIS COST/BASIS BOOK OF INVESTMENT (INVESTMENT) (OTHER) DEPR VALU FURNITURE AND FIXTURES 115,349 0 91,698 23,65	OFFICE SUPPLIES				1,557
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COMPUTER AND IT EXPENSE       136         TRANSPORTATION       43,369         HIRING EXPENSE       21,427         WORKERS COMP INSURANCE       101,617         OTHER       2,613         DENTAL INSURANCE       44         EMPLOYEE RETENTION       2,187         TOTAL       650,363         FOR YOUR RECORDS ONLY       PG01         FORM 990       - SCHEDULE D - PART VI - LINE 1E       STATEMENT #DI         INVESTMENTS - OTHER       0       91,698       23,	COMPUTER AND IT EXPENSE       136         TRANSPORTATION       43,369         HIRING EXPENSE       21,427         WORKERS COMP INSURANCE       101,617         OTHER       2,613         DENTAL INSURANCE       44         EMPLOYEE RETENTION       2,187         TOTAL       650,363         FOR YOUR RECORDS ONLY       PG01         FORM 990       - SCHEDULE D - PART VI - LINE 1E       STATEMENT #DI         INVESTMENTS - OTHER       0       91,698       23,400	COMPUTER AND IT EXPENSE       136         TRANSPORTATION       43,369         HIRING EXPENSE       21,427         WORKERS COMP INSURANCE       101,617         DTHER       2,613         DENTAL INSURANCE       44         EMPLOYEE RETENTION       2,187         TOTAL       650,363         FOR YOUR RECORDS ONLY       PG01         FORM 990       - SCHEDULE D - PART VI - LINE 1E       STATEMENT #DIE         INVESTMENTS - OTHER       0       91,698       23,65         FOR INVESTMENT       (INVESTMENT)       0       91,698       23,65					-
TRANSPORTATION 43,359 HIRING EXPENSE 21,427 WORKERS COMP INSURANCE 101,617 OTHER 2,613 DENTAL INSURANCE 44 EMPLOYEE RETENTION 2,187 TOTAL 650,363 FOR YOUR RECORDS ONLY PG01 FORM 990 - SCHEDULE D - PART VI - LINE 1E STATEMENT #D1 INVESTMENTS - OTHER DESCRIPTION COST/BASIS COST/BASIS BOO OF INVESTMENT (INVESTMENT) (OTHER) DEPR VAL FURNITURE AND FIXTURES 115,349 0 91,698 23,	TRANSPORTATION 43,369 HIRING EXPENSE 21,427 WORKERS COMP INSURANCE 101,617 OTHER 2,613 DENTAL INSURANCE 44 EMPLOYEE RETENTION 2,187 TOTAL 650,363 FOR YOUR RECORDS ONLY PG01 FORM 990 - SCHEDULE D - PART VI - LINE 1E STATEMENT #D1 INVESTMENTS - OTHER DESCRIPTION COST/BASIS COST/BASIS BOO OF INVESTMENT (INVESTMENT) (OTHER) DEPR VAL FURNITURE AND FIXTURES 115,349 0 91,698 23,	TRANSPORTATION 43,369 HIRING EXPENSE 21,427 NORKERS COMP INSURANCE 101,617 OTHER 2,613 DENTAL INSURANCE 44 EMPLOYEE RETENTION 2,187 TOTAL				·	
HIRING EXPENSE 21,427 MORKERS COMP INSURANCE 101,617 OTHER 2,613 DENTAL INSURANCE 44 EMPLOYEE RETENTION 2,187 TOTAL	HIRING EXPENSE 21,427 MORKERS COMP INSURANCE 101,617 OTHER 2,613 DENTAL INSURANCE 44 EMPLOYEE RETENTION 2,187 TOTAL	HIRING EXPENSE 21,427 NORKERS COMP INSURANCE 101,617 DTHER 2,613 DENTAL INSURANCE 44 EMPLOYEE RETENTION 2,187 TOTAL					
WORKERS COMP INSURANCE       101,617         OTHER       2,613         DENTAL INSURANCE       44         EMPLOYEE RETENTION       2,187         TOTAL       650,363         FOR YOUR RECORDS ONLY       PG01         FORM 990 - SCHEDULE D - PART VI - LINE 1E       STATEMENT #D1         INVESTMENTS - OTHER       COST/BASIS       BOO         OF INVESTMENT       (INVESTMENT)       (OTHER)       DEPR       VAL         FURNITURE AND FIXTURES       115,349       0       91,698       23,	WORKERS COMP INSURANCE       101,617         OTHER       2,613         DENTAL INSURANCE       44         EMPLOYEE RETENTION       2,187         TOTAL       650,363         FOR YOUR RECORDS ONLY       PG01         FORM 990       - SCHEDULE D - PART VI - LINE 1E       STATEMENT #D1         INVESTMENTS - OTHER       COST/BASIS       BOO         OF INVESTMENT       (INVESTMENT)       (OTHER)       DEPR         VAL       115,349       0       91,698       23,0	NORKERS COMP INSURANCE       101,617         DENTAL INSURANCE       2,613         DENTAL INSURANCE       44         EMPLOYEE RETENTION       2,187         FOR       2,187         FOR YOUR RECORDS ONLY       650,363         FOR 990 - SCHEDULE D - PART VI - LINE 1E       STATEMENT #DIE         INVESTMENTS - OTHER       0         DESCRIPTION       COST/BASIS       BOOK         OF INVESTMENT       (INVESTMENT)       (OTHER)       DEPR         VALU       115,349       0       91,698       23,65					
OTHER       2,613         DENTAL INSURANCE       44         EMPLOYEE RETENTION       2,187         TOTAL       650,363         FOR YOUR RECORDS ONLY       PG01         FORM 990 - SCHEDULE D - PART VI - LINE 1E       STATEMENT #D1         INVESTMENTS - OTHER       COST/BASIS       BOO         OF INVESTMENT       (INVESTMENT)       (OTHER)       DEPR       VAL         FURNITURE AND FIXTURES       115,349       0       91,698       23,	OTHER       2,613         DENTAL INSURANCE       44         EMPLOYEE RETENTION       2,187         TOTAL       650,363         FOR YOUR RECORDS ONLY       PG01         FORM 990 - SCHEDULE D - PART VI - LINE 1E       STATEMENT #D1         INVESTMENTS - OTHER       COST/BASIS       BOO         OF INVESTMENT       (INVESTMENT)       (OTHER)       DEPR       VAL         FURNITURE AND FIXTURES       115,349       0       91,698       23,4	DTHER       2,613         DENTAL INSURANCE       44         EMPLOYEE RETENTION       2,187         FOTAL       650,363         FOR YOUR RECORDS ONLY       PG01         FORM 990 - SCHEDULE D - PART VI - LINE 1E       STATEMENT #DIE         INVESTMENTS - OTHER       COST/BASIS       BOOK         DESCRIPTION       COST/BASIS       COST/BASIS       BOOK         OF INVESTMENT       (INVESTMENT)       (OTHER)       DEPR       VALU         FURNITURE AND FIXTURES       115,349       0       91,698       23,65				:	-
EMPLOYEE RETENTION       2,187         TOTAL       650,363         FOR YOUR RECORDS ONLY       PG01         FORM 990 - SCHEDULE D - PART VI - LINE 1E       STATEMENT #D1         INVESTMENTS - OTHER       OST/BASIS       BOO         OF INVESTMENT       (INVESTMENT)       (OTHER)       DEPR       VAL         FURNITURE AND FIXTURES       115,349       0       91,698       23,	EMPLOYEE RETENTION       2,187         TOTAL       650,363         FOR YOUR RECORDS ONLY       PG01         FORM 990 - SCHEDULE D - PART VI - LINE 1E       STATEMENT #D1         INVESTMENTS - OTHER       OST/BASIS       BOO         OF INVESTMENT       (INVESTMENT)       (OTHER)       DEPR       VAL         FURNITURE AND FIXTURES       115,349       0       91,698       23,4	EMPLOYEE RETENTION       2,187         FOTAL       650,363         FOR YOUR RECORDS ONLY       PG01         FORM 990 - SCHEDULE D - PART VI - LINE 1E       STATEMENT #D1E         INVESTMENTS - OTHER       OTHER         DESCRIPTION       COST/BASIS       COST/BASIS         OF INVESTMENT       (INVESTMENT)       (OTHER)       DEPR         FURNITURE AND FIXTURES       115,349       0       91,698       23,65	OTHER				
TOTAL       650,363         FOR YOUR RECORDS ONLY         PG01         FORM 990 - SCHEDULE D - PART VI - LINE 1E         STATEMENT #D1         INVESTMENTS - OTHER         DESCRIPTION         COST/BASIS         OF INVESTMENT         (INVESTMENT)         FURNITURE AND FIXTURES	TOTAL       650,363         FOR YOUR RECORDS ONLY         PG01         FORM 990 - SCHEDULE D - PART VI - LINE 1E         STATEMENT #D1         INVESTMENTS - OTHER         DESCRIPTION         COST/BASIS         OF INVESTMENT         (INVESTMENT)         FURNITURE AND FIXTURES	FOTAL	DENTAL INSURANCE				44
FOR YOUR RECORDS ONLY  FORM 990 - SCHEDULE D - PART VI - LINE 1E STATEMENT #D1 INVESTMENTS - OTHER  DESCRIPTION OF INVESTMENT (INVESTMENT) (OTHER) DEPR VAL FURNITURE AND FIXTURES  EVAL 115,349 0 91,698 23,	FOR YOUR RECORDS ONLY  FORM 990 - SCHEDULE D - PART VI - LINE 1E STATEMENT #D1 INVESTMENTS - OTHER  DESCRIPTION OF INVESTMENT (INVESTMENT) (OTHER) DEPR VAL FURNITURE AND FIXTURES  EVAL 115,349 0 91,698 23,	FOR YOUR RECORDS ONLY PG01 FORM 990 - SCHEDULE D - PART VI - LINE 1E STATEMENT #DIE INVESTMENTS - OTHER DESCRIPTION COST/BASIS COST/BASIS BOOK OF INVESTMENT (INVESTMENT) (OTHER) DEPR VALU FURNITURE AND FIXTURES 115,349 0 91,698 23,65	EMPLOYEE RETENTION				2,187
FOR YOUR RECORDS ONLY  FORM 990 - SCHEDULE D - PART VI - LINE 1E STATEMENT #D1 INVESTMENTS - OTHER  DESCRIPTION OF INVESTMENT (INVESTMENT) (OTHER) DEPR VAL FURNITURE AND FIXTURES   FURNITURE AND FIXTURES   FURNITURE AND FIXTURES   FOR YOUR RECORDS ONLY  PG01 PG01 PG01 PG01 PG01 PG01 PG01 PG0	FOR YOUR RECORDS ONLY PG01 FORM 990 - SCHEDULE D - PART VI - LINE 1E STATEMENT #D1 INVESTMENTS - OTHER DESCRIPTION COST/BASIS COST/BASIS BOO OF INVESTMENT (INVESTMENT) (OTHER) DEPR VAL FURNITURE AND FIXTURES 115,349 0 91,698 23,	FOR YOUR RECORDS ONLY PG01 FORM 990 - SCHEDULE D - PART VI - LINE 1E STATEMENT #DIE INVESTMENTS - OTHER DESCRIPTION COST/BASIS COST/BASIS BOOK OF INVESTMENT (INVESTMENT) (OTHER) DEPR VALU FURNITURE AND FIXTURES 115,349 0 91,698 23,65					
PG01         FORM 990       SCHEDULE D       PART VI       LINE 1E       STATEMENT #D1         INVESTMENTS       OTHER         DESCRIPTION       COST/BASIS       COST/BASIS       BOO         OF INVESTMENT       (INVESTMENT)       (OTHER)       DEPR       VAL         FURNITURE AND FIXTURES       115,349       0       91,698       23,	PG01         FORM 990       SCHEDULE D       PART VI       LINE 1E       STATEMENT #D1         INVESTMENTS       OTHER         DESCRIPTION       COST/BASIS       COST/BASIS       BOO         OF INVESTMENT       (INVESTMENT)       (OTHER)       DEPR       VAL         FURNITURE AND FIXTURES       115,349       0       91,698       23,4	PG01         FORM 990       SCHEDULE D       PART VI       LINE 1E       STATEMENT #DIE         INVESTMENTS       OTHER         DESCRIPTION       COST/BASIS       COST/BASIS       BOOK         OF INVESTMENT       (INVESTMENT)       (OTHER)       DEPR       VALU         FURNITURE AND FIXTURES       115,349       0       91,698       23,69	TOTAL				050,303
OF INVESTMENT(INVESTMENT)(OTHER)DEPRVALFURNITURE AND FIXTURES115,349091,69823,	OF INVESTMENT(INVESTMENT)(OTHER)DEPRVALFURNITURE AND FIXTURES115,349091,69823,000	OF INVESTMENT(INVESTMENT)(OTHER)DEPRVALUFURNITURE AND FIXTURES115,349091,69823,69					
OF INVESTMENT(INVESTMENT)(OTHER)DEPRVALFURNITURE AND FIXTURES115,349091,69823,	OF INVESTMENT(INVESTMENT)(OTHER)DEPRVALFURNITURE AND FIXTURES115,349091,69823,1	OF INVESTMENT(INVESTMENT)(OTHER)DEPRVALUFURNITURE AND FIXTURES115,349091,69823,69	FORM 9	90 - SCHEDULE D -	PART VI - LIN	E 1E STA	
FURNITURE AND FIXTURES       115,349       0       91,698       23,	FURNITURE AND FIXTURES       115,349       0       91,698       23,0	FURNITURE AND FIXTURES         115,349         0         91,698         23,69		90 - SCHEDULE D - INVESTMENTS -	<b>PART VI - LIN</b> OTHER	E 1E STA	ATEMENT #D1E
			DESCRIPTION	90 - SCHEDULE D - INVESTMENTS - COST/BASIS	<b>PART VI - LIN</b> OTHER <b>COST/BASIS</b>		ATEMENT #D1E BOOK
		<u></u>	<b>DESCRIPTION</b> OF INVESTMENT	90 - SCHEDULE D - INVESTMENTS - COST/BASIS (INVESTMENT)	PART VI - LIN OTHER COST/BASIS (OTHER)	DEPR	ATEMENT #D1E BOOK VALUI
			DESCRIPTION OF INVESTMENT FURNITURE AND FIXTURES	90 - SCHEDULE D - INVESTMENTS - COST/BASIS (INVESTMENT) <u>115,349</u>	PART VI - LIN OTHER COST/BASIS (OTHER)	DEPR 91,698	ATEMENT #D1E BOOK VALUI 23,65
			DESCRIPTION OF INVESTMENT FURNITURE AND FIXTURES	90 - SCHEDULE D - INVESTMENTS - COST/BASIS (INVESTMENT) <u>115,349</u>	PART VI - LIN OTHER COST/BASIS (OTHER)	DEPR 91,698	ATEMENT #D1E BOOK VALU 23,65
			DESCRIPTION OF INVESTMENT FURNITURE AND FIXTURES	90 - SCHEDULE D - INVESTMENTS - COST/BASIS (INVESTMENT) 115,349	PART VI - LIN OTHER COST/BASIS (OTHER)	DEPR 91,698	ATEMENT #D1E BOOK VALU 23,65
			DESCRIPTION OF INVESTMENT FURNITURE AND FIXTURES	90 - SCHEDULE D - INVESTMENTS - COST/BASIS (INVESTMENT) 115,349	PART VI - LIN OTHER COST/BASIS (OTHER)	DEPR 91,698	ATEMENT #D1E BOOK VALU 23,65
			DESCRIPTION OF INVESTMENT FURNITURE AND FIXTURES	90 - SCHEDULE D - INVESTMENTS - COST/BASIS (INVESTMENT) 115,349	PART VI - LIN OTHER COST/BASIS (OTHER)	DEPR 91,698	ATEMENT #D1E BOOK VALU 23,65
			DESCRIPTION OF INVESTMENT FURNITURE AND FIXTURES	90 - SCHEDULE D - INVESTMENTS - COST/BASIS (INVESTMENT) 115,349	PART VI - LIN OTHER COST/BASIS (OTHER)	DEPR 91,698	ATEMENT #D1E BOOK VALU 23,65
			DESCRIPTION OF INVESTMENT FURNITURE AND FIXTURES	90 - SCHEDULE D - INVESTMENTS - COST/BASIS (INVESTMENT) 115,349	PART VI - LIN OTHER COST/BASIS (OTHER)	DEPR 91,698	ATEMENT #D1E BOOK VALU 23,65
			DESCRIPTION OF INVESTMENT FURNITURE AND FIXTURES	90 - SCHEDULE D - INVESTMENTS - COST/BASIS (INVESTMENT) 115,349	PART VI - LIN OTHER COST/BASIS (OTHER)	DEPR 91,698	ATEMENT #D1E BOOK VALUI
			DESCRIPTION OF INVESTMENT FURNITURE AND FIXTURES	90 - SCHEDULE D - INVESTMENTS - COST/BASIS (INVESTMENT) 115,349	PART VI - LIN OTHER COST/BASIS (OTHER)	DEPR 91,698	ATEMENT #D1E BOOK VALU 23,65

990	<b>Overflow Statement</b> (This page is not filed with the return. It is for your records only.)	<b>2022</b> Page 1
Name(s) as shown on return		FEIN
GUIDING LIGHT	MISSION INC.	38-2638465
	OTHER EXPENSES	
Description		
MISCELLANEOUS		
	D POSTAGE	54,17
SUPPLIES	Total	\$ <u>242,36</u>
	iotai.	9 <u> </u>
Description		Amount
MISCELLANEOUS	5	\$ 6,98
TELEPHONE AND	D POSTAGE	2,85 \$ <b>9,83</b>
	Total:	\$ <u>9,83</u>
Description		Amount
		\$ 13.17
GLM		\$ 13,17
GLM		\$13,17 (27 \$ <b>12,89</b>
GLM JP Description	Total:	\$ <u>13,17</u> (27 \$ <b>12,89</b> .come Amount
GLM JP Description DIRECT WAGES	Total: Form 990-T Unrelated Trade or Business In	\$ <u>13,17</u> (27 \$(27 \$12,89 
GLM JP Description	Total: Form 990-T Unrelated Trade or Business In	\$ <u>13,17</u> (27 \$(27 \$12,89 .come <u>Amount</u> \$32,63 2,210,87
GLM JP Description DIRECT WAGES	Total: Form 990-T Unrelated Trade or Business In	\$ <u>13,17</u> (27 \$27 \$12,89 .come <u>Amount</u> \$32,63 2,210,87
GLM JP Description DIRECT WAGES	Total: Form 990-T Unrelated Trade or Business In	\$ <u>13,17</u> (27 \$(27 \$12,89 .come <u>Amount</u> \$32,63 2,210,87
GLM JP Description DIRECT WAGES	Total: Form 990-T Unrelated Trade or Business In	\$ <u>13,17</u> (27 \$27 \$12,89 .come <u>Amount</u> \$32,63 2,210,87
GLM JP Description DIRECT WAGES	Total: Form 990-T Unrelated Trade or Business In	\$ 13,17 (27 \$ 12,89 \$ .come
GLM JP Description DIRECT WAGES	Total: Form 990-T Unrelated Trade or Business In	\$ <u>13,17</u> (27 \$ <b>12,89</b> .come Amount
GLM JP Description DIRECT WAGES	Total: Form 990-T Unrelated Trade or Business In	\$ 13,17 (27 \$ 12,89 \$ .come
GLM JP Description DIRECT WAGES	Total: Form 990-T Unrelated Trade or Business In	\$ <u>13,17</u> (27 \$27 \$12,89 .come <u>Amount</u> \$32,63 2,210,87
GLM JP Description DIRECT WAGES	Total: Form 990-T Unrelated Trade or Business In	\$ <u>13,17</u> (27 \$(27 \$12,89 .come <u>Amount</u> \$32,63 2,210,87
GLM JP Description DIRECT WAGES	Total: Form 990-T Unrelated Trade or Business In	\$ <u>13,17</u> (27 \$(27 \$12,89 .come <u>Amount</u> \$32,63 2,210,87
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GLM JP Description DIRECT WAGES	Total: Form 990-T Unrelated Trade or Business In	\$ <u>13,17</u> (27 \$(27 \$12,89 .come <u>Amount</u> \$32,63 2,210,87