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Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

2009

Department of the Treasury Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

A	For	the	2009 calend	lar year, o	or tax year beginning	g	04-0	1 , 2009, and end	ing	0	3-31,2	U 10
В	Check	k if ap	plicable	Please	C Name of organization (CHRISTIAN LIGH	T FOUNDAT	ION, INC.	-	_	D Employe	r identification no
П.	Addre	ess ch	ange	use IRS	Doing Business As			•			59-174	7173
\equiv	Name		-	label or print or		O box if mail is not delive	red to street addres	<u> </u>	Room/suite		E Telephor	ne number
$\overline{}$			Ť	type	P.O. BOX 238		ied to street addres	- ,	THOUSE STATE OF THE STATE OF	•		32-9567
$\overline{}$	Initial			See Specific	City or town, state or co				L		G Gross re	
\equiv	Termi			Instruc- tions.							1	·
\equiv	Amen			<u> </u>	JACKSONVILLE				r		\$	2,720,929
□ ′	Applic	cation	pending		and address of principal offi				H(a) Is th	is a group r	return for	
				L	BOX 351317, J	ACKSONVILLE, F	L 32235		H(a) Is this a group return for affiliates?			Yes X No
<u> </u>	Tax-e	xemp	t status	X 501(c)(3) ◀ (insert no)	4947(a)(1) or	527		H(b) Area	all affiliates	included? Llist (see instr	YesNo
<u>J</u>	Webs	ite	► N/A					,	H(c) Grou	p exemption	on number	
K	Form	of org	janization 🗓	Corporation	Trust Association	on Other ►		Year of formation 197	76 M	State of le	gal domicile	FL
Pa	rt I		Summar	у								
	Τ.	1	Briefly descr	be the org	ganization's mission o	r most significant acti	vities M	INISTRY & MIS	SION WO)RK		
A C G	,											
t o												·
v e		2	Check this b	ox ▶ 🗆 ı	f the organization disc	continued its operation	s or disposed	of more than 25% of i	ts net asse	ets		
i r t n	1.				bers of the governing						:	16
⊒⊒ a	١.				nt voting members of t		,			<u> </u>		16
E® n Solc	ı				yees (Part V, line 2a)							4
e 	Ι'											10
94) ⊴ a v	Ι.				eers (estimate if nece							
					ousiness revenue fron							0
NA N	<u> </u>	<u>b</u>	Net unrelate	d busines:	s taxable income from	Form 990-T, line 34		· · · · · · · · · · · · · · · · · · ·				0
_ B 	-					R	ECEIVE		Pnor Y			irrent Year
Э е		8	Contributions	s and grar	nts (Part VIII, line 1h)			<u>~</u> ;0; · · · _	2,	632,26	59	2,718,647
e v e n	!	9	Program ser	vice rever	nue (Part VIII, line 2g)	<u> </u>		· · · ₩ · · · ·				0
2 "	1	0	Investment i	ncome (Pa	art VIII, column (A), lin	ال (7d) (les 3, 4, and	IN D 7 20	ı11• ∜Q∦ · · · · <u> </u>		3,46	52	2,282
Z u	1	1	Other revent	ue (Part V	III, column (A), lines 5	5, 6d, 8c, 9d, 10c, and	11e)	∷. <u>છ</u>				0
2)	1	2	Total revenu	ie - add lin	es 8 through 11 (mus	t equal Par <mark>t</mark> VIII , colur	nn (A), line-12)	<u></u> <u>L</u>	2,	635,73	31	2,720,929
15	1	3	Grants and s	sımılar am	ounts paid (Part IX, co	olumn (A), lines_1-3)	SUEN, L		2,	350,71	LO	2,317,283
_	1	4	Benefits paid	d to or for	members (Part IX, col	lumn (A), line 4)				-		0
E	1		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)						160,34	17	162,908	
P					ng fees (Part IX, colum							0
9 N					nses (Part IX, column			0	***************************************			
s	1			• .	•	· · · · —				86,79	93	69,501
s			,							597,85		2,549,692
					es Subtract line 18 fr					37,88		171,237
	+'	3	Revenue les	s expense	es Subtract line to it	Offiliale 12	· · · · · · · ·					
Net Asse	ts .		Takal c '	(Ded V.)	10\				grining of Cu			745,364
or	4			•	ne 16)					575,15		
Fund Bal-	"		Total liabilitie	•	•					2,12		1,089
ance					ances Subtract line 2	21 from line 20	· · · · · · ·			573,03	37	744,275
Pa	urt i		Signatu					 				
			Under penalti	es of penjury	, I declare that I have examin ct, and of pplete Declaration	ned this retum, including act n of preparer (other than office	companying schedu cer) is based on all	iles and statements, and to information of which prepar	the best of m er has anv kr	ny knowled! nowledae	ge	, ,
			u., a co., a,		1 - 00		,		•		12/	/
Sig	ın		.	Cus	Just						12/-	2/20/0
He	re		Signatu	re of officer	•			•		I	Date	,
			CARL	TUELL	, CHIEF FINANC	CIAL OFFICER						
			Type or	print name a	and title							
			Preparer s				Date	Check if	L		identifying num	ber
			signature		711 //			self- employed		(see instruc	ctions)	
Paid			(Lola dola	- /K	11-23	-2010	_	40	0/28	504
	pare				William S N	AVEZ S CPA			IN ▶		<u>~~~</u>	
Use	Onl	ly	Firm's name				2		59-	- 301	7342	4
		address and ZID + 4					▶904-215-8320					
		100	<u> </u>		th the preparer shown							Yes No
May	the	IHS	aiscuss this	return wi	ui me preparer shown	ı apove ∕ (see instruct	ions)	<i></i>			· · · · 🛆	ies 🗀 MO

Form	n 990 (2009) CHRISTIAN LIGHT FOUNDATION, INC.	59-1747173	Page 2
Pa	rt III Statement of Program Service Accomplishments		
1	Briefly describe the organization's mission:		
	MINISTRY & MISSION WORK		
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 exempt purpose achievements for each of the organization's three largest program services by expenses.		
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants at	nd	
	allocations to others, the total expenses, and revenue, if any, for each program service reported		
4a	(Code) (Expenses \$ 2,317,283 including grants of \$) (Revenue	\$ 2,720,9	30)
	REACHING THE WORLD THROUGH MISSIONARY SUPPORT		
4b	(Code) (Expenses \$ including grants of \$) (Revenue	\$)
		<u>. </u>	
4c	(Code) (Expenses \$ including grants of \$) (Revenue	\$)
		-	
			<u></u>
		~	
4d	Other program services (Describe in Schedule O)	<u> </u>	
_	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ▶ 2,317,283	·	

Part IV Checklist of Required Schedules Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," 1 Χ 2 Is the organization required to complete Schedule B, Schedule of Contributors? Х Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 Х Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Χ 4 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) 5 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," 6 Χ Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 Χ the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 Χ Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X. or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," 9 Χ 10 Did the organization, directly or through a related organization, hold assets in term, permanent, or X 10 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, 11 Χ 11 • Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 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 169 If "Yes," complete Schedule D, Part VIII 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 Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X 12 12A Was the organization included in consolidated, independent audited financial statements for the tax year? No Yes 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, Χ 14b business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II 15 Χ Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance 16 Χ 16 to individuals located outside the United States? If "Yes," complete Schedule F, Part III 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services 17 Χ Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Χ Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? Χ 19 X Did the organization operate one or more hospitals? If "Yes," complete Schedule H 20

59-1747173

Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants and other assistance to governments and organizations 21 Χ 21 in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the Χ 22 United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the 23 organization's current and former officers, directors, trustees, key employees, and highest compensated 23 X 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25 24a Χ 24b **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year 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) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction 25a Χ 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 25b Χ Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or 26 X 26 disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, 27 substantial contributor, or a grant selection committee member, or to a person related to such an individual? 27 Х 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV Χ 28a A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete 28b Χ An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 Χ Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes." complete Schedule N. 31 Χ 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 32 X Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 33 Χ Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, 34 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete 35 Х Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 36 Χ 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Х Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and Χ 38

Part V Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S Information Returns Enter -0- if not applicable		-	
Ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable		† 	
	gaming (gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 4			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see		İ	
	instructions) .			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	'		
	this return?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	ļ	
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 the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank			
	and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	ļ	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, Disclosure by Tax-Exempt Entity Regarding	_		
_	Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			v
	organization solicit any contributions that were not tax deductible?	6a		<u>X</u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6b		
-	gifts were not tax deductible?	OD.		
7_	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	ł	Х
L	and services provided to the payor?	7b		
b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	75		
С	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
·	benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
	required?	7h		Х
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		Х
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		X
0	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		1	
	amounts due or received from them)]	
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		ļ
Ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	L	<u> </u>	L

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in

tor a "No" re	sponse to line 8a,	, 8b, or 10b below	, describe the circ	cumstances, process	es, or changes in
Schedule O	See instructions.				

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent 1b 16			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
•	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
_	Does the organization have members, stockholders, or other persons who may elect one or more members			21
7a	of the governing body?	7a		Х
L	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
Ъ		7.5		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	-		
	the year by the following		X	
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached	ا ۾ ا		v
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		_X_
	tion B. Policies (This Section B requests information about policies not required by the Internal			
Heve	nue Code)			<u></u>
40-	Describe assessment based about the state because of the state of	10a	Yes	X X
10a	Does the organization have local chapters, branches, or affiliates?	IVA		
Ь	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	10ь		
	affiliates, and branches to ensure their operations are consistent with those of the organization?	100		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the	4.	Х	
	form?	11		
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990	10-		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		_X_
Ь	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		<u>X</u>
14	Does the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
þ	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		<u>X</u>
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed FL			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)			
	available for public inspection. Indicate how you make these available. Check all that apply.			
	Own website Another's website Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest			
	policy, and financial statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization ► CARL TUELL (904)732-9567			
	P O BOX 351317 JACKSONVILLE, FL 32235			

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if the organization did not compensate any current officer, director, or trustee.

(A)	(B)	(C)						(D)	(E)	(F)
Name and Title	Average		_	_		at apply)		Reportable	Reportable	Estimated
	hours per week	dur Ise vtc Iet deo ur ao	n r s u t s ı t t e	С	Θ	H c e g m p h e e o s n s e t s e t e d	o r m	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
JERRY STAPP										
CHAIRMAN	10.00			X				0	0	0
W HOWARD WHITE										
VICE CHAIRMAN	2.00			X			_	0	0	0
MADISON NICHOLS										
SECRETARY	2.00			_X				0	0	0
MARK CLELAND										
TREASURER	2.00			X				0	0	0
JACK K CUMMINGS										
EXECUTIVE DIRECTOR	40.00			X		X		56,750	0_	0
CARL TUELL										
CHIEF FINANCIAL OFFICER	35.00			Х			<u> </u>	46,900	0	0
PATTY SULLIVAN										
EXECUTIVE ASSISTANT	40.00			Х				32,100	0_	0
STEFANIE DINSBEER										
SECRETARY	20.00				X			15,167	0	0_
						-				
		_								
							_			

Pa	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) (B) (C) (D) (E) (F)												
	, (A)	(B)	(E)		(F)								
	Name and Title	Average hours per week	l t d	l t n r	0	K e	H c e I o m	F o	Reportable compensation from	Reportable compensation from related		stimated imount of other	
			dur I se vtc I e t de o u r a o I r	t e t e t o n a	C B	e m p l o y e	g mp h p l e e o s n y t s e t e d	r m e r	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	or a	mpensati from the rganization nd relate ganizatio	e on ed
				-						-	-		
										·			
										+			
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			<u> </u>								+		
											-		
•		-											
									-		+		
1b	Total		<u> </u>		<u> </u>	L	L		150,917	0	+		0
2	Total number of individuals (including but not limited to	those listed a	above)	who	o rec	eive	ed more	e tha					
	reportable compensation from the organization									0		т	т
3	Did the organization list any former officer, director or t	rustee, kev	emplov	ee.	or h	ahe	st com	pen:	sated		Γ.	Yes	No
	employee on line 1a? If "Yes," complete Schedule J for										3		X
4	For any individual listed on line 1a, is the sum of reporta	•					•						
	the organization and related organizations greater than				-								v
5	Individual										4		X
	services rendered to the organization? If "Yes," comple		•				_				5	†	X
Se	ction B. Independent Contractors											_	
1	Complete this table for your five highest compensated i	ndependent	contra	ctor	s tha	at red	ceived	mor	e than \$100,000 of				
	compensation from the organization												
	(A) (B) Name and business address Description of services											(C) ensation	ı
													
									 				
2	Total number of independent contractors (including but		those	list	ed a	bove	e) who	rece	eived				
	more than \$100,000 in compensation from the organiza	ition ►											

Part \	VIII	Statement of Revenue		_			_
		,	-	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
	1a	Federated campaigns 1a	i				
	ь	Membership dues	5				
Contri-	_ c	Fundraising events	:				
butions, grifs,	ا	Related organizations	-				
grants	ء ا	Government grants (contributions) . 16	_				
and other		grame (comment)					
sımılar	1	All other contributions, gifts, grants, and similar amounts not included above	2,718,647			:	
amounts	_	Noncash contributions included in lines 1a-1f \$:	
	h	Total. Add lines 1a-1f		2,718,647			
	"	Total: Add lines fa-11	1	2,710,017			
	2-		Business Code				
	2a						
Program	Ь						
Service	, c						
Revenue	d						,
	e				-		
	†	All other program service revenue					
	g	Total. Add lines 2a-2f					
	3	Investment income (including dividends, interest					
		other similar amounts)		2,282	2,282		
	4	Income from investment of tax-exempt bond pro					
	5	Royalties	<u> ▶</u>				
		(ı) Real	(II) Personal				
	6a	Gross Rents					
	b	Less rental expenses					
	C	Rental income or (loss)					
	d	Net rental income or (loss)	<u> ▶</u>				
	7a	Gross amount from sales of (i) Securities	(ii) Other				
	1	assets other than inventory			-		
	Ь	Less cost or other basis					
^		and sales expenses			:	-	
ť	С	Gain or (loss)			-		
h	d	Net gain or (loss)	. <u> </u>				
e	8a	Gross income from fundraising					
•		events (not including \$					
R		of contributions reported on line 1c)			,		
e V		See Part IV, line 18	ı	_	·	•	
e	b	Less direct expenses	,		:		
n u		Net income or (loss) from fundraising events					
e	1	Gross income from gaming activities		:		•	
		See Part IV, line 19	ı	:			
	ь	Less direct expenses					
	1	Net income or (loss) from gaming activities					
	1	Gross sales of inventory, less					11 11 11 11 11 11
	IVa	returns and allowances	1				
	Ь	Less cost of goods sold					
		Net income or (loss) from sales of inventory					
	<u> </u>	Miscellaneous Revenue	Business Code				
	11a			ĺ	1	f	
	Ь						
	c					_	
		All other revenue	_				
		Total. Add lines 11a-11d					
		Total revenue. See instructions		2,720,929	2,282	0	0
	16	TOTAL LEVELING: OCC MONUCHOLIS	 	2,,20,,22	2,202		<u> </u>

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	306,003	306,003		
2	Grants and other assistance to individuals in				······································
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
•	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16	2,011,280	2,011,280		
4	Benefits paid to or for members	2,011,200	2,011,200	"	
- 5	Compensation of current officers, directors,	-			***************************************
3	•	E 6 7 E 0		56,750	
_	trustees, and key employees	56,750		36,730	
6	Compensation not included above, to disqualified	İ			
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	94,167		94,167	
В	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
0	Payroll taxes	11,991		11,991	
1	Fees for services (non-employees)				
а	Management	14,795		14,795	
b	Legal				
¢	Accounting	2,000		2,000	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17 .				
f	Investment management fees				
g	Other				
2	Advertising and promotion	85		85	
3	Office expenses	3,167		3,167	
4	Information technology			-	
5	Royalties				
6	Occupancy	32,856		32,856	
7	Travel	52,000			
8	Payments of travel or entertainment expenses				
•	for any federal, state, or local public officials				
0		541		541	
9	Conferences, conventions, and meetings	- 541		241	
0	Interest				
1	Payments to affiliates	1 200		1 220	
2	Depreciation, depletion, and amortization	1,320		1,320	
3	Insurance	1,620	7,	1,620	
4	Other expenses Itemize expenses not				
	covered above (Expenses grouped together				
	and labeled miscellaneous may not exceed		[· ·	
	5% of total expenses shown on line 25 below)				
а	TELEPHONE	2,219		2,219	
þ	POSTAGE AND SHIPPING	3,198		3,198	
c	AUTOMOBILE ALLOWANCE	2,149		2,149	
d	EQUIPMENT REPAIRS	2,144		2,144	
е	PRINTING	657		657	
f	All other expenses	2,750		2,750	
5	Total functional expenses. Add lines 1 through 24f	2,549,692	2,317,283	232,409	
26	Joint Costs. Check here ▶ ☐ If following				
	SOP 98-2 Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and			}	

Part X **Balance Sheet** (A) (B) Beginning of year End of year 1 1 150 100 2 2 567,693 737,924 3 3 Pledges and grants receivable, net 4 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Α 6 475 7 s е 8 9 9 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D | 10a Less accumulated depreciation 10b 10c ь 11 11 12 12 Investments - other securities. See Part IV, line 11 13 13 14 14 6,839 7,340 15 15 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 575,157 745,364 2,120 17 1,089 17 18 18 19 19 20 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 23 23 Secured mortgages and notes payable to unrelated third parties е 24 24 25 25 26 2,120 26 1,089 Organizations that follow SFAS 117, check here ▶ 🗓 and complete lines 27 through 29, and lines 33 and 34. NF u 27 573,037 27 744,275 е n 28 28 d 29 Α 29 В s Organizations that do not follow SFAS 117, check here ▶ a and complete lines 30 through 34. 1 е t а 30 30 s n 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 о е Retained earnings, endowment, accumulated income, or other funds 32 573,037 33 744,275 33 575,157 34 745,364 34

		•
Entm	CCC	(2009)
-0111	220	(2003)

CHRISTIAN LIGHT FOUNDATION, INC.

59-1747173

Page 12

Pa	rt XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990 🛛 Cash 🔲 Accrual 🗍 Other			
	If the organization changed its methods of accounting from a prior year or checked "Other," explain in			
	Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	Х	
b	Were the organization's financial statements audited by an independent accountant?	2b	Χ	
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 in			
	Schedule O			İ
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			1
	the Single Audit Act and OMB Circular A-133?	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 in Schedule O and describe any steps taken to undergo such audits	3b		

EEA

Form **990** (2009)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Employer identification number

		IAN LIGHT FOUN				4 1 /	41 • • • •	0		1/4/1/3			
	rt I			y Status (All organiza				See instru	ctions				
	orgar	·		se it is (For lines 1 throi				\(-\					
1				sociation of churches de		section 1	/U(b)(1)(A)(I).					
2	님)(A)(ii). (Attach Schedul		. 470(1)	(a)(a)(···)						
3	Н			vice organization describ					· · · · · ·				
4	Ш		organization operati	ed in conjunction with a	hospital de	escribed in s	section 1/	/U(b)(1)(A	(III). Enter	the hospit	al's name	∍,	
_		city, and state											
5	Ц			of a college or universit	y owned o	r operated I	by a gover	nmental u	nit describe	ed in			
		section 170(b)(1)(A)					VaVaV N						
6				governmental unit descr									
7	X	· ·	•	a substantial part of its s	upport fror	n a governr	nental unit	or from th	e general	public			
		described in section	•	•									
8		-		170(b)(1)(A)(vi). (Com									
9	Ш	•		(1) more than 33 1/3% o									
		•		mpt functions - subject t									
				and unrelated business t				1 tax) from	businesse	es			
				30, 1975 See section 5				V 4V					
10	Ц			d exclusively to test for p									
11		•		d exclusively for the ben	•				-				
		· · · · · · · · · · · · · · · · · · ·		rted organizations desci						ection			
		_	_	the type of supporting o					חוו חק	¬ +			
		a ∐ Type I	b ∐ Type		_ ,.	I-Functiona	, ,		a	∐ Туре	III-Other		
е			•	rganization is not contro									
		•	-	s and other than one or	more publi	iciy support	ea organiz	ations des	scribed in s	ection			
		509(a)(1) or section !				T 1 T.	U T.:	101					
f		-		termination from the IRS	tnat it is a	ı iype i, iy	pe II, or Ty	/pe III sup	porting				_
		organization, check t											• • ∟
9		=	06, nas tne organiz	ation accepted any gift o	or contribut	ion from ar	ly of the						
		following persons?	lung athe are undergathe	controls, outhor along or	togothory	wth paraon	docaribo	לוו) מו ל				V	Na
		-	-	controls, either alone or							1126)	Yes	No
		· · ·		of the supported organi ribed in (i) above?							11g(i)		
											11g(u)		
L			• •	n described in (i) or (ii) a							11g(iii)		L
h	<i>6</i> 3. A	<u> </u>	(ii) EIN	the supported organization (iii) Type of organization	T	organization	(v) Did y	ou notify	(41)	Is the	(var)	Amount	of
	(I) N	lame of supported organization	(11) E114	(described on lines 1-9	1,,	isted in your	the organi	-	organizat		1	upport	OI .
				above or IRC section	governing	document?	col (i)	of your port?	(i) organiz	zed in the S ?			
				(see instructions))	Yes	No	Yes	No	Yes	No	1		
					163	- 110	163	110	103	110			
	_			-									
							 		 	 	†		
			 		 				 				
					 				1		 -		
Tota	ıl									1			
••	-		11	i	1	1	1						

Schedule A (Form 990 or 990-EZ) 2009 CHRISTIAN LIGHT FOUNDATION, INC. 59-1747173 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received (Do not 2,435,539 2,712,141 2,632,270 2,718,647 12,388,130 include any "unusual grants") 1,889,533 Tax revenues levied for the organization's benefit and either paid to or expended on 3 The value of services or facilities furnished by a governmental unit to the organization without charge 2,712,141 2,632,270 2,718,647 12,388,130 Total. Add lines 1 through 3 1,889,533 2,435,539 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) Public support. Subtract line 5 from In 4 12,388,130 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 2,712,141 2,632,270 2,718,647 12,388,130 1,889,533 2,435,539 Gross income from interest, dividends, payments received on securities loans. rents, royalties and income from similar 3,462 2,282 32,946 11,055 9,759 sources 6,388 Net income from unrelated business activities, whether or not the business is 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 12,421,076 11 Total support. Add lines 7 through 10 . 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 99.73 % % Public support percentage from 2008 Schedule A, Part II, line 14 15 16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box $\blacktriangleright X$ and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or

more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

59-1747173

1 0	Complete only divine the dead the	•	load I	COO GDG(C)(\ - /		
<u></u>	(Complete only if you checked the I	oox on line 9 of P	art i)				
	ction A. Public Support	()	(1)	/ \	(1) 0000	() 2222	(4) =
Cale	endar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")]			
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus under sec 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 furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	-					
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						<u></u>
	Public support (Subtract line 7c from line 6)						
	ction B. Total Support						1
Cale	endar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
с 11	Add lines 10a and 10b						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11, and 12)						
	First five years. If the Form 990 is for the organization, check this box and stop here.			h, or fifth tax year	as a section 501(c)(3) • • • • • • • • • • • • • • • • • • •	▶ □
Se	ction C. Computation of Public Su	• •				, ,	
15	Public support percentage for 2009 (line 8, co						9
16	Public support percentage from 2008 Schedu					16	9
Se	ction D. Computation of Investmen						
17	Investment income percentage for 2009 (line					17	9
18	Investment income percentage from 2008 Sci	hedule A, Part III,	, line 17		• • • • • • • • • • • • • • • • • • • •	18	9
	33 1/3% support tests - 2009. If the organiz 17 is not more than 33 1/3%, check this box a	and stop here . Ti	he organization qua	alifies as a publicly	supported organiza	tion	▶ □
	33 1/3% support tests - 2008. If the organization are than 33 1/3%, check this bearing the private Foundation: If the organization did not be the organization and the organization of the organization and the organization are the organization of the organization and the organization are the organization and the organization are the organization and the organization are the organization and the organization are the organization are the organization and the organization are the organization are the organization are the organization are the organization are the organization are the organization are the organization are the organization are the organization are the organization are the organization are the organization are the organization are the organization are the organization are the organization are the organization and the organization are the organization	oox and stop her	e. The organization	i qualifies as a pub	licly supported orga	nization	
e U	- Frivate Foundation: If the Ottanization Old N	AULUTIEUK ALDOX O'		JU. CHECK HIS DOX	and see moductions		🗩 1

Schedule F (Form 990)·

Department of the Treasury

Internal Revenue Service

Statement of Activities Outside the United States

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

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization CHRISTIAN LIGHT FOUNDATION, INC. Part I General Information on Activities Outside the United States. Complete if the organization answered

Employer identification number 59-1747173

"Yes" to Form 990, P	art IV, line 14b				
1 For grantmakers. Does the or		un records to su	bstantiate the amount of the gra	ants or	. ,
assistance, the grantees' eligib	ollity for the grants	or assistance, a	and the selection criteria used to	o award	
the grants or assistance?					. 🛚 Yes 🗌 No
2 For grantmakers. Describe in	Part IV the organ	ization's proced	ures for monitoring the use of g	rant funds outside the	
United States					
3 Activities per Region (Use Sch	hedule F-1 (Form	990) if additiona	I space is needed)	******	,
(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in	(e) If activity listed in (d) is a program service,	(f) Total
	offices in the region	employees or agents in	region (by type) (i e , fundraising, program services,	describe specific type of	expenditures in region
		region	grants to recipients located in	service(s) in region	
CENTRAL AMERICA AND		 	the region)		
THE CARRIBEAN	14		PROGRAM SERVICES		850,815
EAST ASIA AND THE					333,023
PACIFIC	5		PROGRAM SERVICES		497,309
RUSSIA AND THE NEWLY					
INDEPENDENT STATES	1		PROGRAM SERVICES		6,072
				-	
SOUTH ASIA	2		PROGRAM SERVICES		77,942
SUB-SAHARAN AFRICA	2		PROGRAM SERVICES		335,106
		1			
SOUTH AMERICA	6		PROGRAM SERVICES		244,036
					
-				<u> </u>	-
	-				
			<u> </u>	<u> </u>	
				1	
- . 1			l .	i	1 0 011 000

59-1747173 CHRISTIAN LIGHT FOUNDATION, INC.

Page 2

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000 Check this box if no one recipient received more than \$5,000 Schedule F (Form 990) 2009 Part II

	Θ
	do:togoaction
	4
	(A) Manner of
ace is needed	
irm 990) if additional spa	A) IBS code
Schedule F-1 (Form	•
Use	

(g) Amount of (h) Description (i) Method of valuation of non-cash of non-cash (book, FMV, assistance appraisal, other)																														
(f) Manner of (g) cash disbursement e																														
(e) Amount of cash grant	315,208	19,898		28,480		116,379		60,154		35,820		24,032		37,667		23,673		307,603		40,363		51,884		9,261		53,831		30,578	A 84 A	7 0 10
(d) Purpose of grant																														
(c) Region	SUB-SAHARAN AFRICA	SUB-SAHARAN AFRICA	East Asia and the	Pacific	Central America and	the Carribean	Central America and	the Carribean	Central America and	the Carribean	Central America and	the Carribean	Central America and	the Carribean	Central America and	the Carribean	Central America and	the Carribean	Central America and	the Carribean	Central America and	the Carribean	Central America and	the Carribean	Central America and	the Carribean	Central America and	the Carribean	ATSA HEIIOS	POOL PLANE
(b) IRS code section and EIN (if applicable)				-						•				-							-									
(a) Name of organization																														

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or consel has provided a section 501(c)(3) equivalency letter ~

Enter total number of other organizations or entities က

EEA

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Schedule F (Form 990) 2009

CHRISTIAN LIGHT FOUNDATION, INC.

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16 Schedule F (Form 990) 2009

Part III Grants

Use Schedule F-1 (Form 990) if additional space is needed

1	ı	ı 1	I	I	1		1 1				1				۱_
(h) Method of valuation	(book, FMV, appraisal, other)	•						:							Schedule F (Form 990) 2009
(g) Description	ol non-cash assistance								:						Schedul
(f) Amount of	assistance														
(e) Manner of	disbursement									!					
A Amount of	cash grant														EEA
(c) Number of	recipients					II.									
A) Bonon															
	(a) Type of graff or assistance														

Page 2 59-1747173 CHRISTIAN LIGHT FOUNDATION, INC. Schedule F-1 (Form 990) 2009

	(i) Method of valuation (book, FMV, appraisal, other)								Ì				;										жт 990) 2009
Part II, line 1)	(h) Description of non-cash assistance																						Schedule F-1 (Form 990) 2009
(Schedule F (Form 990), Part II, line 1)	(g) Amount of non-cash assistance																						
d States. (Sc	(f) Manner of cash disbursement																						
Jutside the Unite	(e) Amount of cash grant		4,130	19,663	7T, 096	4	700' *87	120,885		44,280	•	6,072	38,050	39,818		55,438	59,243	19,390	0.07. 4.7	32,746			i
ons or Entities ((d) Purpose of grant																						EEA
Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States.	(c) Region	CENTRAL AMERICA AND	THE CARRIBEAN	EAST ASIA AND THE PACIFIC	SOUTH ASIA	EAST ASIA AND THE	EAST ASTA AND THE		EAST ASIA AND THE	PACIFIC	RUSSIA AND THE NEWLY	INDEPENDENT STATES	SOUTH AMERICA	SOUTH AMERICA	CENTRAL AMERICA AND		SOUTH AMERICA	SOUTH AMERICA	COLUMN AMBOICA	SOUTH AMERICA			
rants and Other	(b) IRS code section and EIN (if applicable)																						
Part II Continuation of G	Na Na																						

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

2009

OMB No 1545-0047

Open to Public

inspection

ջ □

Employer identification number Name of the organization

⊠ Yes 59-1747173 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Part I General Information on Grants and Assistance the selection criteria used to award the grants or assistance? CHRISTIAN LIGHT FOUNDATION, INC.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Check this box if no one recipient received more than \$5,000 Use Part IV and Schedule I-1 (Form 990) if additional space is needed

or government	(6)	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of Valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HAMBRICK MINISTRY							
13379 PURDUE ROAD 32218			73,513				
TRAYLOR MINISTRY							
PO BOX 350644 32235			34,617				
WRENN MINISTRY							
402 HAWKINS ROAD 37040			26,440				
GRIFFIS MINISTRY					:		
RT 1 BOX 416 65608			15,467				
WHITING MINISTRY							
723 CREEKWOOD CIRCLE 48768			45,659				
CUMMINGS MINISTRY							
8153 SAND AFAEL DRIV 32217			5,236				
CROWLEY MINISTRY							
10075 GATE PARKWAY 32246			11,813				
MCRAE MINISTRY							
108 CEDAR LANE 08021			66,118				
NICHOLSON MINISTRY							
4535 PARK STREET 32205			20,199				
MIKE DAWSON MINISTRY							
715 STOCKTON ROAD 22630			6,941				

3 Enter total number of other organizations For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

EEA

Schedule I (Form 990) 2009

Page 2 • Schedule I (Form 990) 2009 (f) Description of non-cash assistance Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 (e) Method of valuation (book, Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information FMV, appraisal, other) non-cash assistance (d) Amount of (c) Amount of cash grant Use Part IV and Schedule I-1 (Form 990) if additional space is needed CHRISTIAN LIGHT FOUNDATION, INC. (b) Number of recipients (a) Type of grant or assistance Schedule I (Form 990) 2009 Part III

59-1747173

SCHEDULE O (Form 990)

Supplemental Information to Form 990

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

OMB No 1545-0047 2009

Inspection

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

➤ Attach to Form 990.

Name of the organization	Employer identification number
CHRISTIAN LIGHT FOUNDATION, INC.	59-1747173
01. Form 990 governing body review (Part VI, line 11)	
GOVERING DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.	
02. CEO, executive director, top management comp (Part VI, line 15a)	
JACK CUMMING, EXECUTIVE DIRECTOR ANNUAL COMPENSATION - \$56,750	
03. Other officer or key employee compensation (Part VI, line 15b	
CARL TUELL, CHIEF FINANCIAL OFFICER ANNUAL COMPENSATION - \$46,900	
DAMMY GUILITUAN EVECUMTUE ACCICMANT ANNUAL COMPENSATION - \$22 100	
PATTY SULLIVAN, EXECUTIVE ASSISTANT ANNUAL COMPENSATION - \$32,100	
STEFANIE DINSBEER, SECRETARY ANNUAL COMPENSATION - \$15,167	
04. Governing documents, etc, available to public (Part VI, line 19)	
U4. Governing documents, etc., available to public (rait vi, line 1),	
NO REVIEW WAS CONDUCTED OR WILL BE CONDUCTED.	
	
	-

" Form 4562

Depreciation and Amortization (Including Information on Listed Property)

OMB	Nο	1545-0172
OIVID	INO	1343-0172

2009

Department of the Treasury Internal Revenue Service (99)

► See separate instructions.

► Attach to your tax return.

Attachment

Business or activity to which this form relates

Sequence No 67

	s) shown on return								1 , -
CHR	RISTIAN LIGHT FOUN	DATION,	INC.	FOR	RM 990	- 1			59-1747173
Par	t I Election To Expens	e Certain Pr	operty Und	er Sec	tion 179				
	Note: If you have any liste	d property, com	plete Part V bef	ore you c	omplete Part	<u>l </u>			
1	Maximum amount See the instructi	ons for a higher	limit for certain	business	es			1	
2	Total cost of section 179 property p	laced in service	(see instruction	ns)				2	
3	Threshold cost of section 179 proper	erty before reduc	ction in limitation	n (see inst	tructions)			3	
4	Reduction in limitation Subtract line	3 from line 2 If	zero or less, er	nter -0-				4	
5	Dollar limitation for tax year. Subtra	ct line 4 from line	e 1 If zero or le	ss, enter	-0- If married	d filing			
	separately, see instructions	<u> </u>				<u> </u>		5	
	(a) Description of pr	operty		(b) Cost (b)	usiness <u>use only</u>) (c) Ele	cted cost		
6									
7	Listed property Enter the amount for	rom line 29 .			7			·	
8	Total elected cost of section 179 pr	operty Add amo	ounts in column	(c), lines	6 and 7 .			8	
9	Tentative deduction Enter the sma	ller of line 5 or li	ne 8					9	
10	Carryover of disallowed deduction t	· · · · · · · · · · · · · · · · · · ·						10	
11	Business income limitation. Enter the				•	ine 5 (see insti	ructions)	11	
12	Section 179 expense deduction Ac				nan line 1 <u>1</u>			12	
13	Carryover of disallowed deduction to				. ▶ 13				
	Do not use Part II or Part III below							. ,	
Par	······						sted pro	perty)	(See instructions)
14	Special depreciation allowance for								
	during the tax year (see instructions							14	
15	Property subject to section 168(f)(1							15	1 110
16	Other depreciation (including ACRS						<u> </u>	16	1,118
Par	t III MACRS Depreciati	On (Do not in			ee instruction	s)			
4=				ection A	0000			17	72
17	MACRS deductions for assets place		-					17	12
18	If you are electing to group any ass	· ·	_						
	asset accounts, check here Section B - Asset							on Sw	
	Section B - Asset	(b) Month and	(c) Basis for dep		ear Using th	ie General De	preciati	on Sys	stem
					14 -3	1.	1 4 5		
	(a) Classification of property	year placed in	(business/investr		(d) Recovery	(e)Convention	(f) Met	hod	(g)Depreciation deduction
10-			(business/investr		(d) Recovery penod	(e)Convention	(f) Met	hod	(g)Depreciation deduction
19a	3-year property	year placed in			(d) Recovery period	(e)Convention	(f) Met	hod	(g)Depreciation deduction
b	3-year property 5-year property	year placed in service			(d) Recovery period	(e) Convention	(f) Met	hod	
b c	3-year property 5-year property 7-year property STATEMENT	year placed in service			(d) Recovery period	(e) Convention	(f) Met	hod	(g)Depreciation deduction
b c d	3-year property 5-year property 7-year property STATEMENT 10-year property	year placed in service			(d) Recovery period	(e) Convention	(f) Met	hod	
b c d	3-year property 5-year property 7-year property 10-year property 15-year property	year placed in service			(d) Recovery penod	(e) Convention	(f) Met	hod	
c d e f	3-year property 5-year property 7-year property 10-year property 15-year property 20-year property	year placed in service			penod	(e) Convention			
b c d e f	3-year property 5-year property 7-year property STATEMENT 10-year property 15-year property 20-year property 25-year property	year placed in service			penod 25 yrs.		S/I		
b c d e f	3-year property 5-year property 7-year property 10-year property 15-year property 20-year property 25-year property Residential rental	year placed in service			25 yrs. 27 5 yrs	MM	S/I S/I		
c d e f g h	3-year property 5-year property 7-year property 10-year property 15-year property 20-year property 25-year property Residential rental property	year placed in service			25 yrs. 27 5 yrs 27 5 yrs	MM	S/I S/I S/I	-	
b c d e f	3-year property 5-year property 7-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real	year placed in service			25 yrs. 27 5 yrs	MM MM	\$/\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	-	
c d e f g h	3-year property 5-year property 7-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property	year placed in service	only-see instru	ctions)	25 yrs. 27 5 yrs 27 5 yrs 39 yrs	MM MM MM	S/I S/I S/I S/I	-	130
b c d e f g h	3-year property 5-year property 7-year property 10-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets	year placed in service	only-see instru	ctions)	25 yrs. 27 5 yrs 27 5 yrs 39 yrs	MM MM MM	S/I S/I S/I S/I Operecia	- - - - ation \$	130
b c d e f g h	3-year property 5-year property 7-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets Class life	year placed in service	only-see instru	ctions)	25 yrs. 27 5 yrs 27 5 yrs 39 yrs	MM MM MM	S/I S/I S/I S/I Oeprecia		130
b c d e f g h	3-year property 5-year property 7-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets Class life 12-year	year placed in service	only-see instru	ctions)	25 yrs. 27 5 yrs 27 5 yrs 39 yrs ear Using the	MM MM MM MM e Alternative I	S/A S/A S/A S/A S/A Deprecia	- - - - ation \$	130
b c d e f g h	3-year property 5-year property 7-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets Class life 12-year 40-year	year placed in service	only-see instru	ctions)	25 yrs. 27 5 yrs 27 5 yrs 39 yrs	MM MM MM	S/I S/I S/I S/I Oeprecia	- - - - ation \$	130
d e f g h	3-year property 5-year property 7-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets Class life 12-year 40-year IV Summary (see instructions)	year placed in service	only-see instru	ctions)	25 yrs. 27 5 yrs 27 5 yrs 39 yrs ear Using the	MM MM MM MM e Alternative I	S/A S/A S/A S/A S/A Deprecia	ation S	130
b c d e f g h i	3-year property 5-year property 7-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets Class life 12-year 40-year IV Summary (see instruct Listed property Enter amount from	# 50 Placed in Service ctions)	only-see instru	09 Tax Ye	25 yrs. 27 5 yrs 27 5 yrs 39 yrs ear Using the 12 yrs 40 yrs	MM MM MM Alternative I	S/N S/N S/N S/N S/N S/N	- - - - ation \$	130
d e f g h	3-year property 5-year property 7-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets Class life 12-year 40-year 1 IV Summary (see instruction total. Add amounts from line 12, line	# 50 Placed in Service ctions) In line 28 The service of t	rice During 200	O9 Tax Ye	25 yrs. 27 5 yrs 27 5 yrs 39 yrs 12 yrs 40 yrs	MM MM MM MM MM MM MM MM MM MM MM MM MM	S/I S/I S/I S/I S/I S/I S/I	ation S	130 System
b c d e f g h i	3-year property 5-year property 7-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets Class life 12-year 40-year IV Summary (see instruct Listed property Enter amount from	# 50 # Flaced in Service ctions) In line 28 In return. Partners	rice During 200	O9 Tax Ye	25 yrs. 27 5 yrs 27 5 yrs 39 yrs 28 40 yrs 29 yrs 20 yrs 20 yrs 21 yrs 22 yrs 39 yrs	MM MM MM MM MM MM MM MM MM MM MM MM MM	S/I S/I S/I S/I S/I S/I S/I	ation S	130

ame(s) as shown on refum		Fe	deral Supp	orting Statements	2009 PG01
		<u>F</u>	ORM 4562	- LINE 19C	STATEMENT # 50
ASIS 1,179	<u>RP</u>	<u>CV</u> HY	METHOD S/L	DEDUCTION 84	
642	7		s/L	46	
'OTAL				130	

Form 8868 (Re				Page ∠
-	ling for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this be			••▶ 🔼
•	mplete Part II if you have already been granted an automatic 3-month extension on a previously filed F	סססס ווווכ		
	ling for an Automatic 3-Month Extension, complete only Part I (on page 1) Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no c	onies neede	4)	
		Employer identif		
Type or print	1	59-174		
File by the		For IRS use only		
extended	Number, street, and room or suite no. If a PO box, see instructions P.O. BOX 23881	roi ino use oilly	′	
due date for filing the	City, town or post office, state, and ZIP code For a foreign address, see instructions			
return See	JACKSONVILLE, FL 32241			
Check type o	f return to be filed (File a separate application for each return).			
Form 990	Form 990-PF		☐ Form 6	8069
Form 990-E			Form 8	
Form 990-E				3070
	t complete Part II if you were not already granted an automatic 3-month extension on a previous	usly filed F	orm 8868.	
	are in the care of CARL TUELL			
	No ▶ 904-732-9567 FAX No ▶ 904-732-9569			
•	ization does not have an office or place of business in the United States, check this box			▶□
	a Group Return, enter the organization's four digit Group Exemption Number (GEN)	If this is		
	group, check this box ▶ ☐ If it is for part of the group, check this box ▶ ☐ and attach a			
	mes and EINs of all members the extension is for			
	t an additional 3-month extension of time until 02-15 , 2011			
•	ndar year, or other tax year beginning04-01, 2009 and ending	03-	31 ,201	LO
		e in accountir		
	detail why you need the extension		3	
	NIZATION WAS BEING AUDIT WHICH DELAYED THE PREPAR	ATION		
	AX RETURN.			
				
8a If this an	oplication is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax,			
•	nonrefundable credits. See instructions	8a	\$	0
	oplication is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and			
	ed tax payments made. Include any prior year overpayment allowed as a credit and any			
	paid previously with Form 8868	8b	\$	0
	• Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit			
	O coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions.	8c	\$	0
	Signature and Verification			
	perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowled and complete, and that I am authorized to prepare this form	ige and belief,		
Signature >	Title ▶	Date ▶		
EEA		For	m 8868 (Re	ev. 4-2009)

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