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# Form 990-EZ

## Short Form **Return of Organization Exempt From Income Tax**

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

2014

OMB No 1545-1150

**Open to Public** Inspection

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

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

For the 2014 calendar year, or tax year beginning January 1 2014, and ending December 31 20 C Name of organization B Check if applicable D Employer identification number The Light and Life Foundation, Inc. Address change 27-1200839 Name change Number and street (or P.O. box, if mail is not delivered to street address) Room/suite E Telephone number Initial return 203-202-9169 Final return/terminated City or town, state or province, country, and ZIP or foreign postal code F Group Exemption Amended return Fairfield, CT 06824 Number ▶ Application pending Other (specify) **G** Accounting Method: ☐ Cash ☐ Accrual H Check ▶ ☐ If the organization is not Website: ▶ required to attach Schedule B J Tax-exempt status (check only one) — 501(c)(3) 501(c) ( **□**527 (Form 990, 990-EZ, or 990-PF). √ (insert no.) 
☐ 4947(a)(1) or K Form of organization Corporation ☐ Trust ☐ Association Other L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ . . . . . . 31,720 Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I Check if the organization used Schedule O to respond to any question in this Part I 1 Contributions, gifts, grants, and similar amounts received. 31,268 2 Program service revenue including government fees and contracts 2 0 3 Membership dues and assessments . . . . 3 0 4 Investment income . . . . . . . . 4 0 5a Gross amount from sale of assets other than inventory b Less: cost or other basis and sales expenses . . . . . . . . . . . Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . C 0 5c Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than Revenue Gross income from fundraising events (not including \$ Oof contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . 6b Less: direct expenses from gaming and fundraising events . . . 6c Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract 6d 0 Gross sales of inventory, less returns and allowances 7a 7a b Less: cost of goods sold . . . 7b Gross profit or (loss) from sales of inventory (Subtract line Zb from line 7a) C 0 7c 8 2 8 9 9 31,270 Grants and similar amounts paid (list in Schedule O) 10 10 0 11 Benefits paid to or for members . . . 11 0 12 Salaries, other compensation, and employed benefits, . U.T 0 12 13 0 Professional fees and other payments to independent contractors 13 14 0 Occupancy, rent, utilities, and maintenance . . . . 14 15 Printing, publications, postage, and shipping. 484 15 16 Other expenses (describe in Schedule O) . . . . . . . . . 7,162 16 17 Total expenses. Add lines 10 through 16 . 17 7,646 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . . 18 18 23,624 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 23,094 19 20 20 0 21 Net assets or fund balances at end of year. Combine lines 18 through 20 46.718 Form **990-EZ** (2014)

Pa	t II Balance Sheets (see the instructions f	for Part II)				
	Chèck if the organization used Schedule	O to respond to ar	ny question in this			🗆
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			23,094	22	46,718
23	Land and buildings			0	23	0
24	Other assets (describe in Schedule O)				24	0
25	Total assets			23,094	25	46,718
26	Total liabilities (describe in Schedule O)				26	0
27	Net assets or fund balances (line 27 of column			23,094	27	46,718
Par	· · · · · · · · · · · · · · · · · · ·	-		•		
	Check if the organization used Schedule	<del></del>	ny question in this	Part III		Expenses
Wha	t is the organization's primary exempt purpose?	SEE SCHEDULE O				quired for section (c)(3) and 501(c)(4)
as m	ribe the organization's program service accomplisheasured by expenses. In a clear and concise mons benefited, and other relevant information for ear HOGARES LUZ Y VIDA, BOGOTA, COLOMBIA THE COLOMBIA T	nanner, describe the ach program title.	services provide	d, the number of	orga	anizations; optional for
	SERVE ORPHANED, IMPOVERISHED AND DISABLED	CHILDREN				
	(Grants \$ 0) If this amount	includes foreign gra	nts, check here .	▶ □	28a	4,510
29						
	(Grants \$ ) If this amount	includes foreign gra	nts, check here .	▶ 🗀	298	<u> </u>
30						
		***************************************				
•		includes foreign gra	nts, check here .	<u> ▶ □</u>	30a	1
31	Other program services (describe in Schedule O) (Grants \$ ) If this amount	includes foreign gra			24.	
32	Total program service expenses (add lines 28a t				318	<del></del>
Par						
ı aı	Check if the organization used Schedule					<u></u>
	Check if the organization used schedule		(c) Reportable	Part IV	$\dot{\top}$	· · · · <u>L</u>
	(a) Name and title	(b) Average hours per week devoted to position	compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	contributions to employ benefit plans, and		Estimated amount of other compensation
		PRESIDENT			ŀ	
	BOX 356, FAIRFIELD, CT 06824	20 HOURS		0	0	0
		DIRECTOR			1	
	BOX 356, FAIRFIELD, CT 06824	10 HOURS		0	0	0
	ALINA WIESER	SEC/TREASURER			-	
	BOX 356, FAIRFIELD, CT 06824	20 HOURS		0	0	0
	GLAS FAINELLI	DIRECTOR				
	BOX 356, FAIRFIELD, CT 06824	10 HOURS	·	0	0	0
	RY LIGHT 	DIRECTOR			-	
<u> PO</u>	BOX 356, FAIRFIELD, CT 06824	10 HOURS		0	0	0
					-	
			<del></del>	. <del> </del>	$\bot$	· · · · · · · · · · · · · · · · · · ·
			<del></del>	· · · · · · · · · · · · · · · · · · ·	$\dagger$	-
					+	
					╁	<u>-</u>
						···
			, -			

Form 99	0-EZ (2014)		F	age 3	
Part			e		
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part		<u> </u>	
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		Yes	No	
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed	33		-	
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the				
35a	change on Schedule O (see instructions)				
332	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		ļ	
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	·	<del>                                     </del>	
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c			
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36			
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a				
ь	Did the organization file Form 1120-POL for this year?	37b			
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		;	
þ	If "Yes," complete Schedule L, Part II and enter the total amount involved				
39	Section 501(c)(7) organizations. Enter:				
a b	Initiation fees and capital contributions included on line 9			ļ	
40a	Gross receipts, included on line 9, for public use of club facilities	┨			
	section 4911 ► ; section 4912 ► ; section 4955 ►				
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year				
_	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		ļ	
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958				
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization				
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e			
41	List the states with which a copy of this return is filed ▶ NONE				
42a		203-25	9-626	6	
h	Located at ► PO BOX 356, FAIRFIELD, CT ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over	068		·	
b	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	NO	
	If "Yes," enter the name of the foreign country: ▶	420			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and				
	Financial Accounts (FBAR).				
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		L	
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		. I	▶□	
44	Did the constant and th		Yes	No	
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a			
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b			
С	Did the organization receive any payments for indoor tanning services during the year?	44c			
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O				
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	44d 45a		<u> </u>	
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the	130			
_	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45h			

							1   0	2 140
<b>46</b>	Did the organization engage, directly or it to candidates for public office? If "Yes," of the candidates for public office?	ndirectly, in political c complete Schedule C	ampaign activities on	behalf of or	in opposi		6	
Part V	_ <del>- • </del>	s only						ines
	Check if the organization used Sc	hedule O to respond	I to any question in t	his Part VI				
					• • •	• • •	Ye	s No
	Did the organization engage in lobbying year? If "Yes," complete Schedule C, Pai		section 501(h) electio	n in effect o	during the	tax - 4	7	
	Is the organization a school as described in						8	
	Did the organization make any transfers t If "Yes," was the related organization a s						9a 9b	-
	Complete this table for the organization's							_l and kev
(	employees) who each received more that	n \$100,000 of compe	nsation from the orgai	nization. If th	ere is non	e, enter	"None	·."
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health contributions benefit plans, compen	to employee and deferred		ated am compens	
NONE								
					_	 		
		1						
-								
		L		<u> </u>				
	Total number of other employees paid or	·				L		41
51	Complete this table for the organization \$100,000 of compensation from the organization	anization. If there is no	ensated independent one, enter "None."	contractors	wno eaci	1 receive	∌a moi	re than
	(a) Name and business address of each indepen-	dent contractor	(b) Type of serv	rice	(c	) Compens	sation	
NONE				-	· · · · · ·			
			-					
								<del> ·</del>
			1					
			-					
			_					
	Total number of other independent contri	actors each receiving	Over \$100,000					
	Did the organization complete Sched	-		nızations m	ust attacl	———— n a		
	completed Schedule A					.▶□ Υ	es 🗌	] No
Under per	nalties of penjury declare that I have examined this ect, and complete Declaration of preparer (other tha	return/including accompan	ying schedules and stateme	ents, and to the	best of my k	nowledge a	and belie	ef, it is
	cot, and complete/beolgratight of preparer (other tra	of the state of all fills	milation of which preparer	las ariy kilowlet	n Maria	146 .	10	15
Sign	Signature of officer	- MARCON		Date	May	<i>7</i> , s	201	<u> </u>
Here	COLLEEN E MOREY, PRESIDENT	·			<i>U</i>			
	Type or print name and title	Preparer's signature	Da	te		) PTIN	<del></del>	
Paid	Print/Type preparer's name	reparer a signature	l Da	.6	Check self-emplo	J 11	•	
Prepa Use O	1 <b>.</b> .			Firm	's EIN ▶	· · - I		
	Firm's address ▶				ne no			
May the	e IRS discuss this return with the prepare	r shown above? See	instructions				aa 🖂	No

### SCHEDULÈ 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.

2014

OMB No. 1545-0047

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.

Open to Public Inspection

The L	ight an	d Life Foundation, Inc					27-12	
Pai	<u> </u>	Reason for Public Cha	rity Status (All	organizations must	comple	te this p		
The c	organiz	zation is not a private founda			<del></del>	<del> </del>	<del></del>	
1		church, convention of church			ıbed ın <b>s</b> e	ection 17	O(b)(1)(A)(i).	
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)							
3		hospital or a cooperative hos						
4	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.)							
6 7	☐ Ar	federal, state, or local govern n organization that normally escribed in <b>section 170(b)(1)</b>	receives a subs	tantial part of its sup				n the general public
8	$\square A$	community trust described in	n section 170(b)	(1)(A)(vi). (Complete	Part II.)			
9	red su	n organization that normally ceipts from activities related ipport from gross investme equired by the organization a	to its exempt int income and	functions—subject to unrelated business	certain taxable i	exceptio ncome (l	ns, and (2) no more	than 331/3% of its
10	☐ Ar	n organization organized and	operated exclus	sively to test for public	c safety.	See <b>sect</b>	ion 509(a)(4).	
11	on	n organization organized and ne or more publicly supported e box in lines 11a through 110	l organizations d	escribed in section 5	<b>09(a)(1)</b> o	r section	509(a)(2). See sect	ion 509(a)(3). Check
а	1	Type I. A supporting organiz the supported organization(s organization. You must com	) the power to re	egularly appoint or ele				
b	_ (	Type II A supporting organize control or management of the organization(s). You must co	e supporting org	janization vested in th				
С		Type III functionally integra its supported organization(s)						y integrated with,
d	t	Type III non-functionally intended in the III not functionally integrated instructions requirement (see instructions	ated. The organi	zation generally must	satisfy a	distributi	on requirement and	
е		Check this box if the organiz functionally integrated, or Ty	ation received a	written determination	from the	IRS that	it is a Type I, Type I	I, Type III
f		er the number of supported o						
g	Prov	vide the following information	about the supp	orted organization(s).	•			<u> </u>
	(i) Nam	ne of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				(see instructions))	Yes	No		
(A)								
(B)								
(C)								
(D)								
(E)								
Total	<del>,</del>						-	

Part							
	' (Complete only if you checked the	ne box on line	5, 7, or 8 of	Part I or if the	e organizatio:	n failed to qua	alify under
	Part III. If the organization fails to	qualify unde	r the tests lis	ted below, pl	ease comple	te Part III.)	
	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	95,827	45,076	31,001	17,399	31,268	220,571
2	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf	0	0	0	0	0	0
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge	0	0	0	. 0	0	0
4	Total. Add lines 1 through 3	95,827	45,076	31,001	17,399	31,268	220,571
5	The portion of total contributions by				-		
	each person (other than a						
	governmental unit or publicly	ŀ					
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						11,089
6	Public support. Subtract line 5 from line 4.						209,482
	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	<b>(e)</b> 2014	(f) Total
7	Amounts from line 4	95,827	45,076	31,001	17,399	31,268	220,571
8	Gross income from interest, dividends,						
	payments received on securities loans,		:				
	rents, royalties and income from similar						
	sources	0	0	0	0	0:	0
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on	0	0	0	0	0	0
10	Other income. Do not include gain or	:					
	loss from the sale of capital assets	}					
	(Explain in Part VI.)	0	0	0	0	0	0
11	Total support. Add lines 7 through 10	L,					220,571
12	Gross receipts from related activities, etc					12	0
13	First five years. If the Form 990 is for the	-			•		
04	organization, check this box and stop he			<u>· · · · · · · · · · · · · · · · · · · </u>	· · · · ·	· · · · ·	· · 🟲 🛚
	on C. Computation of Public Suppor				<del></del>		
14	Public support percentage for 2014 (line (		•			14	95 %
15	Public support percentage from 2013 Sch					15	0 %
16a	331/3% support test—2014. If the organization and					•	
	box and <b>stop here.</b> The organization qua			_			
b	331/3% support test—2013. If the organ					15 IS 33'/3%	
	check this box and <b>stop here.</b> The organ	-	-	• • • • •			· P 🛚
17a	10%-facts-and-circumstances test —20						
	10% or more, and if the organization me						
	Part VI how the organization meets the "f	acts-and-circu	mstances" tes	t. The organiza	ation qualifies	as a publicly si	
	organization						. ▶ 🗆
b	10%-facts-and-circumstances test—20						
	15 is 10% or more, and if the organization						
	Explain in Part VI how the organization m	eets the "facts	-and-circumst	ances" test. T	ne organizatio	n qualities as a	
40	supported organization						· • 🗆
18	Private foundation. If the organization di instructions	a not check a b	oox on line 13,	16a, 16b, 17a	, or 1/b, checl	k this box and	see
	manuciums						

Part III	Support Schedule for Organizations	Described in Section 509(a)(2)
	(Complete only if you checked the box	on line 9 of Part I or if the organi

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support			- · · <b>,                                </b>		/	
	dar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees	(4) 2010	(3) 23	10/ -0	(5) 20.0	(6) 2014	(i) Total
•	received. (Do not include any "unusual grants.")				1		
2	Gross receipts from admissions, merchandise				<del></del>		
	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	<del></del>			<del></del>		<del></del>
•	unrelated trade or business under section 513				i		
4	Tax revenues levied for the				<del> </del>		
•	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						
	Amounts included on lines 1, 2, and 3				<u> </u>		· · · · · · · · · · · · · · · · · · ·
	received from disqualified persons .				ł		
h	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000		ĺ				
	or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b		<u> </u>				
8	Public support (Subtract line 7c from						
	line 6.)				ļ		
Secti	on B. Total Support	·	<del> </del>	<u> </u>	<del></del>	L	L
Calen	dar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	<b>(e)</b> 2014	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,				1		
	royalties and income from similar sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses				1		
	acquired after June 30, 1975				1		
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				1		
12	Other income. Do not include gain or				1		-
	loss from the sale of capital assets		1		1	1	
	(Explain in Part VI.)		1				
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)				1.		
14	First five years. If the Form 990 is for the	ne organization	n's first, secon	d, third, fourth	n, or fifth tax ye	ear as a sectio	n 501(c)(3)
	organization, check this box and stop he					<u> </u>	, 🟲 🗀
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2014 (line to	3, column (f) d	ivided by line 1	3, column (f))		15	%
16	Public support percentage from 2013 Sci				<u></u>	16	%
	on D. Computation of Investment In					<del> </del>	
17	Investment income percentage for 2014 (			•		17	%
18	Investment income percentage from 2013					18	%
19a	331/3% support tests—2014. If the organ						
	17 is not more than 331/3%, check this box			-		_	_
Ь	331/3% support tests—2013. If the organiz						•
	line 18 is not more than 331/3%, check this	=	-	· ·		-	_
20	Private foundation. If the organization di	d bot check a	DOX On line 14	19a or 19h /	check this boy	and see instru	ctions 🕨 🗀

#### Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organization	ns
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			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	<b>4</b> a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
6 6	Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	5c		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI.</b> Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit	9b		
10a	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .  Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f)	9с		
	(regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		

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Page 5

Part	Supporting Organizations (continued)			-90 -
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
<b>b</b>	below, the governing body of a supported organization?  A family member of a person described in (a) above?	11a 11b	<b>-</b>	
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	on B. Type I Supporting Organizations	10		L
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carned out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations	-		
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard	3		
Secti	on E. Type III Functionally-Integrated Supporting Organizations			
1 a b	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in the organization satisfied the Activities Test. Complete line 2 below.  The organization is the parent of each of its supported organizations. Complete line 3 below.  The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in Part VI).			
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 a	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b	-	

Schedule A (Form 990 or 990-EZ) 2014			Page <b>6</b>
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting On	gani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	g tru	st on Nov. 20, 1970. See	instructions. All
other Type III non-functionally integrated supporting organizations must co	mple	ete Sections A through E	·
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5	<u> </u>	
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7	<del>, , , , , , , , , , , , , , , , , , , </del>	· · · · · · · · · · · · · · · · · · ·
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		· · · · · · · · · · · · · · · · · · ·
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	<u> </u>	
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			

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

6

Part	Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	zations (continued)	
Sect	on D - Distributions			Current Year
1_	Amounts paid to supported organizations to accomplish			
2	Amounts paid to perform activity that directly furthers exe			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp			
4	Amounts paid to acquire exempt-use assets	<u> </u>		
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.		·	
	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which			
	(provide details in Part VI) See instructions.			
9	Distributable amount for 2014 from Section C, line 6			
<u>10</u>	Line 8 amount divided by Line 9 amount			
S	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
_1_	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
<u>a</u>				
<u> </u>				· · · · · · · · · · · · · · · · · · ·
<u>c</u>				
<u>d</u>				
e	From 2013			·
<u>f</u> _	Total of lines 3a through e			
<u>g</u>	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2014 distributable amount			
	Carryover from 2009 not applied (see instructions)		· · · · · · · · · · · · · · · · · · ·	
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D, line 7. \$		!	
— <u>—</u>	Applied to underdistributions of prior years			
b	Applied to disdestibutions of prior years  Applied to 2014 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.		-	
<del>_</del>	Remaining underdistributions for years prior to 2014, if			··
•	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h			
_	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2015. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а				
b				
С				
d	Excess from 2013			
е	Excess from 2014			

	(Form 990 or 990-EZ) 2014	Page 8
Part VI		or 17b; and
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#### SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization		Employer identification number			
The Light and Life Foundation, Inc.		27-1200839			
***************************************					
Other Income					
latarest lacours CO					
Interest Income \$2					
Total to Part I, Line 8					
Other Expenses					
Bank Charges	\$60				
Dain Gridges	ψου	·			
Dues & Subscriptions	\$755	·			
Insurance	\$1,345				
		•••••			
Office Supplies	\$392				
Repair & Maintenance	\$100				
Other Program Expenses	\$4,510				
Total to Part I, Line 16	\$7,162				
The Light & Life Foundation (Form 990-EZ, Pa	age 2, Part III)				
In order to come emband improvement and and	disabled shides the second surface will second surface the second surface to the second				
In order to serve orphaned, impovenshed and disabled children, the organization will provide support to non-profit organizations that					
provide shelter and support and encourage the	development of the orphaned, impovenshed and disabled child	The groups will have to			
demonstrate that their activities promote relief to the poor, the distressed or the underprivileged. In addition, funds may be granted to					
demonstrate their additions promote rener t	o the poor, the dishessed of the dilderphyloged. In addition, it	inus may be granted to			
schools, such as primary, secondary, college o	r trade schools that are serving underprivileged, orphaned, and	disabled children			
All support will be restricted to board pre-appro	ved projects with chantable, educational and religious purposes	s within the meaning			
of IRS Section 501(C)(3) Initial focus is on orp	haned, impoverished and disabled children in Colombia, specif	ically to support Hogares			
Luz Y Vida in Bogota, Colombia with regard to the construction of a secondary school, provision of medical supplies and other items of					
necessity for the residential community					
· · · · · · · · · · · · · · · · · · ·					
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Schedule O (Form 990 or 990-EZ) (2014)	Pa	age <b>Z</b>
Name of the organization	Employer identification number	
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