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Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2013

Department of the Treasury Internal Revenue Service

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

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

A	For the	2013 cale	ndar year, or tax year beginning July 1 , 2013, and ending	J une	30	, 20 14					
В	Check If	applicable	C Name of organization First Light Inc		D Employ	er identification number					
	Address	change	Doing Business As		63-119	7189					
	Name ch	nange	Number and street (or P.O box if mail is not delivered to street address) Room/suit	te	E Telepho	ne number					
	Initial ret	urn	2230 4th Avenue North		205-32	3-4277					
	Terminat										
$\overline{\Box}$	Amende	-	City or town, state or province, country, and ZIP or foreign postal code Birmingham, AL 35203		G Gross re	eceipts \$					
$\overline{\Box}$			F Name and address of principal officer Ruth Crosby			subordinates? Yes X No					
_	, de la com		s included? Yes No								
_	2230 4th Avenue North Birmingham Alabama 35203 H(b) Are all subordinates included? ☐ Yes ☐ N 1 Tax-exempt status ☐ 501(c)(3) ☐ 501(c) () ◀ (insert no) ☐ 4947(a)(1) or ☐ 527 If "No," attach a list (see instructions)										
<u>:</u>	J Website: ► firstlightshelter.org H(c) Group exemption number ► N/A										
- <u>k</u> -											
	art I			311 1998	Mistate	of legal domicile AL					
	_	Summ									
•	1		escribe the organization's mission or most significant activities: work w								
Governance			te hospitality in a safe and nurturing community. To								
2			o find hope, to seek opportunity, and to grow spiritu								
Š	2		is box ▶ ☐ if the organization discontinued its operations or disposed or		1	its net assets.					
	3		of voting members of the governing body (Part VI, line 1a)		3	18					
Activities &			of independent voting members of the governing body (Part VI, line 1b)		4_	18					
ij	5	Total nur	nber of individuals employed in calendar year 2013 (Part V, line 2a) .		_5	18					
.≧	6	Total nun	nber of volunteers (estimate if necessary)		6	2,020					
¥	7a	Total unr	elated business revenue from Part VIII, column (C), line 12		7a						
	b	Net unrel	ated business taxable income from Form 990-T, line 34	<u></u>	7b	None					
		· · · · · · · · · · · · · · · · · · ·		Prior Yea	er	Current Year					
6	8	Contribut	1,04	0,643	1,313,238						
Revenue	9		tions and grants (Part VIII, line 1h) RECEIVED service revenue (Part VIII, line 2g)	4	2,784	69,227					
e e	10	Investme	nt income (Part VIII, column (A), lines 3, 4, and 7d)		749	728					
æ	11	Other rev	renue (Part VIII, column (A), lines 536d, 8d 9d, 10d af@141e 📯	14	3,840	143,379					
	12	Total reve	enue-add lines 8 through 11 (must equal Part VIII, column (A), (Re 12)		28,016	1,526,572					
	·		nd similar amounts paid (Part IX, column (A) [[nest-3]] T			0					
	14		paid to or for members (Part IX, column (A), line 4)			0					
w	4-		other compensation, employee benefits (Part IX, column (A), lines 5–10)	54	5,749	570,610					
Expenses	16a		onal fundraising fees (Part IX, column (A), line 11e)			0					
ber	b			Sign Fi	med a telepr	PARTY OF THE PARTY					
ŭ	17		penses (Part IX, column (A), lines 11a–11d, 11f–24e)		7,643	791,519					
	18		penses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,392	1,362,129					
,	1		less expenses. Subtract line 18 from line 12								
	, 13	rieveriue		eginning of Cur	4,624	164,443 End of Year					
Net Assets or Fund Balances	20	Total aca	<u></u>	· 							
Sse	20		ets (Part X, line 16)	···	5,772	2,272,277					
a e	21		ilities (Part X, line 26)		5,093	37,155					
			ts or fund balances. Subtract line 21 from line 20	2,0	0,679	2,235,122					
7,	art II		ure Block								
			ry, I declare that I have examined this return, including accompanying schedules and statem ete Declaration of preparer (other than officer) is based on all information of which preparer I			ny knowledge and belief, it is					
		T k		·	-						
C:-					8/2014						
Sig		Signa	74 St. Derve - Exec. Director	Date		aked					
He	ere				2/0/	2014					
		1.7.	or print name and title								
Pa	id	Print/Typ	pe preparer's name Preparer's signature Date		Check [if PTIN					
	epare	r Tim C	lark Y (lark 9/8	3/2014	self-emp	ployed P01309207					
	e Onl	1	ame ▶Tim Clark & Associates PC - Suite 200	Firm	s EIN ► 6	3-1198934					
	<u></u> _	Firm's a	ddress ▶ 2 Riverchase Office Plaza Birmingham, AL 35244	Phor	e no						
Ma	y the IR	S discuss	s this return with the preparer shown above? (see instructions)	<u> </u>	<u> </u>	🛚 Yes 🗌 No					
For	For Paperwork Reduction Act Notice, see the separate instructions.										

Part	
	Check if Schedule O contains a response or note to any line in this Part III
1.	Briefly describe the organization's mission:
	Work with Homeless women and children to create hospitality in a safe and nurturing community.
	To encourage them to maintain dignity, to find hope, to seek opportunity, and to grow
	spiritually, thereby achieving their full potential.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 1,238,386 including grants of \$) (Revenue \$)
	Work with Homeless women and children to create hospitality in a safe and nurturing community.
	To encourage them to maintain dignity, to find hope, to seek opportunity, and to grow
	spiritually, thereby achieving their full potential.
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)
	······································
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O.)
*	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶ 1,238,386

Part	V Checklist of Required Schedules			
			Yes	No
1.	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7-	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III </i>	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.		7733 a	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	11	х
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		х
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	4.45		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	14b		_X_
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.			_X_
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	16		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		7,	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	18	Х	
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		
			990	(2013)

Part	V Checklist of Required Schedules (continued)			
			Yes	No
21.	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		x
	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 to defease any tax-exempt bonds?	24b 24c		x
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			12 m
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		x
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	30	X	x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32_		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33_		х
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		x x
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI			
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	37	x	<u> </u>
			لبنب	

Form **990** (2013)

Part				
	Check if Schedule O contains a response or note to any line in this Part V	· · ·	· ·	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 6		165	"
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	┪ !	!	<u> </u>
c	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 18	.}		1
Ь	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 (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
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	الليساء		
	account)?	4a		X
b	If "Yes," enter the name of the foreign country: N/A	1		ĺ
_	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			<u> </u>
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c		X
c 6a	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	30		
O.	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
-	gifts were not tax deductible?	6ь		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		- -
h 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	7h		
Ü	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	}		1
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	—		
а	Did the organization make any taxable distributions under section 4966?	9a		 -
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12	_		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:	[ĺ
a	Gross income from members or shareholders	-		
b	Gross income from other sources (Do not net amounts due or paid to other sources			
40	against amounts due or received from them.)	10		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b 12	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	120		
а	Note. See the instructions for additional information the organization must report on Schedule O.	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which			
-	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand	1		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		х
	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h		

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Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Sc	See ins	structi	ons.
Secti	on A. Governing Body and Management		<u> </u>	<u> </u>
	Enter the number of voting members of the governing body at the end of the tax year 18		Yes	No
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
ь 2	Enter the number of voting members included in line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		<u>x</u> _
<u> 4 </u>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6 7a	Did the organization have members or stockholders?	7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a 8b	X	
9	Each committee with authority to act on behalf of the governing body?	9	х	
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Co	ode.)	
		لــــا	Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a		X
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a b	Did the organization have a written conflict of interest policy? <i>If "No,"</i> go to <i>line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a 12b	X	
c 13	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	x	
14 15	Did the organization have a written document retention and destruction policy?	14	X	
а	The organization's CEO, Executive Director, or top management official	15a	х	
b	Other officers or key employees of the organization	15b	Х	
16a	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed ► Alabama Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply. ☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)	า 501(c)(3)s	only)
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year.	erest	policy	, and
20	State the name, physical address, and telephone number of the person who possesses the books and records	of the	•	

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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 neither the organization no	r any relate	d org	aniz	atio	n c	ompe	nsa	ated any currer	t officer, directo	r, or trustee.
					c) ition				4-1	
(A) Name and Title	(B) Average hours per	box.	unles	neck ss pe	more	e than o is both or/trust	n an	(D) Reportable compensation	(E) Reportable compensation from related	(F) Estimated amount of other
	week (list any hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Denise Kellebrew	4									1
President	 	x		x				0	0	0
(2) Jamie Sandford	4	 ^	<u> </u>	<u> </u>	-	-	-	<u> </u>		
Vice president	+	x		x					٥ ا	0
(3) Emma Taylor	4				-					
Secretary	† -	x		x				1 0	0	0
(4) Davis Goodson	4		-	-						
Treasurer	1	x		x				0	0	0
(5) Melissa Brisendine	2									
Director	1	x						0	0	0
(6) Susan Clayton	2									
Director	T	х						0	0	0
(7) Pat Clotfelter	2									
Director	1	x	1					0	_ o_	
(8) Cindy Coyle	2									
Director	T	x						0	0	0
(9) Sharon Fenstermaker	2									
_ Director		х						_ 0	o	0
(10) Richard Keller	2									
Director	I	х						0	0	0
(11) Marva J May	2									
Director		х						0	0	0
(12)Ryan Medo	2									
Director		x						0	0	0
(13) Sherri Nielson	2									
Director		х				<u></u>		0	0	0
(14) James Phillips	2]		
_ Director		x						0	0	0

Part VII Section A. Officers, Directors, Tru	stees, Key E	mplo	yees	s, ar	nd H	lighes	st C	ompensated E	mployees (contir	nued)	_	
(A) Name and title	(B) Average hours per week (list any	/erage box, unless person is bo officer and a director/tru						(D) Reportable compensation from	(E) Reportable compensation from related	an	(F) Estimated amount of other	
	hours for related organizations below dotted line)	Individua or directo	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	com fr org and	pensa om the anizat d relate anizatie	e Ion ed
(15) Thomas Schultz	2	<u> </u>										
Director		х			_		_	0	0			0
Director	2	x	i				ĺ	0	0			0
(17) Mary Ann smith-Janas	2			-	_		┝╌					
Director		x				_		o	o			_ 0
(18) Sandra Storm	2											_
Director		х						0	0			0
(19) Ruth Crosby Executive Director		ĺ		x			İ	0		•		
(20)				^				On request	0		11 16	equest
(21)												
(22)												
(23)										 		
(24)												
(25)						:				<u> </u>		
1b Sub-total		L	L'	<u>. </u>		L	_	0	0			
c Total from continuation sheets to Pa		n A										
·						:	<u> </u>	0	0			0
2 Total number of individuals (including b		to th	ose	list	ed a	above	e) w	ho received me	ore than \$100,00	0 of		
reportable compensation from the orga	IIIZation		•								Ye	s No
3 Did the organization list any former	officer, direc	tor, c	r tr	uste	ee,	key e	emp	loyee, or high	est compensate	d	+	
employee on line 1a? If "Yes," complete										3		х
4 For any individual listed on line 1a, is the											Ì	
organization and related organization	s greater th	an \$1	150,	UUU	17 11	"Yes	s,	complete Sch	eaule J for suc	4	-	
5 Did any person listed on line 1a receive for services rendered to the organizatio									ation or individu		_	X
Section B. Independent Contractors	<u>-</u>	<u> </u>					-				ــــــــــــــــــــــــــــــــــــــ	
1 Complete this table for your five highes compensation from the organization. Re year.												tax
(A) Name and business a	ddress							(B) Description of se	ervices	(C Comper		1
None												
	· · · · · · · · · · · · · · · · · · ·											
2 Total number of independent contrac	•	_					th	ose listed abo	ove) who			

Part VI!I		Statement of Revenue									
•		Check if Schedule O contains a response or note	(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections					
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns 1a Membership dues 1b Fundraising events 1c Related organizations 1d Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a-1f \$]	revenue		512-514					
	h	Total. Add lines 1a–1f ▶	1,313,238								
Program Service Revenue	2a b c	Program Business Code	69,227	69,227							
Eg.	е										
Progi	fg	All other program service revenue . Total. Add lines 2a-2f	69,227								
	3 4 5	Investment income (including dividends, interest, and other similar amounts) ▶ Income from investment of tax-exempt bond proceeds ▶ Royalties	728			728					
	6a b c	Gross rents	- - -								
	d 7a b	Net rental income or (loss)	0								
	c d	and sales expenses . Gain or (loss)	0								
Other Revenue		Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	⊣								
Ö	С	Less: direct expenses b 33,482 Net income or (loss) from fundraising events . ▶ Gross income from gaming activities. See Part IV, line 19 a	143,379			143,379					
	С	Less: direct expenses b Net income or (loss) from gaming activities ▶ Gross sales of inventory, less returns and allowances a	0								
	b c	Less: cost of goods sold b Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code	0								
	11a b c d	All other revenue									
	е 12	Total. Add lines 11a–11d ▶ Total revenue. See instructions ▶	1,526,572	69,227		144,107					

Part IX Statement of Functional Expenses

Check if Schedule O contains a response or note to any line in this Part IX								
8b, 9b	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses			
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21							
2	Grants and other assistance to individuals in the United States. See Part IV, line 22							
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16							
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	22.450	50.601	0.245	0.50			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	83,472	72,621	8,347	2,50			
7	Other salaries and wages	378,499	329,294	37,850	11,35			
8	Pension plan accruals and contributions (include	2,0,123		3:1000				
	section 401(k) and 403(b) employer contributions)	3,341	2,907	334	10			
9	Other employee benefits	68,708	59,776	6,871	2,06			
10	Payroll taxes	36,590	31,833	3,659	1,09			
11	Fees for services (non-employees):							
а	Management							
b	Legal			<u> </u>				
С	Accounting	15,818	13,603	2,215				
d	Lobbying							
е	Professional fundraising services. See Part IV, line 17							
f	Investment management fees							
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)			1 054				
	_ · · ·	13,317	11,453	1,864				
12 13	Advertising and promotion	17 125	14 052	2,570				
13 14	Office expenses	17,135	14,052	2,570	51			
15	Royalties		· · · · · · · · · · · · · · · · · · ·					
16	Occupancy	482,099	458,690	23,409				
17	Travel	3,315	2,984	265	6			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	3,323	2,753					
19	Conferences, conventions, and meetings .	7,261	7,261					
20	Interest							
21	Payments to affiliates							
22	Depreciation, depletion, and amortization .	95,028	87,426	7,602				
23	Insurance	42,924	36,485	6,439				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column							
	(A) amount, list line 24e expenses on Schedule O.)							
а	Guest assistance	12,697	12,697					
b	Printing and other	17,908	15,807	2,101				
С	Program supplies	63,727	63,727					
d	Telephone	19,746	17,771	1,580	39			
е	All other expenses Development	544			54			
25	Total functional expenses. Add lines 1 through 24e	1,362,129	1,238,387	105,106	18,63			
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)							

P	art X		1)/		
		Check if Schedule O contains a response or note to any line in this Par	(A) Beginning of year	<u> </u>	(B) End of year
	1	Cash—non-interest-bearing	381,251	1	559,101
	2	Savings and temporary cash investments	21,031		21,033
	3	Pledges and grants receivable, net	69,756		64,941
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,		 	
		trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
શ	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
Assets	-7-	Notes and loans receivable, net	_ 	7	
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 2,734,774			
	ь	Less: accumulated depreciation 10b 1,107,572	1,613,734	10c	1,627,202
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11	·······	13	
	14	Intangible assets	·	14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	2,085,772	16	2,272,277
	17	Accounts payable and accrued expenses	15,093	17	37,155
	18	Grants payable		18	· · · · · · · · · · · · · · · · · · ·
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and			
Ē		disqualified persons. Complete Part II of Schedule L		22	
Ë	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	15,093	26	37,155
ses		Organizations that follow SFAS 117 (ASC 958), check here ▶ 🗓 and complete lines 27 through 29, and lines 33 and 34.			
aŭ	27	Unrestricted net assets	2,070,679	27	2,235,122
3al	28	Temporarily restricted net assets		28	
ᅙ	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34.			
Ş	30	Capital stock or trust principal, or current funds		30	
se	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds .		32	
det	33	Total net assets or fund balances	2,070,679	33	2,235,122
~	34	Total liabilities and net assets/fund balances	2,085,772	34	2,272,277

orm 99	0 (2013)		Pa	ge 12
Part				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>	<u> </u>	
1.	Total revenue (must equal Part VIII, column (A), line 12)	1	,526	,572
2	Total expenses (must equal Part IX, column (A), line 25)	1	,362	<u>,129</u>
3	Revenue less expenses. Subtract line 2 from line 1		164	,443
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	2	,070	,679
5	Net unrealized gains (losses) on investments			
6	Donated services and use of facilities			
7	Investment expenses			
8	Prior period adjustments			
9	Other changes in net assets or fund balances (explain in Schedule O)			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	33, column (B))	_2	,235	,122
Part	XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>		
			Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other			
	If the organization changed its method 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		x
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		١.	,
	reviewed on a separate basis, consolidated basis, or both:		1.	
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	x	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			
	separate basis, consolidated basis, or both:			
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			

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.

За

Form **990** (2013)

Schedule O.

SCHEDULE A (Form 990 or 990-EZ)

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.

2013

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization **Employer identification number** First Light Inc 63-1197189 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. **c** Type III–Functionally integrated **d** Type III-Non-functionally integrated a ☐ Type I **b** Type II e 🗌 By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and Yes No (iii) below, the governing body of the supported organization? 11g(i) 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). (v) Did you notify (i) Name of supported (ii) EIN (iii) Type of organization (iv) is the organization (vii) Amount of monetary (vi) Is the in col (i) listed in your the organization in organization (described on lines 1-9 organization in col support (i) organized in the governing document? col (i) of your above or IRC section support? US? (see instructions)) Yes No Yes No Yes No (A) (B) (C) (D) (E) **Total**

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

Schedule A (Form 990 or 990-EZ) 2013

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Part							
	(Complete only if you checked the						alify under
	Part III. If the organization fails to	qualify unde	er the tests lis	sted below, p	lease comple	te Part III.)	
	on A. Public Support				· · · · · · · · · · · · · · · · · · ·		
	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")	905,545	947,800	952,105	1,040,643	1,313,238	5,159,331
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	905,545	947,800	952,105	1,040,643	1,313,238	5,159,331
5	The portion of total contributions by each person (other than a	, 5	_	,			
	governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)	,		·			
6	Public support. Subtract line 5 from line 4.			<u> </u>	<u> </u>		F 150 221
	on B. Total Support	<u></u>				لــــــــــــــــــــــــــــــــــــ	5,159,331
	dar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	905,545	947,800	952,105			5,159,331
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar				, , , , , , , ,		
	sources	2,039	1,419	1,424	749	728	6,359
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	21,445	19,721	36,743	42,784	69,227	189,920
11	Total support. Add lines 7 through 10	21,113	237,122	337,13	127701	33,22.	5,355,610
12	Gross receipts from related activities, etc.	(see instruction	ons)			12	
13	First five years. If the Form 990 is for th	e organization	's first, second	d, third, fourth	, or fifth tax ye	ear as a sectio	n 501(c)(3)
	organization, check this box and stop her	re					▶ □
Secti	on C. Computation of Public Suppor						
14	Public support percentage for 2013 (line 6	S, column (f) dıv	vided by line 1	1, column (f))		14	96.34 %
15	Public support percentage from 2012 Sch					15	96.78 %
16a	331/3% support test - 2013. If the organiz						
•	box and stop here. The organization qual	-	•	_			_
b	331/3% support test—2012. If the organicheck this box and stop here. The organi					15 is 33 ¹ / ₃ % ·	or more, . ► □
17a	10%-facts-and-circumstances test — 20 10% or more, and if the organization meet Part IV how the organization meets the "fa organization	ets the "facts-a acts-and-circu	and-circumstar	nces" test, che	ck this box an	d stop here. E	xplain ın
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizat Explain in Part IV how the organization me supported organization	on meets the eets the	"facts-and-cir- -and-circumst	rcumstances" ances" test. T	test, check th he organization	is box and st on n qualifies as a	op here. publicly
	_						

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

	le A (Form 990 or 990-EZ) 2013			·			Page
² art							
	(Complete only if you checked the						der Part II.
٠	If the organization fails to qualify	under the tes	ts listed belo	ow, please co	mplete Part	l.)	
ecti	on A. Public Support						
alen	dar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
8	Add lines 7a and 7b	in the second					
	on B. Total Support	γ			r	r	T
	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.				_		
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
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.)						
14	First five years. If the Form 990 is for the organization, check this box and stop he	re			or fifth tax ye		
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2013 (line	• •	-			15	9
16 Secti	Public support percentage from 2012 Sci on D. Computation of Investment In				· · · · ·	16	9
	Investment income percentage for 2013 (v line 13. colu	mn (fl)	17	9
17	Investment income percentage for 2013 4 (

19a 331/3% support tests-2013. If the organization did not check the box on line 14, and line 15 is more than 331/3%, and line

17 is not more than 33½%, check this box and **stop here.** The organization qualifies as a publicly supported organization . \blacktriangleright 331/3% support tests-2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and line 18 is not more than 331/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (F	chedule A (Form 990 or 990-EZ) 2013				
Part IV	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).				
Part II,	Section B, Line 10 - Program revenue				
•••••					
••••					

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization **Employer identification number** First Light Inc 63-1197189 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate contributions to (during year) . Aggregate grants from (during year) . . Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Conservation Easements. Part II Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Preservation of a certified historic structure Protection of natural habitat ☐ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation Held at the End of the Tax Year easement on the last day of the tax year. Total number of conservation easements 2a 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year ▶ Number of states where property subject to conservation easement is located ▶ 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

Assets included in Form 990, Part X .

_	•
Page	4

Part								
3	Using the organization's acquisition, a	accession, and oth	ner recor	ds, check	any of the	followi	ng that are a si	gnificant use of its
	collection items (check all that apply):							
а	☐ Public exhibition		d l	Loan	r exchange	progra	ıms	
b	☐ Scholarly research							
	☐ Preservation for future generations	.						
4	Provide a description of the organizat		nd expla	in how th	ev further th	ne oraa	nization's exem	opt purpose in Part
•	XIII.		a oxpia		o,	9-		.po parpood a
5	During the year, did the organization	solicit or receive	donation	s of art h	istorical tre	asures	or other simila	r
J	assets to be sold to raise funds rather							
Part								<u> </u>
rart	Complete if the organization		to Form	n 990 Pa	art IV line 9	orre	onorted an am	ount on Form
	990, Part X, line 21.	answered res	to rom	11 330, 1 6	artiv, mie c	, 01 10	ported an ann	ount on romi
10	Is the organization an agent, trustee,	gustadian or oth	or interm	odian, for	contributio	ne or	other assets no	<u>.</u>
14	included on Form 990, Part X?							
							<u> </u>	
D	If "Yes," explain the arrangement in Pa	art XIII and comple	te the to	llowing ta	oie:		Δ,	mount
	5					4-	<u> </u>	
C	Beginning balance					1c	·	
ď	Additions during the year					1d		
е	Distributions during the year					1e		
f	Ending balance					1f		
2a	Did the organization include an amour	nt on Form 990, Pa	art X, line	21?		• •		☐ Yes ☐ No
	If "Yes," explain the arrangement in Pa	art XIII. Check here	e if the ex	<u>cplanation</u>	has been p	rovided	d in Part XIII .	<u> L</u>
Par								
	Complete if the organization				art IV, line	10.		
		(a) Current year	(b) Pro	or year	(c) Two years	back ((d) Three years back	(e) Four years back
1a	Beginning of year balance							
b	Contributions							
С	Net investment earnings, gains, and							
	losses							
d	Grants or scholarships							
е	Other expenditures for facilities and							
	programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of t	he current vear en	d balanc	e (line 1g,	column (a))	held a	s:	
a	Board designated or quasi-endowmer	nt ▶	%	, ,,,	` '/			
b	Permanent endowment ▶	%						
C	Temporarily restricted endowment ▶	%						
·	The percentages in lines 2a, 2b, and 2		0%.					
3a	Are there endowment funds not in the			zation tha	t are held a	nd adn	ninistered for th	е
-	organization by:		3					Yes No
	(i) unrelated organizations							3a(i)
	(ii) related organizations		• •					3a(ii)
h	If "Yes" to 3a(ii), are the related organi		anuired c	n Schedu	 le R?			3b
4	Describe in Part XIII the intended uses	of the organization	n's endo	wment fu	nds.	• •		
Part								
ı- ai l	Complete if the organization		' to For	n 990 P	art IV line :	11a S	ee Form 990	Part X. line 10
	· · · · · · · · · · · · · · · · · · ·				other basis		ccumulated	(d) Book value
	Description of property	(a) Cost or ot			her)		preciation	(v) DOOK VAIDE
	Land	, , , ,			-	•		
1a	Land	•			22.25		001.015	
b	Buildings	·		2,	314,689		824,012	1,490,677
C	Leasehold improvements	·						
d	Equipment	•			342,853		239,012	103,841
<u>е</u>	Other	·	20.5		77,232	-11	44,548	32,684
i otal.	Add lines 1a through 1e. (Column (d) n	nust equal Form 9:	yu, Part X	k, column	(B), line 10(d	C).) .	►	1,627,202

Part VI!	Investments—Other Securi				
	Complete if the organization				
•	(a) Description of security or ca (including name of securit		(b) Book value	(c) Met Cost or end	hod of valuation -of-year market value
(1) Financial					
	ield equity interests				
(3) Other					
(A)			<u> </u>		
(B)					.
(C)	·		<u> </u>		
(D)			ļ		
(E)	·			ļ	
(F) (G)					
(H)			 		
	a) must aqual Form 000, Part V, and (D) line 10		 		
Part VIII	o) must equal Form 990, Part X, col. (B) line 12 Investments—Program Rel		1		
I alt VIII	Complete if the organization		m 000 Part IV lis	no 11a Soo Earm	000 Part V line 12
	(a) Description of investme		(b) Book value		hod of valuation
	(a) Description of investine	11 K	(b) Book value		of-year market value
<u>(1)</u>			 		_ `
(2)			 	-	
(3)	· · · · · · · · · · · · · · · · · · ·			 	
(4)		···· <u>··</u> ··	-		
(5)				 	_
(6)					
(7)					
(8)			<u> </u>	- 	
(9)					
	o) must equal Form 990, Part X, col. (B) line 13	1) >			
Part IX	Other Assets.	<u> </u>	<u> </u>	- 	
	Complete if the organization	answered "Yes" to For	m 990, Part IV, lir	ne 11d. See Form	990, Part X, line 15.
		(a) Description			(b) Book value
(1)					
(2)					
(3)			··-		
(4)			·		
(5)		<u> </u>		<u> </u>	
(6)					
(7)		<u> </u>			
(8)				. <u>.</u>	
(9)	(1) 15 000 D	V 1.651.11 (5.11)			
	nn (b) must equal Form 990, Part	X, col. (B) line 15.)	<u> </u>	<u> ▶</u>	
Part X	Other Liabilities.	1004 111 5	000 5 . 114 !!	44 446	-
	Complete if the organization	answered "Yes" to For	m 990, Part IV, lir	ne 11e or 11f. See	Form 990, Part X,
1.	line 25.				
(1) Federal in	(a) Description of liability	(b) Book value			
	come taxes				
(2)					
(3)					
(4) (5)					
(6)					
(6) (7)		_			
(8)					
(9)			· 		
) must equal Form 990, Part X, col. (B) line 25	1			
	uncertain tax positions. In Part XIII,		oto to the organizati	on's financial statemen	nto that ranged - the
• ciability for	uncertain tax positions. In Part Alli,	provide the text of the loom	iote to the organization	וויס ווים stateme	rus mai reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part		=	r Return.	
	Complete if the organization answered "Yes" to Form 990, F			
1.	Total revenue, gains, and other support per audited financial statements		1	1,526,572
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b	_	
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		3	1,526,572
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	. 0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			1,526,572
Part			er Returr	۱.
	Complete if the organization answered "Yes" to Form 990, F	Part IV, line 12a.		
1	Total expenses and losses per audited financial statements		1	1,362,129
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a	_	
b	Prior year adjustments	2b		
С	Other losses	2c	_	
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		3	1,362,129
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	_	
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b			0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	<u>e 18.) </u>	5	1,362,129
Part	XIII Supplemental Information.			
Provid 2: Par	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	d 4; Part IV, lines 1b and a to provide any additional	2ο; Paπ V, I information	ine 4; Part X, line
•	,			

			••••	

Schedule D (Fo	Schedule D (Form 990) 2013 Page 5				
Part XIII	Supplemental Information (continued)				
•					

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Ivaille	or the organization					Employer identific	cauon number
Firs	t Light Inc					63-1197189	
Par	Eurodupioine Activities				vered "Yes" to F	orm 990, Part IV,	line 17.
1	Indicate whether the organizat				owing activities C	book all that apply	_
' a	Mail solicitations	ion raised funds	e F		ion of non-govern		
b	Internet and email solicitati	one	€		ion of governmen	_	
	Phone solicitations	OHS	- [-		
C			g L	_ Special	fundraising events	•	
d 2a	In-person solicitationsDid the organization have a wi	ditan ar aral annu		anu indiuu	dual (including off	iiooro dirootoro truo	tooo
Za	or key employees listed in For						
h							
b	compensated at least \$5,000 b			draisers) p	ursuant to agreen	ients under which ti	ie iurioraiser is to be
		y the organization	J.1.				
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have or control of outlons?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
			Yes	No		-	
1							
2							
3	· · · · · · · · · · · · · · · · · · ·		-				<u> </u>
							-
4							
5							
6	·	-					
7						····	
8							
9							
	 		ļ. <u> —</u>				
10							
Total							
3	List all states in which the org	anization is regi	stered or lic	ensed to s	solicit contribution	s or has been notifi	ed it is exempt from
	registration or licensing.	J		*****			•
	·						
	·					***************************************	***************************************
			·				*************
						•••	***************************************
			•••••			***************************************	
	~					•••	
	~						
	` 						
	` 						

J		gross receipts greater tha	(a) Event #1 Gala	(b) Event #2 Holiday Lights	(c) Other events Other	(d) Total events (add col (a) through
a l			(event type)	(event type)	(total number)	col (c))
Revenue	1	Gross receipts	_133,597	36,465	6,799	176,861
	2 3	Less: Contributions Gross income (line 1 minus				0
\dashv		line 2)	133,597	36,465	6,799	176,861
	4	Cash prizes				0
	5	Noncash prizes				0
enses	6	Rent/facility costs				0
Direct Expenses	7	Food and beverages				_ 0
Dire	8	Entertainment	<u> </u>			0
	9	Other direct expenses .	28,918	1,291	3,273	33,482
	10 11	Direct expense summary. Ac Net income summary. Subtra	Id lines 4 through 9 in co act line 10 from line 3, c	olumn (d) olumn (d)		33,482 143,379
Pa	rt III	Gaming. Complete if the	•	ed "Yes" to Form 990), Part IV, line 19, or re	eported more
Revenue	_	than \$15,000 on Form 9	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Rev	_					
	4	Gross rovonuo				
$\neg \neg$		Gross revenue				
sesue	2	Gross revenue				
Expenses	2					
Direct Expenses		Cash prizes				
Direct Expenses	3	Cash prizes				
Direct Expenses	3	Cash prizes	☐ Yes% ☐ No	☐ Yes% ☐ No	☐ Yes%	
Direct Expenses	3 4 5	Cash prizes	□ No	□ No	<u> </u>	
Direct Expenses	3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses . Volunteer labor	No No Id lines 2 through 5 in co	No No olumn (d)	□ No ►	
Direct	3 4 5 6 7 8 Er	Cash prizes	No Id lines 2 through 5 in construction operates gar perate gaming activities	No olumn (d) ne 1, column (d) ming activities: in each of these states	□ No	🗌 Yes 🗌 No
Direct	3 4 5 6 7 8 En	Cash prizes	No Id lines 2 through 5 in construction of the second of	No No ne 1, column (d) ming activities: in each of these states	□ No ▶ ▶	Yes No

Part II - Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more

ochedu	lle G (Form 990 or 990-EZ) 2013 Page 3
11	Does the organization operate gaming activities with nonmembers?
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?
13	Indicate the percentage of gaming activity operated in:
а	The organization's facility
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	Name ►
	Address►
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the
_	amount of gaming revenue retained by the third party ▶ \$
С	If "Yes," enter name and address of the third party:
	Name ►
	Address >
16	Gaming manager information:
	Name ►
	Gaming manager compensation ► \$
	Description of services provided ►
	□ Director/officer □ Employee □ Independent contractor
17	Mandatory distributions:
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$
Part	
_	
·	

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

2013

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number

First Part	Light Inc				63-1197189					
Part	Types of Property	(a)	(b)	(c)		(d)				
		Check if applicable	Number of contributions or items contributed	Noncash contribution amounts reported on Form 990, Part VIII, line	Method (of determini				
1	Art—Works of art			TOTAL 990, Part VIII, line	<u>'9</u>					
2	Art—Historical treasures	ļ ———								
3	Art—Fractional interests									
4	Books and publications									
5	Clothing and household		······································							
	goods									
6	Cars and other vehicles									
7	Boats and planes									
8	Intellectual property			 						
9	Securities - Publicly traded						_			
10	Securities - Closely held stock .						_			
11	Securities - Partnership, LLC,									
	or trust interests									
12	Securities - Miscellaneous									
13	Qualified conservation									
	contribution—Historic									
	structures						_			
14	Qualified conservation									
	contribution—Other									
15	Real estate - Residential									
16	Real estate - Commercial									
17	Real estate—Other									
18	Collectibles									
19	Food inventory									
20	Drugs and medical supplies									
21	Taxidermy									
22	Historical artifacts									
23	Scientific specimens									
24	Archeological artifacts									
25	Other ► (Meals)	X	See page 2	No objective va						
26	Other ► (School supplies)	Х	See page 2	No objective va						
27	Other ► (Furniture)	Х	See page 2	No objective va	lue N/A					
28	Other ► (Supplies)	X	See page 2	No objective va	lue N/A					
29	Number of Forms 8283 received				1 1					
	which the organization completed	Form 8283	s, Paπ IV, Donee Acknowled	agement	29		- I NI-			
						Yes	s No			
30a	During the year, did the organizati						{			
	it must hold for at least three yea									
	used for exempt purposes for the		ing period?			30a	X			
	If "Yes," describe the arrangement									
31	Does the organization have a gift acceptance policy that requires the review of any non-standard									
	contributions?		· · · · · · · · · · · · · · · · · · ·			31	<u> </u>			
32a	Does the organization hire or use	•								
						32a	Х			
	If "Yes," describe in Part II.			. 4 . 6	/ > /					
33	If the organization did not report ar describe in Part II.	n amount in	column (c) for a type of pro	perty for which column	ı (a) ıs checked,					

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.
The Organization receives a great deal of support from the community. Volunteers from partner
Churches and various community organizations serve dinner every night of the year to women and
children staying at First Light, Inc.
The Organization had in excess of 10,000 volunteer hours donated to the Organization. The
dinner volunteers bring all the food and drink to serve approximately 70 guests each night. Also,
on occasions such as Thanksqiving, complete turkey dinners are provided for the approximately 50
clients in the scattered-site housing.
<u></u>
The Organization receives inkind donations throughout the year. At the beginning of each school
year, many school supplies and uniforms for the children in the Organization's programs are
donated.
Some furniture and other necesssary items for living in apartments are donated to help the women
in the Organization's permanent housing.
Volunteers also donate many other items such as cleaning supplies, over-the-counter medication,
socks, underwear, clothing, etc.

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2013

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ. ► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Open to Public Inspection

Name of the organization		Employer identification number
First Light Inc		63-1197189
	_	
Form 990, Part VI, Section B, Line 11b - Form 990 is provided	d to Board m	embers for a regularly
scheduled meeting.		
Form 990, Part VI, Secton B, Line 12c - Member required to re	emove confli	ct or resign position.
Form 990, Part VI, Section B, Line 12a&b - Board evaluates as	nd approves	compensation for the
Form 990, Fare VI, Section B, Bine 12aab - Board evariates an	id approves	compendación for ene
executive director and approves ranges for all others.		
Form 990, Part VI, Section C, Line 19 - Documents are made a	vailable by	appointment at the
organization's administrative offices during regular business	s hours.	
		·
		_
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