Form 990-PF

Department of the Treasury

a,

A

Return of Private Foundation

OMB No 1545-0052

2009

.

or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements.

For extending very 2009, or taxy see beginning		_	venue Service				ay be able	to use a copy of this	s return to satisfy state rep	orting requirements.		
Amended rolum Address change Name change Use the Ibs Men of foundation In Employer identification number Interface Pint B LIGHT FOUNDATION, INC. 59 - 3489135 Set Spacific Pint B Light O Disc norber rank diversal Norber State 1999. Set Spacific Pint B Light O Disc norber rank diversal Norber State 1999. Set Spacific Pint B Light O Disc norber rank diversal Norber State 1999. Set Spacific Pint B Light O Disc norber rank diversal Norber State 1999. Set Spacific Pint B Light O Disc norber rank diversal Norber State 1999. If an mask value of a lassists at of 0 State 1991. Pint Disc 1999. Set State 10 State 1991. Pint Disc 1999. Pert I, disc 16 Revense on disc 2001. O Disc 1990. Set State 1991. Pint Disc 1990. Pert I, disc 16 Revense and Expenses O Prevense and State 1999. I Correlation State 100. Pint Disc 1990. Pert I, disc 16 Revense and Expenses O Prevense and State 1999. I Correlation State 100. O Prevense and State 1990. I Correlation State 100. Pint Disc 1990. I Correlation State 100. O Prevense and State 1990. I Correlation State 100. I Correlation State 1990. I Correlation State 1990. I Correlation State 1990. </td <td>For</td> <td>caler</td> <td>ndar ye 🖅 2009,</td> <td>or tax yea</td> <td>ar beginning</td> <td> </td> <td></td> <td></td> <td>, and ending</td> <td></td> <td></td>	For	caler	ndar ye 🖅 2009,	or tax yea	ar beginning				, and ending			
Use the IRS Itable. Non-model of construction A Employer idealification number 59-3489135 Phile LIGHT FOUNDATION, INC. 59-3489135 Print Association of the construction of the consthe construct	G	G Check all that apply.)			
Use at inspired. THE LIGHT FOUNDATION, INC. 59-3489135 Promotion and state and advanced to stated active Promotion 8 Telephone runner Set Specific 15310 ANDBRLY DRIVE 220 Set Specific 200 Therefore approximation active to state active 8 Telephone numbers approximation active to state active Instructions Constructions Constructions 0 Terrefore approximation active to state active Instructions Constructions Constructions Constructions 0 Terrefore approximation active to state active					Amended r	eturn		Address char	nge 📃	Name change		
Ibit: THE LIGHT FOUNDATION, INC. 59–3489135 print Number are search of 0 Son number and and diversed to street addresso Permitting 81 Telephone number 81 Telephone number Set Specific Gray for town, state, and ZIP code 20 61 Telephone number 91 Foreign organization, LIX Station 501(c)(3) exempt private foundation Image: Set Specific Code (2000) C # exemption application, LIX Station 501(c)(3) exempt private foundation 61 Foreign organization, LIX Station 501(c)(3) exempt private foundation Image: Set Specific Code (2000) C # exemption application, Lix Set Station 507(c)(10) (2000) C # exemption application, Lix Set Station 507(c)(10) (2000) Image: Set Code (2000) C # exemption application, Lix Set Station 507(c)(10) (2000) C # exemption application, Lix Set Station 507(c)(10) (2000) Image: Set Code (2000) C # exemption application, Lix Set Station 507(c)(10) (2000) C # exemption application, Lix Set Station 507(c)(10) (2000) Image: Set Code (2000) C # exemption application, Lix Set Station 507(c)(10) (2000) C # exemption application, Lix Set Station 507(c)(10) (2000) Image: Set Code (2000) C # exemption application, Lix Set Station 507(c)(10) (2000) C # exemption application, Lix Set Station 507(c) (2000) Image: Set Code (2000) C # exemption application, Lix Set Station 507(c) (2000) <td>Usi</td> <td>e the</td> <td>IBS Name of f</td> <td>oundation</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>A Employer identification</td> <td>number</td>	Usi	e the	IBS Name of f	oundation						A Employer identification	number	
ptmt Partmeter and set of 0 to manufact and an and and												
or type: 15310 AMBERLY DRIVE 220 813-972-0909 Extra control Chy or (why PA, PL) 33647 1 Foreign originations extrains, stack tere Instruction Secton 487(10) (100) compared to the transle private foundation 1 Foreign originations extra teres If Chy or (why origination) XI Secton 507(0) (10), check there 2 compared to the transle private foundation If armstet value of all sests at and or year 1 Accounting method. XI Cash If armstet value of all sests at and or year 1 Accounting method. XI Cash If armstet value of all sests at and or year 1 Accounting method. XI Cash If armstet value of all sests at and or year 1 Accounting method. XI Cash If armstet value of all sests at and or year 1 Accounting method. XI Cash If an origination or all sests at and or year 1 Accounting method. XI Cash If an origination or all sests at and or year 1 Accounting method. XI Cash If an origination or all sests at and or year 16, 328. 16, 328. If an origination or all sests at and origination orise and origination orise and origination origination orise	Oti	ierwi	se, THE L	IGHT	FOUND	ATION	J, ING	с.		59-3489135		
See Specific Control (Control (Contro) (Contro) (Contro) (Contro) (Contro) (Contro) (Contro) (Contro)		print Number and street (or P O box number if mail is not delivered to street address) Room/suite					Room/suite	B Telephone number				
Instructions [Log 01 MWR, Stable, and 24 roles TAMPA, FL 33647 H Check type of organization is stable, and 24 roles Section 347 (20) (1) none-respired that has the section 13 roles and 15 roles and			12320	AMBI	ERLY D	RIVE			220	813-972-09	09	
[PARPA, PL 3364 // PL 3364 // 0 1 Forego negration SA for A f				vn, state, a	nd ZIP code					C if exemption application is p	ending, check here	
Section 4947(a)(1) nonexempt charately trust. Other taxable private foundation E If private foundation states was terminated under states was terminated for the state of the s	msi	TUÇU	TAMPA	, FL	3364	7				D 1 Foreign organizations	s, check here	
Section 4947(a)(1) nonexempt charately trust. Other taxable private foundation E If private foundation states was terminated under states was terminated for the state of the s	H (Check	type of organiz	ation	X Sectio	n 501(c)(3)) exempt p	rivate foundation	····	Foreign organizations me check here and attach co	eting the 85% test,	
I far match value of all assets at end of year J from Part II, col (c), ine 16) S 746,999. (Part I, column (c) must be on cash basis.) Part II harlysis of Revenue and Expenses revealed the avoid the scheme fail and the scheme fail (c) (c), ine 16) S 1 Contributions, gitts, grants, etc., received 2 Cocs 2 Total Add times from securities 5 G fross profit or (loss) 1 Other medifications 1 Coche add the model to a scheme fail 1 Coche add the model to a scheme fail 1 Contributions, gitts, grants, etc., received 2 Cocs 2 Total Add times from securities 5 G fross profit or (loss) 1 Coche add the model to a scheme fail 1 Coche add the model total add the model 2 Cocks 2 Total Add times from securities 5 G fross profit or (loss) 1 Coche add the model total add the model 2 Cocks 2 Coc] Se	ction 4947(a)(1) nonexen	npt charitable	e trust] Other ta	axable private found	ation			
> 746,999. [Part] An lypne: under sectors 507(b)(1)(B), check here. ▶□ Part] An lypne: (a) Revenue and exectors 507(b)(1)(B), check here. ▶□ (b) Net myssine in column b) [Lis, grants, etc., receved (a) Revenue and expenses per books (b) Net myssine in mocine (c) Adjusted ret mocine (c) Adjusted ret moc	I Fa	air ma	arket value of all	assets at	end of year	J Accol			·	under section 507(b)(1)	(A), check here	
▶ 5 746,999.[Part] Analysis of Revenue and Expenses (The tubie of Amount as column b) [4,6,4,4,6,4,6,4,6,4,6,4,6,4,6,4,6,4,6,4	(fi	rom I	Part II, col (c),				Other (sp	ecify)		F. If the foundation is in a	60-month termination	
Part II Analysis of Revenue and Expenses increase of year amount on Sile (and ref) may not increase of year amount on Sile (and ref) may not increase of year amount on Sile (and ref) may not increase of year amount on Sile (and ref) may not increase of year amount on Sile (and ref) may not increase of year amount on Sile (and ref) may not increase of year amount on Sile (and ref) may not increase of year amount on Sile (and ref) may not increase of year amount on Sile (and ref) may not increase of year amount on Sile (and ref) may not increase of year amount on Sile (and ref) may not increase of year amount on Sile (and ref) may not increase of year amount on Sile (and ref) may not increase of year amount on Sile (and ref) may not increase of year amount on Sile (and ref) may not increase of year amount on Sile (and ref) may not increase of year amount on Sile (and ref) may not increase of the Sile (and ref) may not increase of the Sile (and ref) may not increase of year amount on Sile (and ref) may not increase of the Sile (and ref) may not incref) may not (and ref) may not increase of the Sile (and ref) may		\$		746	5,999.	(Part I, c	olumn (d)	must be on cash	basis)			
Interesting encoding exploring (b) (b) (b) (b) (b) (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	Pa	art I	Analysis of R	evenue ar	nd Expenses	d (d) may a -	. (a) Revenue and	(b) Net investment		(d) Disbursements	
2 Creec ► X In the construct on the stands is a thread of the construct of the c			necessarily equi	al the amour	ntis (0), (C), an nts in column (a	a))						
2 Creace ► IX in the boundary of requeries to the basis is an investments If 6, 328. If 6, 328. STATEMENT 1 3 Dividend and interest from securities If 6, 328. If 6, 328. STATEMENT 1 5 Gross rents If 6, 328. If 6, 328. STATEMENT 1 6 Net rental income of loss) If 6, 328. If 6, 328. STATEMENT 1 6 Net rental income of loss) If 6, 328. If 6, 328. If 6, 328. 7 Capual gain ret income of loss) If 7 If 7 If 7 If 7 9 Income modifications If 7		1								N/A		
a Interest on Among and tencority 16,328. STATEMENT 1 4 Dividends and interest from securities 5 Gross reints		2	Check 🕨 🔀	if the foundatio	in is not required t							
4 Dwdends and interest from securities 5 Gross rents 68 Material moment of loss) 68 Material moment of loss) 69 Material moment of loss) 60 Material moment of loss) 7 Capital gain 9 Income modifications 100 Corpositions and class profil or loss) 11 Determined 12 Total. Add lines 1 through 11 13 Compensation of differed, directors, trustees, etc 14 Other professional less 15 Pension plans, employee banetis 16 Lages 14 Tarsels 15 Pension plans, employee banetis 16 Lages 17 Tarsels 18 Tarsels 19 Depreciation and depletion 20 Coupancy 21 Tarsel, confrements, and meetings 21 <td></td> <td>3</td> <td>Interest on saving</td> <td>is and temp</td> <td>orary</td> <td></td> <td></td> <td>16,328.</td> <td>16,328</td> <td>•</td> <td>STATEMENT 1</td>		3	Interest on saving	is and temp	orary			16,328.	16,328	•	STATEMENT 1	
b b Net rental income or (tass) RECEIVED b Create allege net of all gan 0. RECEIVED b Create allege net or all gan 0. MOV 15 2010 c Nov 15 2010 0. MOV 15 2010 b Create allege net in capital gan 0. MOV 15 2010 c Mot short-term capital gan 0. MOV 15 2010 b Create allege net in capital gan 0. MOV 15 2010 c Grass allege test returns 0. MOV 15 2010 b Create allege test returns 0. MOV 15 2010 c Grass profit or (loss) 0. 0. 11 Other income 0. 0. 12 Total, Add Ines 1 through 11 16 , 328 . 16 , 328 . 13 Compression of direleg, develop: test numbers, etc 0. 0. 14 Other employee batters and wages 0. 0. 15 Pension plans, employee batters and wages 0. 0. 16 Jakes STMT 2 5		4	Dividends and	interest fro	om securities	6				1		
68 Hergan or density from sale of assets not on line 10 assets on line 54 all RECENVED 7 Capital gain net income (from Part IV, line 2) 0. 0. 00<		5a	Gross rents								,	
• Gross sates prior for all • Gross on line 66 • Gross on line 66 • Gross sates prior for all • Gross sates prior • Gross sates prior • Gross sates prior • Station in the 6 • Gross sates prior • Gross • Gross <td></td> <td>b</td> <td>Net rental income</td> <td>or (loss)</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>F</td> <td></td>		b	Net rental income	or (loss)						F		
b does state prior for all 0.00000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.00000 0.00000 0.00000 0.00000 0.00000 0.00000 0.00000 0.00000 0.00000 0.00000 0.00000 0.00000 0.00000 0.000000 0.00000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.0000000 0.0000000 0.00000000 0.00000000 0.00000000 0.000000000 0.000000000 0.0000000000000 0.000000000	~	6a	Net gain or (loss)	 from sale of	assets not on	line 10				PECI		
a Net short-term capital gain	ň	b	Gross sales price assets on line 6a	for all				•= •••			EIVED	
a Net short-term capital gain	eve	7		ncome (from	Part IV, line 2)		-		0.	· m	10	
9 Income modifications and allowances 0 0 10 Gross able tess returns and allowances 0 0 11 Other income 0 0 12 Total. Add lines 1 through 11 16, 328. 0 0 13 Compensation of offices, directors, trustees, etc 0 0 0 14 Other employee salaries and wages 0 0 0 15 Pension plans, employee benefits 0 0 0 16 Legal fees 0 0 0 0 17 Interest 0 0 0 0 0 18 Total coperation and depletion 0 0 0 0 0 18 Taxes STMT 2 500. 0 0 0 0 19 Deprectation and depletion 0 0 0 0 0 0 20 Other apolesis STMT 3 45. 0 0 0 0 0 0 0 0 0 0 0 0 0	æ	8	Net short-term	capital ga	in							
Gross sates tes returns OCDEN, UT OCDEN, UT OCDEN, UT Colspan="2">OCDEN, UT OCDEN, UT OCDEN OCDEN O		9	Income modifi	cations								
b Less Cost of goods sold		10a		returns						0000		
c Gross profit or (loss)		Ь		ds sold			-	·····		L UGDE	N, UT	
12 Total. Add lines 1 through 11 16,328. 16,328. 13 Compensation of officers, directors, instees, etc 0. 0. 14 Other employee salaries and wages 0. 0. 15 Pension plans, employee benefits 0. 0. 16 Legal fees 0. 0. b Accounting fees 0. 0. c Other professional fees 0. 0. 17 Interest 0. 0. 0. 18 Taxes STMT 2 500. 0. 0. 19 Deprectation and depletion 0. 0. 0. 0. 20 Occupancy 0. 0. 0. 0. 21 Travel, conferences, and meetings 0. 0. 0. 22 Printing and publications 0. 0. 0. 0. 23 Other expenses STMT 3 45. 0. 0. 24 Total operating and administrative expenses and disbursements. 45., 244. 45., 244. 45., 244. 25 Contributions,		c	Gross profit or	(loss)								
13 Compensation of officers, directors, trustees, etc 0. 0. 0. 0. 14 Other employee salaries and wages 15 Pension plans, employee benefits 16 16 Legal fees 0. 0		11	Other income	. ,								
13 Compensation of officers, directors, trustees, etc 0. 0. 0. 0. 14 Other employee salaries and wages 15 Pension plans, employee benefits 16 16 Legal fees 0. 0		12	Total. Add line	s 1 throug	ih 11			16,328.	16,328			
15 Pension plans, employee benefits 16a Legal fees		13	Compensation of	officers, dire	ectors, trustees	s, etc					0.	
15 Pension plans, employee benefits 16a Legal fees		14	Other employe	e salaries a	and wages							
xiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii		15			•							
xiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	ses	16a	Legal fees									
xiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	Ű	b	Accounting fee	s								
25 Contributions, girls, grants paid 43,244. 45,244. 26 Total expenses and disbursements. Add lines 24 and 25 45,789. 0. 45,244. 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) -29,461. 16,328.	Å		0							· · · · ·		
25 Contributions, girls, grants paid 43,244. 45,244. 26 Total expenses and disbursements. Add lines 24 and 25 45,789. 0. 45,244. 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) -29,461. 16,328.	ve l		•								-	
25 Contributions, girls, grants paid 43,244. 45,244. 26 Total expenses and disbursements. Add lines 24 and 25 45,789. 0. 45,244. 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) -29,461. 16,328.	rati	18			ST	МТ 2		500.	0.	,	0.	
25 Contributions, girls, grants paid 43,244. 45,244. 26 Total expenses and disbursements. Add lines 24 and 25 45,789. 0. 45,244. 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) -29,461. 16,328.	listi	19	Depreciation ar	nd depletic	n							
25 Contributions, girls, grants paid 43,244. 45,244. 26 Total expenses and disbursements. Add lines 24 and 25 45,789. 0. 45,244. 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) -29,461. 16,328.	Ē	20	Occupancy									
25 Contributions, girls, grants paid 43,244. 45,244. 26 Total expenses and disbursements. Add lines 24 and 25 45,789. 0. 45,244. 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) -29,461. 16,328.	Pq	21		nces, and	meetings						· · · · · · · · · · · · · · · · · · ·	
25 Contributions, girls, grants paid 43,244. 45,244. 26 Total expenses and disbursements. Add lines 24 and 25 45,789. 0. 45,244. 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) -29,461. 16,328.	pu				-			····		1		
25 Contributions, girls, grants paid 43,244. 45,244. 26 Total expenses and disbursements. Add lines 24 and 25 45,789. 0. 45,244. 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) -29,461. 16,328.	ıg a		-			МΤ 3	-	45.	0.	•	0.	
25 Contributions, girls, grants paid 43,244. 45,244. 26 Total expenses and disbursements. Add lines 24 and 25 45,789. 0. 45,244. 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) -29,461. 16,328.	atın		•			-			1			
25 Contributions, girls, grants paid 43,244. 45,244. 26 Total expenses and disbursements. Add lines 24 and 25 45,789. 0. 45,244. 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) -29,461. 16,328.	. Ser			-				545.	0.		0.	
26 Total expenses and disbursements. Add lines 24 and 25 45,789. 0. 45,244. 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) -29,461. 16,328.	õ	25			-				······	1		
Add lines 24 and 25 45,789. 0. 45,244. 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) -29,461. -29,461.									<u> </u>	1		
27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) 16,328.								45,789.	0.	.	45.244.	
a Excess of revenue over expenses and disbursements -29,461. b Net investment income (if negative, enter -0-) 16,328.		27			: 12:					1		
b Net investment income (if negative, enter -0-) 16, 328.						rsements		-29,461.		1		
								,	16.328			
		1								N/A	· · · · · · · · · · · · · · · · · · ·	

923501 02-02-10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the instructions.

Fo	rm 99	90-PF (2009) THE LIGHT FOUNDATION, I	NC.	59-	3489135 Page 2
ſp	art	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End o	f year
<u> </u>	art	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
		Cash - non-interest-bearing			
		Savings and temporary cash investments	776,442.	746,981.	746,981.
	3	Accounts receivable			
		Less: allowance for doubtful accounts			
	4	Pledges receivable			
		Less: allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7				-
		Less: allowance for doubtful accounts			
Assets	8	Inventories for sale or use			
Ass	10	Prepaid expenses and deferred charges a Investments - U.S. and state government obligations	· · · · · · · · · · · · · · · · · · ·		
		nvestments - corporate stock			
		: Investments - corporate bonds			
	1	Investments - land, buildings, and equipment basis			
	1				- *
	12	Less accumulated depreciation			
	13	Investments - other	· · · · · · · · · · · · · · · · · · ·		
		Land, buildings, and equipment: basis			
		Less accumulated depreciation			
	15	Other assets (describe ► OTHER ASSETS)	18.	18.	18.
		·/			
	16	Total assets (to be completed by all filers)	776,460.	746,999.	746,999.
_	17	Accounts payable and accrued expenses			
	18	Grants payable			
s	19	Deferred revenue			
liti	20	······································			
Liabılities	21	Mortgages and other notes payable			
	22	Other liabilities (describe)			
					ĺ
_	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here			
ŝ		and complete lines 24 through 26 and lines 30 and 31.			i i
nce	24			····	
Net Assets or Fund Balance	25	Temporarily restricted			
Б	26				
Ë		Foundations that do not follow SFAS 117, check here I X and complete lines 27 through 31.			
p	27	Capital stock, trust principal, or current funds	776,460.	746,999.	
ets	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.		,
Ass	29	Retained earnings, accumulated income, endowment, or other funds	0.	0.	
let	30	Total net assets or fund balances	776,460.	746,999.	
2			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		ي. م
	31	Total liabilities and net assets/fund balances	776,460.	746,999.	· ·
				/	
P	art	III Analysis of Changes in Net Assets or Fund B	alances		
1	Tota	I net assets or fund balances at beginning of year - Part II, column (a), line	30		
		st agree with end-of-year figure reported on prior year's return)		1	776,460.
2		r amount from Part I, line 27a		2	-29,461.
3	Othe	r increases not included in line 2 (itemize)		3	0.
4	Add	lines 1, 2, and 3		4	746,999.
5	Decr	eases not included in line 2 (itemize)		5	0.
6	Tota	I net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	6	746,999.	

. .

Form 990-PF (2009)

.

-

		LIGHT FOUNDATION The Losses for Tax on L						59	-348	9135	Page 3
	(a) List and describ	e the kind(s) of property sold (e.	g., real estate,		መ	How ac - Purch	quired () Date ac		(d) Dat	
	2-story brick ware	house; or common stock, 200 sh	is. MLC Co.)		D	- Dona	tion	(mo., day	r, yr.)	(mo., da	ay, yr.)
<u>1a</u>	NON	r									
b c		<u>с</u>									
ď	·										
e											
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		at or other basis expense of sale					1 or (loss) f) minus (
a							-				
_b											<u> </u>
c d											
u e											
<u> </u>	Complete only for assets showing	gain in column (h) and owned by	the foundation	on 12/31/69			(I) (Sains (Col	. (h) gain i	minus	
	(i) F M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (1) col. (1), if any			col (I	<), buṫ nơ	t less than rom col. (I	1-0-) or	
a											
b					-+						
<u> </u>											
0											
e		(Handala and				1					<u></u>
	Capital gain net income or (net capit	, (,	0- in Part I, line		ł	2					
	Net short-term capital gain or (loss) If gain, also enter in Part I, line 8, cc If (loss), enter -0- in Part I, line 8		nd (6):		}	3					
Ρ	art V Qualification Un	der Section 4940(e) fo	r Reduced	Tax on Net	Inv	estr	nent Inco	me			
، If s Wa If "۱	r optional use by domestic private for ection 4940(d)(2) applies, leave this is the foundation liable for the section Yes," the foundation does not qualify Enter the appropriate amount in ear	part blank. n 4942 tax on the distributable an under section 4940(e). Do not c	mount of any ye	ear in the base per irt.	riod?					Yes	X No
-	(a)	(b)		making any entit	(c)	1				(d) ution ratio	
(Base period years Calendar year (or tax year beginning	الم ممينة المندم المعامينات ف	stributions	Net value of no			use assets	(c	Distrib ol (b) divi	ution ratio ided by col.	(C))
	2008		55,824.			79	6,071.		. ,		82686
	2007		16,832.			86	2,622.				67289
	2006		15,700.				2,043.				14645
	2005		86,176.				1,481.				55093
	2004	5	54,583.		2	,44	0,554.		<u></u>	• 2	27237
	Total of line 1, column (d)							2		1.7	46950
	Average distribution ratio for the 5-y the foundation has been in existence		i on line 2 by 5,	or by the number	or ye	ars		3		.3	49390
4	Enter the net value of noncharitable	-use assets for 2009 from Part X	, line 5					4		755	,378.
5	Multiply line 4 by line 3							5		263	,922.
6	Enter 1% of net investment income	(1% of Part I, line 27b)						6			163.
7	Add lines 5 and 6							7		264	,085.
8	Enter qualifying distributions from F	Part XII, line 4						8		45	,244.
	If line 8 is equal to or greater than li See the Part VI instructions.	ne 7, check the box in Part VI, lin	e 1b, and comp	lete that part usin	ig a 1º	% tax r	ate.				

923521 02-02-10

.

.

Form **990-PF** (2009)

.

•

1

Form 990-PF (2009) THE LIGHT FOUNDATION, INC. 59-3489 Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see			Page 4
	Instru	CUO	15)
1a Exempt operating foundations described in section 4940(d)(2), check here ► and enter *N/A* on line 1.			
Date of ruling or determination letter (attach copy of letter if necessary-see instructions)		2	27.
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%			<u> </u>
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)			0
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		2	$\frac{0.}{27.}$
3 Add lines 1 and 2 3 Cubbils A (common line (down to a start of		<u> </u>	$\frac{27}{0}$
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 4			$\frac{0.}{27.}$
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- 5 C. Conduction Reservation		3	<u> </u>
6 Credits/Payments:			
a 2009 estimated tax payments and 2008 overpayment credited to 2009 6a			
b Exempt foreign organizations - tax withheld at source			
c Tax paid with application for extension of time to file (Form 8868) 6c 350.			
d Backup withholding erroneously withheld 6d		2	- 0
7 Total credits and payments. Add lines 6a through 6d 7		3	50.
8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8			
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			23.
11 Enter the amount of line 10 to be: Credited to 2010 estimated tax ► 0. Refunded ► 11			23.
Part VII-A Statements Regarding Activities			
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in		Yes	
any political campaign?	1a		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?	1b		Х
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or			
distributed by the foundation in connection with the activities			
c Did the foundation file Form 1120-POL for this year?	1c		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			
(1) On the foundation. \blacktriangleright \$ 0. (2) On foundation managers \blacktriangleright \$ 0.			
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation		•	
managers. S 0.	-	<u></u>	
2 Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X
If "Yes," attach a detailed description of the activities	1		
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or		~	
bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		Х
b If "Yes," has it filed a tax return on Form 990-T for this year? N/A	4b		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		Х
If "Yes," attach the statement required by General Instruction T.			
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:	.	**	1
 By language in the governing instrument, or 			
• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law			~~ ~ ~
remain in the governing instrument?	6	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year?	7	X	
If "Yes," complete Part II, col. (c), and Part XV.			
8a Enter the states to which the foundation reports or with which it is registered (see instructions)		1.8	
FL			
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)			
of each state as required by General Instruction G? If "No," attach explanation	8b	Ň	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar			-
year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes," complete Part XIV	9		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10		X

٠

•

•

.

_	990-PF (2009) THE LIGHT FOUNDATION, INC.	59-3489	135		Page 5
Pa	art VII-A Statements Regarding Activities (continued)				
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of				
	section 512(b)(13)? If "Yes," attach schedule (see instructions)		11		X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before				
	August 17, 2008?		12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?		13	Х	
	Website address N/A				
14		none no.▶ <u>813-9</u> 7		909	
	Located at ▶ 15310 AMBERLY DRIVE, STE 220, TAMPA, FL	ZIP+4 ► <u>3</u> 3	647		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here				·
	and enter the amount of tax-exempt interest received or accrued during the year	► 15	N	/A	
Pa	art VII-B Statements Regarding Activities for Which Form 4720 May Be Require	d			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			Yes	No
18	During the year did the foundation (either directly or indirectly):				
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	🗌 Yes 🔀 No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)				
	a disqualified person?	🗌 Yes 🔀 No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	Yes X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	Yes X No		÷.	·
	 (5) Transfer any income or assets to a disgualified person (or make any of either available 				
	for the benefit or use of a disqualified person?	🛄 Yes 🔀 No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"				
	If the foundation agreed to make a grant to or to employ the official for a period after	<u> </u>			
	termination of government service, if terminating within 90 days.)	🗌 Yes 🔀 No			
t	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	/ -			
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)?	N/A	1b		
	Organizations relying on a current notice regarding disaster assistance check here				
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corr	ected			
	before the first day of the tax year beginning in 2009?		1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating fo	undation			
	defined in section 4942(i)(3) or 4942(i)(5)):		·		
a	At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s)	beginning			
	before 2009?	Yes X No			
	If "Yes," list the years -		1		1
ł	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to				
-	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" a				1
	statement - see instructions.)	N/A	2b		
	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	11/21	20		
	\mathbf{r} in the provisions of section 4342(a)(z) are being applied to any of the years listed in za, list the years here.				
2	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time				
38		Yes X No			
	during the year?				
C	b If "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or disqualified p				
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(o			~	
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Sc.			~	
	Form 4720, to determine if the foundation had excess business holdings in 2009)	N/A	3b		
	I Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		4a		X
ł	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitab	e purpose that			
	had not been removed from jeopardy before the first day of the tax year beginning in 2009?		4b		X
		For	n 990	-PF	(2009)

,

.

•

•

Form 990-PF (2009) THE LIGHT FOUNDATION, IN			<u>59-34891</u>	135	F	⁵ age <u>6</u>
Part VII-B Statements Regarding Activities for Which I	Form 4720 May Be I	Requirea (contin	ued)			
5a During the year did the foundation pay or incur any amount to.				1		i
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	,		es 🗶 No			L
(2) Influence the outcome of any specific public election (see section 4955); o	r to carry on, directly or indir					1
any voter registration drive?	-		s X No			1
(3) Provide a grant to an individual for travel, study, or other similar purposes			es 🚺 No			1
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section					1
509(a)(1), (2), or (3), or section 4940(d)(2)?			es 🚺 No 📗			1
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f					1
the prevention of cruelty to children or animals?			es 🗶 No 📗			1
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und		in Regulations		_		1
section 53.4945 or in a current notice regarding disaster assistance (see instru			N/A	5b		
Organizations relying on a current notice regarding disaster assistance check h						1
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr						1
expenditure responsibility for the grant?			es 🛄 No 📗			1
If "Yes," attach the statement required by Regulations section 53 494						1
6a Did the foundation, during the year, receive any funds, directly or indirectly, to p	pay premiums on					
a personal benefit contract?			es 🗶 No			
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		Ļ	6b		<u>X</u>
If "Yes" to 6b, file Form 8870						
7a At any time during the tax year, was the foundation a party to a prohibited tax s			es 🔀 No			
b If yes, did the foundation receive any proceeds or have any net income attributa			N/A	7b		
Part VIII Information About Officers, Directors, Trusto Paid Employees, and Contractors		inagers, Highly	/			
1 List all officers, directors, trustees, foundation managers and their	compensation.					
(a) Name and address	(b) Title, and average hours per week devoted	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans	2	e) Exp count,	ense
(a) Name and address	to position	enter -0-)	and deferred compensation		allowar	ices
				ľ		
SEE STATEMENT 4		0.	0.			0.
				ł		
		·				
2 Compensation of five highest-paid employees (other than those inc	(b) Title, and average	enter "NONE."	(d) Contributions to	T 7	1.540	
(a) Name and address of each employee paid more than \$50,000	hours per week	(c) Compensation	employee benefit plans and deterred	ac	e) Exp count,	other
NONE	devoted to position		compensation		allowar	ICes
NONE						
		 		 		
				1		
		 				
				1		
	· · · · · · · · · · · · · · · · · · ·					
				1		
Total number of other employees paid over \$50,000				<u> </u>		0
	· · · · · · · · · · · · · · · · · · ·		P	000	DE /	

•

٠

• •

l L

i.

Form 990-PF (2009) THE LIGHT FOUNDATION, INC.

•

•

.

.

Part VIII Information About Officers, Directors, Trustees, Found Paid Employees, and Contractors (continued)	dation Managers, Highly	· · · <u> · · · · · · · · · · · · · · ·</u>
3 Five highest-paid independent contractors for professional services. If none, en	ter "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
, NONE		
Total number of others receiving over \$50,000 for professional services		•
Part IX-A Summary of Direct Charitable Activities		_
List the foundation's four largest direct charitable activities during the tax year. Include relevant sta number of organizations and other beneficiaries served, conferences convened, research papers p	itistical information such as the roduced, etc.	Expenses
1 NONE		
		0.
2		
3		
4		
		_
Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year	on know 1 and 0	Amount
1 NONE		Amount
INONE		_
	100 - 100	0.
2		
۲ <u>ــــــــــــــــــــــــــــــــــــ</u>		
All other program-related investments. See instructions.		
3 NONE		1
•		
		- o.
Total. Add lines 1 through 3	•	
		Form 990-PF (2009)

Form 990-PF (2009)

923561 02-02-10

٠

•

•

.

P	art X Minimum Investment Return (All domestic foundations must complete this part Foreign four	ndations,	see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
а	Average monthly fair market value of securities	1a	0.
	Average of monthly cash balances	1b	766,863.
	Fair market value of all other assets	10	18.
d	Total (add lines 1a, b, and c)	1d	766,881.
e	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	766,881.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	11,503.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	755,378.
6	Minimum investment return. Enter 5% of line 5	6	37,769.
Ρ	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations an foreign organizations check here in and do not complete this part.)	d certain	
1	Minimum investment return from Part X, line 6	1	37,769.
2a	Tax on investment income for 2009 from Part VI, line 5 2a 327.		
b	Income tax for 2009. (This does not include the tax from Part VI.) 2b		
C	Add lines 2a and 2b	2c	327.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	37,442.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	37,442.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	37,442.
	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		15 211
	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a 45	45,244.
b	Program-related investments - total from Part IX-B	1b 2	
2 3	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes Amounts set aside for specific charitable projects that satisfy the:	2	
з а	Suitability test (prior IRS approval required)	3a	
a b		3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	45,244.
4 5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
Ŭ	income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	45,244.
v	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of 4940(e) reduction of tax in those years.	-	

Form 990-PF (2009)

923571 02-02-10

•

.

- !

.

.

Part XIII Undistributed Income (see instructions)

	(a)	(b)	(C)	(d)
· · · · ·	Corpus	Years prior to 2008	2008	2009
1 Distributable amount for 2009 from Part XI,				
				37,442.
2 Undistributed income, if any, as of the end of 2009 a Enter amount for 2008 only			0.	
b Total for prior years:			0.	
		Ο.		
3 Excess distributions carryover, if any, to 2009.				
a From 2004 466,082.				
bFrom 2005 4,468,224.				
c From 2006				
dFrom 2007 274,237.				
eFrom 2008 26,494.				
f Total of lines 3a through e	5,235,037.			
4 Qualifying distributions for 2009 from			···· , <u>, , , , , , , , , , , , , , , , </u>	······································
Part XII, line 4: ►\$ 45,244.			^	
a Applied to 2008, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus			· · · · · · · · · · · · · · · · · · ·	
(Election required - see instructions)	0.			
d Applied to 2009 distributable amount			···· ··· ··· · · · · · · · · · · · · ·	37,442.
e Remaining amount distributed out of corpus	7,802.			
5 Excess distributions carryover applied to 2009	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	5,242,839.			
b Prior years' undistributed income. Subtract				····
line 4b from line 2b		0.		
c Enter the amount of prior years'				
undistributed income for which a notice of				
deficiency has been issued, or on which the section 4942(a) tax has been previously				
assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2008. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2009. Subtract				
lines 4d and 5 from line 1. This amount must				-
be distributed in 2010				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2004	466,082.	'n		×
not applied on line 5 or line 7	400,002.	* * **X) * 17 ± #18		······
9 Excess distributions carryover to 2010. Subtract lines 7 and 8 from line 6a	4,776,757.	, ÷ ***		
10 Analysis of line 9:	=,,,0,,,,,,			
a Excess from 2005 4,468,224.				
b Excess from 2006				
c Excess from 2007 274,237.				
dExcess from 2008 26, 494.				
e Excess from 2009 7,802.				

923581 02-02-10 Form **990-PF** (2009)

Form 990-PF (2009) THE LIG	HT FOUNDATI	ON, INC.				-3489135	Page 10
Part XIV Private Operating F			A, question 9)		N/A		
1 a If the foundation has received a ruling of		1 1 5					
foundation, and the ruling is effective for		-	► L				
b Check box to indicate whether the found		ig foundation described in			942(j)(3) or L	4942(j)(5)	
2 a Enter the lesser of the adjusted net	Tax year	(1) 0000	Prior 3 year	s	(4) 0000		-
income from Part I or the minimum	(a) 2009	(b) 2008	(c) 2007		(d) 2006	(e)	Total
investment return from Part X for							
each year listed							
b 85% of line 2a							
c Qualifying distributions from Part XII,							
line 4 for each year listed							
d Amounts included in line 2c not							
used directly for active conduct of							
exempt activities							
e Qualifying distributions made directly							
for active conduct of exempt activities.						1	
Subtract line 2d from line 2c 3 Complete 3a, b, or c for the							
alternative test relied upon:							
a "Assets" alternative test - enter:							
(1) Value of all assets							
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)							
b "Endowment" alternative test - enter							
2/3 of minimum investment return shown in Part X, line 6 for each year listed							
c "Support" alternative test - enter:							
 Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) 				- - - - - -			
(2) Support from general public					·		
and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)							
(3) Largest amount of support from		· · · ·					
an exempt organization							
(4) Gross investment income							
Part XV Supplementary Info	rmation (Comple	te this part only	f the found	ation	nad \$5,000 d	or more in as	sets
at any time during t	he year-see the i	nstructions.)					
1 Information Regarding Foundatio	n Managers:						
a List any managers of the foundation whe	o have contributed more t		butions received	by the fo	oundation before	the close of any tax	(
year (but only if they have contributed m	nore than \$5,000). (See s	ection 507(d)(2))					
NONE							
b List any managers of the foundation whe other entity) of which the foundation has			or an equally larg	e portion	of the ownership	of a partnership o	r
NONE							
2 Information Regarding Contributi	on, Grant, Gift, Loan,	Scholarship, etc., Pr	ograms:				
Check here ► X if the foundation o the foundation makes gifts, grants, etc.	nly makes contributions t	o preselected charitable of	organizations and	does no ions, con	t accept unsolicité iplete items 2a, b	ed requests for fun , c, and d.	ds. If
a The name, address, and telephone num	· · · · · · · · · · · · · · · · · · ·						
· · · · · · · · · · · · · · · · · · ·							

b The form in which applications should be submitted and information and materials they should include:

c Any submission deadlines:

. .

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

·

.

.

.

۰

٠

,

ł

Part XV Supplementary Information	ON (continued)			
3 Grants and Contributions Paid During the	Year or Approved for Future I	Payment		
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
•	or substantial contributor	recipient		
a Paid during the year				
SEE STATEMENT 5				
Total		I	► 3a	45,244
b Approved for future payment			► 5a	
		·		
NONE				
		1		
Total			► 3b	0

923611 02-02-10

Form 990-PF (2009)

.

.

,

.

Part XVI-A Analysis of Income-Producing Activities

Enter groce amounte uplace otherwise indirected	Unrelate	ed business income	Exchu	ded by section 512, 513, or 514	
Enter gross amounts unless otherwise indicated.	(a)	(b)	(C) Exclu-	(d)	(e) Related or exempt
	Business	Amount	Exclu- sion code	Amount	function income
1 Program service revenue	code		coue		
a					
b	-				·
C			<u> </u>		
d					
e					
f					
g Fees and contracts from government agencies			-		
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments			14	16,328.	
4 Dividends and interest from securities			ł		
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property					
7 Other investment income					· · · · · · · · · · · · · · · · · · ·
8 Gain or (loss) from sales of assets other			1		~
than inventory					
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					- · · · · · · · · · · · ·
11 Other revenue:			<u> </u>		
a					
b					
			+		
a		·			
to Subtatal Add aglumas (b) (d) and (a)	_	0.		16,328.	<u>_</u>
12 Subtotal Add columns (b), (d), and (e)		<u> </u>			<u> </u>
13 Total. Add line 12, columns (b), (d), and (e)				13	10,320
(See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities	to the Acco	omplishment of Ex	xemp	t Purposes	
Line No. Explain below how each activity for which in the foundation's exempt purposes (other that			contrib	outed importantly to the accom	plishment of
the foundation's exempt purposes (other that		nus for such purposes).			
				···· ·· <u>-</u> ··- <u>-</u> _	

Form 990-PF (2009)

٠

•

.

.

Pa	rt XV			and Transactions an	d Relationships With Nonchar	itable	e	
1	Did the	Exempt Organ	rectly engage in any of the followi	no with any other organization	described in section 501(c) of	<u> </u>	Yes	No
							103	110
а	the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? a Transfers from the reporting foundation to a noncharitable exempt organization of							
-	(1) Ca	, ,		gumzution of		1a(1)	1	x
	• •	ther assets				1a(2)		X
b		transactions						
	(1) Sa	ales of assets to a noncharita	ble exempt organization			1b(1)		X
	(2) Pi	urchases of assets from a no	ncharitable exempt organization			1b(2)		X
	(3) Re	ental of facilities, equipment,	or other assets			1b(3)		X
	(4) Re	eimbursement arrangements				1b(4)		X
	• •	oans or loan guarantees				1b(5)	ļ	X
	• •		embership or fundraising solicitati			1b(6)	 	X X
			uling lists, other assets, or paid er			10		_ <u>x</u>
ď					iys show the fair market value of the goods, of in any transaction or sharing arrangement, sh		seis,	
			other assets, or services received		in any transaction of sharing arrangement, sh	044 111		
(a)L	ine no	(b) Amount involved	(c) Name of noncharitab		(d) Description of transfers, transactions, and st	haring ar	rangeme	ents
			N/A					
						_		
			· · ·					
				· · · · -				
		foundation directly or indirec	the off-hotod with or colored to on	a ar mara tau ayamat araaaya				
Za		•	tly affiliated with, or related to, on r than section 501(c)(3)) or in sec			Yes	۲.	No
h		, complete the following sch			L_			
		(a) Name of org		(b) Type of organization	(c) Description of relationsh	ıp		
		N/A						
—	Linder ne	enalties of perjury. Lessare that I h	have examined this return including acc	companying schedules and statemer	nts, and to the best of my knowledge and belief, it is t		ect	
			er than taxpayer or fiduciary) is based o			00,0011		
		12 mil		11/9/10	VI			
ere	Sig	nature of office or trustee				تكف		
Signature (office for tarstee 1 Preparer's Dan Vell								
	e da 9	Firm's name (or yours RSM	MCGLADREY INC					
	Ϋ́		SOUTH WACKER DI					
		address, and ZIP code CHIC	AGO, IL 60606-1	3392				

THE LIGHT FOUNDATION, INC.				59-3489135
FORM 990-PF INTEREST ON SAVI	NGS AND TEM	PORARY CASH IN	VESTMENTS	STATEMENT 1
SOURCE				AMOUNT
INTEREST INCOME - FLORIDA BAN	-	16,328.		
TOTAL TO FORM 990-PF, PART I,	LINE 3, CO	LUMIN A	-	16,328.
FORM 990-PF	TAX	ES		STATEMENT 2
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
2008 EXTENSION PAYMENT	500.	0.		0.
TO FORM 990-PF, PG 1, LN 18 =	500.	0.		0.
FORM 990-PF	OTHER E	XPENSES		STATEMENT 3
DESCRIPTION	(A) EXPENSES PER BOOKS	NET INVEST-	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
BANK CHARGES	45.	0.		0.
TO FORM 990-PF, PG 1, LN 23	45.	0.		0.

· •

THE LIGHT FOUNDATION, INC.

• • •

FORM 990-PF		T VIII - LIST OF OFFICERS, DIRECTORS TRUSTEES AND FOUNDATION MANAGERS				STATEMENT 4		
NAME AND ADDRESS		TITLE AN AVRG HRS/				EMPLOYEE BEN PLAN CONTRIB		
D SCOTT LUTTRELL		TRUSTEE, A 0.00	AS NI	EEDED	0.	0.	0.	
LAURA LUTTRELL		TRUSTEE, 2 0.00	AS NI	EEDED	0.	0.	0.	
KRISTIN WERTZ		TRUSTEE, A 0.00	AS NI	EEDED	0.	0.	0.	
DAVID LUTTRELL		TRUSTEE, A 0.00	AS NI	EEDED	0.	0.	0.	
DAVID BROWNLEE		VP/SEC/TRI 0.00	ES		0.	0.	0.	
TOTALS INCLUDED O	N 990-PF, PAGE 6,	PART VIII			0.	0.	. 0.	

STATEMENT(S) 4

59-3489135

• • •

THE LIGHT FOUNDATION, INC.

. . .

• °• •

	TS AND CONTRIBUTIONS ID DURING THE YEAR	STAT	EMENT	5
RECIPIENT NAME AND ADDRESS	RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT	RECIPIENT STATUS	AMOUN	T
COMPASSION INTERNATIONAL COLORADO SPRINGS, CO 80997	CHILD PROTECTION		1,11	8.
FAMILY FIRST TAMPA, FL 33607	FAMILY SERVICES		51	2.
HONDURAS OUTREACH DECATUR, GA 30030	MISSION TRIP SUPPORT		8,80	Ο.
METROPOLITAN MINISTRIES TAMPA, FL 33602	FAMILY SERVICES		15,00	ο.
SMU COX SCHOOL OF BUSINESS DALLAS, TX 75222	EDUCATION		53	0.
SUNDANCE INSTITUTE PARK CITY, UT 84060	RESEARCH/SERVICE		12,50	Ο.
TAMPA METROPOLITAN AREA YMCA TAMPA, FL 33602	YOUTH OUTREACH		2,50	0.
THE CHILDREN'S HOME TAMPA, FL 33615	FAMILY SERVICES		2,50	0.

STATEMENT(S) 5

THE LIGHT FOUNDATION, INC.	••• 59-3489135		
THE JOY FM SARASOTA, FL 34243	COMMUNITY SERVICES	500.	
WATERMARK COMMUNITY CHURCH DALLAS, TX 75251	MISSION OUTREACH	1,000.	
AFRICAN LEADERSHIP - MOCHA CLUB BRENTWOOD, TN 37027	MISSION OUTREACH	84.	
PROMONTORY FOUNDATION PARK CITY, UT 84098	COMMUNITY SERVICES	200.	

_

,

TOTAL TO FORM 990-PF, PART XV, LINE 3A 45,244.

STATEMENT(S) 5

•

 If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1) Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the organial (no copies needed). Type or interpret organization THE LIGHT FOUNDATION, INC. Number, street, and room or suite no If a P O box, see instructions the summed to a MBERLY DRIVE, NO. 220 City, town or post office, state, and ZIP code. For a foreign address, see instructions Form 990 Form 990. Form 990.<th>Asion on a previously filed Form 8868 DONLY file the original (no copies needed). Employer identification number 59-3489135 For IRS use only uctions Form 1041-A Form 5227 Form 8870 Form 4720 Form 6069 n extension on a previously filed Form 8868. 20 - TAMPA, FL 33647 heck this box FL 33647 heck this box FL 33647 heck this box FL 33647 heck this box FL 33647</th><th> If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and Note. Only complete Part II if you have already been granted an automatic 3-month extension on a pr </th>	Asion on a previously filed Form 8868 DONLY file the original (no copies needed). Employer identification number 59-3489135 For IRS use only uctions Form 1041-A Form 5227 Form 8870 Form 4720 Form 6069 n extension on a previously filed Form 8868. 20 - TAMPA, FL 33647 heck this box FL 33647 heck this box FL 33647 heck this box FL 33647 heck this box FL 33647	 If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and Note. Only complete Part II if you have already been granted an automatic 3-month extension on a pr 					
Note: Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868 If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1) Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the onginal (no copies needed). Type or print THE LIGHT FOUNDATION, INC. 59-3489135 Number, street, and room or suite no If a P O box, see instructions 59-3489135 Offing the rest interment on suite no If a P O box, see instructions For IRS use only If any pherest, and room or suite no If a P O box, see instructions For IRS use only If any pherest, and room or suite no If a P O box, see instructions For IRS use only If any pherest, and room or suite no If a P O box, see instructions Form S227 City, town or post office, state, and ZIP code. For a foreign address, see instructions Form 5227 Form 990 Form 990-F Form 990-T (see 401(a) or 408(a) trust) Form 1041-A Form 990-BL X Form 990-F Form 990-T (trust other than above) Form 4720 Form 5227 STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868. MICHAEL AKE The books are in the care of ▶ 15310 AMBERLY DRIVE, STE 220 - TAMPA, FL 33647 Telephone No. ▶ 813-972-0909 FAX No ▶ <th>Asion on a previously filed Form 8868 DOnly file the onginal (no copies needed). Employer identification number 59-3489135 For IRS use only uctions Form 1041-A Form 5227 Form 8870 Form 4720 Form 6069 n extension on a previously filed Form 8868. 20 - TAMPA, FL 33647 heck this box File and the store store extension is for 2010, and ending</th> <th>Note. Only complete Part II if you have already been granted an automatic 3-month extension on a pr</th>	Asion on a previously filed Form 8868 DOnly file the onginal (no copies needed). Employer identification number 59-3489135 For IRS use only uctions Form 1041-A Form 5227 Form 8870 Form 4720 Form 6069 n extension on a previously filed Form 8868. 20 - TAMPA, FL 33647 heck this box File and the store store extension is for 2010, and ending	Note. Only complete Part II if you have already been granted an automatic 3-month extension on a pr					
 If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1) Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the onginal (no copies needed). Type or print the set of Exempt Organization THE LIGHT FOUNDATION, INC. DAMBERLY DRIVE, NO. 220 City, town or post office, state, and ZIP code. For a foreign address, see instructions TAMPA, FL 33647 Check type of return to be filed (File a separate application for each return): Form 990 Form 990. Form 990. Form 990-F Form 990-T (see 401(a) or 408(a) trust) Form 1041.A Form 5227 Form 6069 STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868. MICHAEL AKE The books are in the care of ▶ 15310 AMBERLY DRIVE, STE 220 - TAMPA, FL 33647 Telephone No. ▶ 813 - 972 - 0909 FAX No ▶ If the organization does not have an office or place of business in the United States, check this box 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)	I) Only file the original (no copies needed). Employer identification number 59-3489135 For IRS use only ructions Form 1041-A Form 5227 Form 8870 Form 4720 Form 6069 n extension on a previously filed Form 8868. 20 - TAMPA, FL 33647 heck this box in extension is for 2010 , and ending						
Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed). Type or print Image of Exempt Organization Employer identification nu THE LIGHT FOUNDATION, INC. 59–3489135 Number, street, and room or suite no. If a PO box, see instructions For IRS use only 15310 AMBERLY DRIVE, NO. 220 For IRS use only City, town or post office, state, and ZIP code. For a foreign address, see instructions Form 1041.A Form 5227 Form 990 Form 990-EZ Form 990-T (sec 401(a) or 408(a) trust) Form 1041.A Form 5227 Form 990. Form 990-FF Form 990-T (trust other than above) Form 1041.A Form 5227 Form 6669 STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868. MICHAEL AKE The books are in the care of ▶ 15310 AMBERLY DRIVE, STE 220 - TAMPA, FL 33647 Form 6069 If this s for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If the organization does not have an office or place of business in the United States, check this box . . . If this is for alendaryear 2009, or other tax year beginning <td>Only file the onginal (no copies needed). Employer identification number 59-3489135 For IRS use only ructions Form 1041-A Form 5227 Form 8870 Form 4720 Form 6069 n extension on a previously filed Form 8868. 20 - TAMPA, FL 33647 heck this box rer (GEN) If this is for the whole group, check this he names and EINs of all members the extension is for 2010, and ending</td> <td>If you are films for an Automatic O Marth Futuration and the out Dut the out the out of the output of the out</td>	Only file the onginal (no copies needed). Employer identification number 59-3489135 For IRS use only ructions Form 1041-A Form 5227 Form 8870 Form 4720 Form 6069 n extension on a previously filed Form 8868. 20 - TAMPA, FL 33647 heck this box rer (GEN) If this is for the whole group, check this he names and EINs of all members the extension is for 2010, and ending	If you are films for an Automatic O Marth Futuration and the out Dut the out the out of the output of the out					
Type or ornit Image of Exempt Organization Employer identification nu THE LIGHT FOUNDATION, INC. 59–3489135 This under the date of the processor of the processor of the date date of the	Employer identification number 59-3489135 For IRS use only uctions Form 1041-A Form 5227 Form 4720 Form 6069 n extension on a previously filed Form 8868. 20 - TAMPA, FL 33647 heck this box her (GEN) If this is for the whole group, check this he names and EINs of all members the extension is for 2010 , and ending						
Type or or or init is by the winded in the probability of	59-3489135 For IRS use only uctions Form 1041-A Form 5227 Form 8870 Form 4720 Form 6069 n extension on a previously filed Form 8868. 20 - TAMPA, FL 33647 heck this box her (GEN) If this is for the whole group, check this he names and EINs of all members the extension is for 2010	Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the					
Intel Dight FOUNDATION, Inc. 59-3489135 Price by the baunded by the baunded by the baunded baunded by the baunded bau	For IRS use only uctions Form 1041-A Form 5227 Form 4720 Form 6069 n extension on a previously filed Form 8868. 20 - TAMPA, FL 33647 heck this box in er (GEN)	Type or Name of Exempt Organization					
Number, street, and room or suite no If a PO box, see instructions For IRS use only 15310 AMBERLY DRIVE, NO. 220 Integrate City, town or post office, state, and ZIP code. For a foreign address, see instructions Form 900 Check type of return to be filed (File a separate application for each return). Form 990 Form 990-EZ Form 990 Form 990-EZ Form 990-T (sec 401(a) or 408(a) trust) Form 1041-A Form 990-BL X Form 990-FF Form 990-T (trust other than above) Form 4720 STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868. MICHAEL AKE The books are in the care of ▶ 15310 AMBERLY DRIVE, STE 220 - TAMPA, FL 33647 Telephone No. ▶ 813 - 972 - 0909 FAX No ▶ If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box box ▶ If this is for all other ditional 3-month extension of time until NOVEMBER 15, 2010 5 For calendar year 2009, or other tax year beginning	Processor Processor	I'LL LIGHT FOUNDATION, INC.					
City, town or post office, state, and ZIP code. For a foreign address, see instructions TAMPA, FL 33647 Check type of return to be filed (File a separate application for each return): Form 990 Form 990-EZ Form 990-BL Form 990-FF Form 990-BL Form 990-FF Form 990-BL Form 990-FF Check type of return to be filed (File a separate application for each return): Form 990-BL Form 990-FF STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868. MICHAEL AKE The books are in the care of the 15310 AMBERLY DRIVE, STE 220 - TAMPA, FL 33647 Telephone No. 813 - 972 - 0909 Fax No For a Group Return, enter the organization's four digit Group Exemption Number (GEN)	Form 1041-A Form 5227 Form 8870 Form 4720 Form 6069	extended Number, street, and room or suite no If a PO box, see instructions due date for 15310 AMBERLY DRIVE. NO. 220					
□ Form 990 □ Form 990-EZ □ Form 990-T (sec 401(a) or 408(a) trust) □ Form 1041-A □ Form 5227 □ Form 900-EX □ Form 990-BL ▲ Form 990-FF □ Form 990-T (trust other than above) □ Form 4720 □ Form 6069 STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868. MICHAEL AKE • The books are in the care of ▶ 15310 AMBERLY DRIVE, STE 220 - TAMPA, FL 33647 • Telephone No. ▶ 813 - 972 - 0909 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) ft this is for the whole group, check this box ▶ □ • If it is for part of the group, check this box ▶ □ and attach a list with the names and EINs of all members the extension is for • I request an additional 3-month extension of time until NOVEMBER 15, 2010 ft this a for less than 12 months, check reason: □ ft this are ending ft this are on accounting • If this tay year is for less than 12 months, check reason: □ Initial return Final return </td <td>Form 4720 Form 6069 n extension on a previously filed Form 8868. 20 - TAMPA, FL 33647 heck this box rer (GEN) If this is for the whole group, check this he names and EINs of all members the extension is for 2010, and ending</td> <td>return See City, town or post office, state, and ZIP code. For a foreign address, see instructions</td>	Form 4720 Form 6069 n extension on a previously filed Form 8868. 20 - TAMPA, FL 33647 heck this box rer (GEN) If this is for the whole group, check this he names and EINs of all members the extension is for 2010, and ending	return See City, town or post office, state, and ZIP code. For a foreign address, see instructions					
 The books are in the care of ▶ 15310 AMBERLY DRIVE, STE 220 - TAMPA, FL 33647 Telephone No. ▶ 813-972-0909 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 the whole group, check this box ▶ If it is for part of the group, check this box ▶ and attach a list with the names and EINs of all members the extension is for an additional 3-month extension of time until NOVEMBER 15, 2010 For calendar year 2009, or other tax year beginning, and ending, and ending If this tax year is for less than 12 months, check reason: □ Initial return □ Final return □ Change in accounting THE INFORMATION NEEDED TO COMPLETE THE RETURN IS NOT YET AVAILABLE. 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions. b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated 	heck this box her (GEN) If this is for the whole group, check this he names and EINs of all members the extension is for 2010, and ending	STOP! Do not complete Part II if you were not already granted an automatic 3-month extension					
Telephone No. ► 813-972-0909 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 the whole group, check this box If this is for part of the group, check this box ■ and attach a list with the names and EINs of all members the extension is for 4 Irequest an additional 3-month extension of time until NOVEMBER 15, 2010 5 For calendar year 2009, or other tax year beginning	heck this box her (GEN) If this is for the whole group, check this he names and EINs of all members the extension is for 2010, and ending						
 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 the whole group, check this box If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for a difference of the group, check this box I request an additional 3-month extension of time until NOVEMBER 15, 2010 For calendar year 2009, or other tax year beginning, and ending, and ending If this tax year is for less than 12 months, check reason: Initial return Change in accounting State in detail why you need the extension If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions. If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated 	heck this box ber (GEN) If this is for the whole group, check this he names and EINs of all members the extension is for 2010, and ending						
 If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box ▶ and attach a list with the names and EINs of all members the extension is for I request an additional 3-month extension of time until NOVEMBER 15, 2010 For calendar year 2009, or other tax year beginning, and ending, and ending, and ending If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting State in detail why you need the extension If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated 	er (GEN) If this is for the whole group, check this he names and EINs of all members the extension is for 2010, and ending						
box ▶ If it is for part of the group, check this box ▶ and attach a list with the names and EINs of all members the extension is for 4 I request an additional 3-month extension of time until NOVEMBER 15, 2010 5 For calendar year 2009, or other tax year beginning , and ending 6 If this tax year is for less than 12 months, check reason: Initial return Final return 7 State in detail why you need the extension THE INFORMATION NEEDED TO COMPLETE 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any 8a \$ b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated	he names and EINs of all members the extension is for 2010 , and ending						
4 I request an additional 3-month extension of time until NOVEMBER 15, 2010 5 For calendar year 2009, or other tax year beginning , and ending 6 If this tax year is for less than 12 months, check reason: Initial return Final return 7 State in detail why you need the extension	2010 , and ending						
5 For calendar year 2009, or other tax year beginning	, and ending						
6 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting 7 State in detail why you need the extension THE INFORMATION NEEDED TO COMPLETE THE RETURN IS NOT YET AVAILABLE. 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions. 8a \$ b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated 8a \$							
7 State in detail why you need the extension THE INFORMATION NEEDED TO COMPLETE THE RETURN IS NOT YET AVAILABLE. 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions. 8a \$ b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated 8a \$							
THE INFORMATION NEEDED TO COMPLETE THE RETURN IS NOT YET AVAILABLE. 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions. 8a \$ b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated 8a \$	5 51						
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 8a \$ b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated \$	TURN IS NOT YET AVAILABLE.						
nonrefundable credits See instructions. 8a \$ b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated 6							
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated	ive tax. less any	8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less					
	8a \$ 350.	nonrefundable credits See instructions.					
tax payments made. Include any prior year overpayment allowed as a credit and any amount paid	edits and estimated	b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and est					
an paymone measure induced any prior your overpayment another as a creat and any amount paid		tax payments made Include any prior year overpayment allowed as a credit and any amount pa					
previously with Form 8868. 8b \$	8b \$ 350.	previously with Form 8868.					
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit		c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required,					
with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions 8c \$	system) See instructions 8c \$ 0.						

Signature 🕨	Title 🕨	Date 🕨

Form 8868 (Rev. 4-2009)

_

. .