Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

A	For the	2018 cale	endar year, or tax year beginning		, 2018, a	nd ending			, 20						
В	Check if	applicable	C Name of organization Cross to Li	ght, Incorporated				D Employe	er identification n	umber					
abla	Address	change	Doing business as Cross to Ligh					20-3813612							
	Name ch	nange	Number and street (or P O box if m		address)	Room/suite)	E Telephor	ie number						
	Initial ret	urn	7012 City Center Way			#3	101		(888) 412-7677						
	Fınal retu	return/terminated City or town, state or province, country, and ZIP or foreign postal code													
	Amende	d return	G Gross re	ceipts \$	170363										
			Fairview, Tennessee 37062 F Name and address of principal office	er Brandy Lee			H(a) is this a q	roup return for s	ubordinates? Yes	✓ No					
_		-	7012 City Center Way, #301, Fai	•	2	0	1 ''	•	ıncluded? 🔲 Yes						
$\overline{}$	Tax-exe	mpt status	✓ 501(c)(3)				_		list (see instruction						
J	Website		//crosstolight com	, (,			H(c) Group	exemption	number 🕨 📗	N/A					
ĸ	Form of o		Corporation Trust Associa	ition ☐ Other▶	L Yea	ar of formatio	n 2005	M State	of legal domicile	TN					
Р	art I	Summ	nary		\										
	1		escribe the organization's miss	ion or most significan	t activities:	Cross to	Light has	been orga	nized for the pi	ırpose					
ė			ig people cross from darkness to												
Activities & Governance	1	discipleship and leadership education													
er	2		is box ▶ ☐ if the organization	discontinued its opera	ations or dis	sposed of	more than	125% of I	ts net assets.						
õ	3	Number	of voting members of the gove	rning body (Part VI, lir	ne 1a)			3		2					
æ	4	Number	of independent voting member	rs of the governing bo	dy (Part VI,	line 1b)	•	4		0					
ies	5	Total nur	mber of individuals employed in	n calendar year 2018 (Part V, line	2a)		5		2					
Ξ	6		mber of volunteers (estimate if	-				6		70					
Ac	7a		related business revenue from	•	ne 12			7a		0					
	Ь		lated business taxable income)		7b		0					
							Prior Ye	ear	Current Ye	ar					
a)	8	Contribu	313102		171198										
Revenue	9	Program	service revenue (Part VIII, line	1h) SEP	0 3 2019	. [0]	0		0						
	10	Investme	ent income (Part VIII, column (A), lines 3, 4 , and 7d)		ا≅ا⊢		0		0					
Œ	11	Other rev	venue (Part VIII, column (A), line	es 5, 6d 8c, 9Q 00Q	₽N¹e)\]	r.		19		(835)					
	12		enue—add lines 8 through 11 (n					313121		170363					
	13	Grants a	nd similar amounts paid (Part I	X, column (A), lines 1-	-3)			0		0					
	14	Benefits	paid to or for members (Part I)	(, column (A), line 4)		. [0		0					
S	15	Salaries,	other compensation, employee I	benefits (Part IX, colum	n (A), lines 5	73979		41929							
Expenses	16a	Profession	onal fundraising fees (Part IX, c	olumn (A), line 11e)		. [0		0					
ĝ	b	Total fun	draising expenses (Part IX, col	umn (D), line 25) 🕨		0]					
ũ	17	Other exp	penses (Part IX, column (A), lin	es 11a-11d, 11f-24e)	234338		108606								
	18	Total exp	penses Add lines 13-17 (must	equal Part IX, column	(A), line 25	i) . 🗀		308317		150535					
	19	Revenue	less expenses Subtract line 1	8 from line 12				4804		19828					
ets or						Be	ginning of Cu	irrent Year	End of Ye	ar					
sets	20	Total ass	sets (Part X, line 16) .					227456		23889 <u>5</u>					
Net Asse Fund Bala	21	Total liab	oilities (Part X, line 26)			· _		15948		8059					
		Net asse	ts or fund balances. Subtract I	ine 21 from line 20				211508		230836					
Pi	art II	پې	ture Block		. ,										
Un	ider pena	lties of perju	iry, I declare that I have examined this i	return, including accompany	ing schedules	and statem	ents, and to t	he best of m	ny knowledge and	belief, it is					
tru	e, correc	t, and compl	lete Declaration of preparer (other than	officers is based on all infor	mation of which	on preparer r	as any know	eage							
٠.		3 _	MANAGE	Je				08/29/20	<u> 19</u>						
Siç		14	eature of officer				Da	ite							
He	ere		Brandy Lee, Secretary of the Board	 											
		4.	e or print name and title	In its and its					¬ PTIN						
Pa	iid [']	Print/Ty	rpe preparer's name	Preparer's signature		Date		Check [┙ ╹┃						
	epare	Melanie	M Swift, MNM, CNC	Melanie M. S	wyt	08	<u>/16/1</u>		. 1 , 1,0						
	se Onl	y Firm's n			-			n's EIN ▶	20-12745						
		Firm's a	address ► 2151 Consulate Drive,				Pho	ne no	407-857-90						
_			s this return with the preparer		structions)	•	<u>.</u>		Yes						
For	Paperv	vork Redu	ction Act Notice, see the separa	te instructions.		Cat No	11282Y		_ Form S	990 (2018)					

For Paperwork Reduction Act Notice, see the separate instructions.



orm 99	11 (2018)			Page V
Part	IV Checklist of Required Schedules	•		
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	Yes	No
2	complete Schedule A	2	_	1
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		1
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		1
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_		✓
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		1
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
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		1
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		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	1	
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		1
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		1
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		1
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		✓
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		✓
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
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		√
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	13 14a	1	V
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	1	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	1	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		✓
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		1
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		✓
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	L	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	21		1

Form **990** (2018)

Part	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		✓
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		1
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		1
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .	24b		✓_
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		1
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		✓
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		✓
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		✓
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 "Yes," complete Schedule L, Part II	26		1
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		√
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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		✓
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		1
C	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		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	25		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30 31		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		-
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		1
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		✓
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		√
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	_	✓
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		✓
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		✓
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	37		✓
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.	38	✓	
Part				_
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	<u></u>	

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
L	Statements, filed for the calendar year ending with or within the year covered by this return 2a 2	2b	THE PLANTS	left in tel
þ	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		V	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	T-SEE ST.	√
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 account)?	4a	✓	
b	If "Yes," enter the name of the foreign country. ▶ Haiti	には強		777
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or	- Oa		V
b	aifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).		136	
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		✓
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	A.558855	✓
d	If "Yes," indicate the number of Forms 8282 filed during the year	7e		√
e f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		-
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.		iii	
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u></u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b \$	33550E	.*XX.XX.xX
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b N/A			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	(1 5 47	क देखां स्वर्ध भी
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . N/A N/A	を指		
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	13a	(427)384	1880.11
а	Note. See the instructions for additional information the organization must report on Schedule O	Sr. Sa.	o (, vilta	e Pital
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		地鐵	
С	Enter the amount of reserves on hand	38.14A	្តា ប្រជាជា	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		✓
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	_		
	excess parachute payment(s) during the year?	15 第 型	97, SN	L400.2003g
16	If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	Zie Wie	2333
.0	If "Yes," complete Form 4720, Schedule O		trains.	diffuir I
	ii 133, Complete i Orin 1720, Contedute O			(2018)

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. Check if Schedule O contains a response or note to any line in this Part VI	See ins	struct	
Secti	on A. Governing Body and Management			
1a	Enter the number of voting members of the governing body at the end of the tax year .		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.			
b	Enter the number of voting members included in line 1a, above, who are independent . 1b	ַבַּייִילֶייַבְ		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		√
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		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		✓
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5 6		1
6 7a	Did the organization have members or stockholders?	7a		<i>y</i>
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		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			ol Carton godby Ture 'n reed l
а	The governing body?	8a	✓	
b	Each committee with authority to act on behalf of the governing body?	8b	✓	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		✓
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	nue C		
		-	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		✓
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	1038-n.h.	23.148993
b 12a	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13 </i>	12a	✓	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	<u> </u>	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	√	
13	Did the organization have a written whistleblower policy?	13	1	
14	Did the organization have a written document retention and destruction policy?	14	1	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	✓	
b	Other officers or key employees of the organization	15b	✓	
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement		ng 15 39 17 ⁶³ 13	1651 1651
b	with a taxable entity during the year?	16a	;,[, ¹ , ¹ ,	√
	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	List the states with which a copy of this Form 990 is required to be filed ► Tennessee			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-(3)s only) available for public inspection. Indicate how you made these available Check all that apply. Own website Upon request Other (explain in Schedule O)	,		
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of infinancial statements available to the public during the tax year			, and
20	State the name, address, and telephone number of the person who possesses the organization's books and resuccessful Business Solutions & Innovations, Inc., 711 Medford Center, #328, Medford, OR 97504, (541) 821-0207	coras		
	Juccessial Basiness Soldions & Innovations, inc., 711 Mediola Center, #320, Mediola, OX 37304, (041) 021-0207			

Form 990	(2018)
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	•	•								
Part \	VII	Compensation of Officers,	Directors,	Trustees,	Key Empl	oyees,	Highest	Compensated	l Employees,	and
		Independent Contractors								

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- 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	any related	d orga	anız	atic	n c	ompe	nsa	ited any curren	t officer, director	r, or trustee.
(A) Name and Title	(8) Average hours per	(do n	ot ch	Pos eck s pe	c) ition more rson	e than o	one n an	(D) Reportable compensation	(E) Reportable compensation from	(F) Estimated amount of
	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)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) Brian McDaniel President	10	√		1				14200	0	0
(2) Brandy Lee Secretary of the Board	20	√		✓				25575	0	0
(3)										
(4)			ļ							
(5)										
(6)										
(8)										
(9)										
(10)				_						
(11)										
(12)										
(13)					ļ					
(14)										

(A) Name and title Average hours per week (list any hours for related organizations below dotted line) (15) (16) (17) (18) (18) (A) Name and title Average hours per week (list any hours for related organizations below dotted line) (15) (16) (17) (18) (18) (19) (19) (19) (19) (19) (19) (19) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (11) (11) (12) (13) (14) (15) (15) (16) (17) (17) (18) (19)	on from amount of other compensation
hours per week (list any hours for related organizations below dotted line) (15) (16) (17) (18)	on from amount of other compensation from the organization and related
week (list any hours for related organizations) below dotted line) (15) (16) (17) (18) (19)	ions compensation MISC) from the organization and related
Compensate Com	MISC) from the organization and related
Compensate Com	and related
(15) (16) (17) (18) (19)	l l
(15) (16) (17) (18) (19)	
(15) (16) (17) (18) (19)	
(16) (17) (18) (19)	
(17) (18) (19)	
(17) (18) (19)	
(18)	
(18)	
(19)	
(20)	
(21)	1
(22)	
(00)	
(23)	
(24)	
(25)	
1b Sub-total	0 0
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)	0 0
d Total (add lines 1b and 1c) 39775 2 Total number of individuals (including but not limited to those listed above) who received more than \$	
reportable compensation from the organization ► 0	100,000 01
	Yes No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compo	ensated
employee on line 1a? If "Yes," complete Schedule J for such individual	3
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation f	rom the
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for advantage.	or such
 individual	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or in for services rendered to the organization? If "Yes," complete Schedule J for such person	5 ✓
Section B. Independent Contractors	
1 Complete this table for your five highest compensated independent contractors that received more th	
compensation from the organization Report compensation for the calendar year ending with or within	the organization's tax
year.	
(A) (B) Name and business address Description of services	(C) Compensation
None	<u> </u>
2 Total number of independent contractors (including but not limited to those listed above) who	
received more than \$100,000 of compensation from the organization ▶ 0	Form 990 (2018)

Part	VIII	Statement of Revenue											
		Check if Schedule O	contains	a res	ponse or note to			<u> </u>	<u></u>				
				i bilani		(A) I otal revenue	(B) Related or exempt function revenue	(C) Unrelated husiness revenue	(D) Revenue excluded from tak under sections 512-514				
nts	1a	Federated campaigns	·	1a	0								
ls, Grants Amounts	b	Membership dues .		1b	0								
Ş, Ā	С	Fundraising events .		1c	0								
Gifts, ilar Ar	d	Related organizations		1d	0	PPTOP	and in which the property						
ns,	e	Government grants (con		1e	. 0								
er S	, f	All other contributions, gi			•								
혍		and similar amounts not inc	,	1f	171198								
Contributions, Giff and Other Similar	g	Noncash contributions includ		-1f. \$	0								
	h	Total. Add lines 1a-1	<u>r</u>	•		171198							
June	_ ا	•			Business Code								
leve	2a					,							
æ	D							<u>-</u> .					
Ž	ا د						<u> </u>	<u></u>					
u S	u u				- -	<u> </u>			,				
Program Service Revenue	f	All other program sen	vice reveni	 Ie		-		,					
Pro	g	Total. Add lines 2a-2			. •	0			(\$1\$\$\C\$\C\$\C\$\C\$\C\$\C\$\C\$\C\$\C\$\C\$\C\$\C\$\C				
	3	Investment income			ends, interest,								
		and other similar amo	unts) .		•	0	. 0	0					
	- 4	Income from investmen	t of tax-exer	npt b	ond proceeds ►	0	0	0	C				
	5	Royalties			<u> </u>	0	0		C				
	'	•	(ı) Real		(ii) Personal								
	6a	Gross rents		C	0								
	b	Less ⁻ rental expenses		C	0		a selangangan						
	С	Rental income or (loss)		C) 0								
	d	Net rental income or ((ii) Other	0	0	0	Construction statement and contract of the Construction of the Con				
	7a	Gross amount from sales of	(i) Securiti		· · · · · · · · · · · · · · · · · · ·								
		assets other than inventory	,	С	, 0								
	b	Less. cost or other basis		_									
		and sales expenses Gain or (loss)		0	 								
	d d	Net gain or (loss)	<u></u> .		<u></u>	Philipportermanistraturament	A MANAGEMENT OF THE PROPERTY O	Latinate and non-separate transporters and	R talked cultivation and transfer and resident site of the control				
	"	Het gain or (1033)											
ne	8a	Gross income from fu	ındraising				Selection of						
/en	١.	events (not including \$	J	0		eraldiquist (propositi	Selvanti fil	Programme	region of which				
⊬g.		of contributions reporte	ed on line 1	c)									
er		See Part IV, line 18		а	0								
Other Reve	b	Less: direct expenses	s	b	0								
	С	Net income or (loss) f			events . >	· 0		0	C				
	9a	Gross income from ga	amıng actıvı	ties		4.1		de de la comi					
	,	See Part IV, line 19 .	•	· a	0								
	b	Less direct expenses		. b	<u> </u>								
	C	Net income or (loss) f			ivities	0	0	O Anton Str., anish di Albania Hara G	Company (Company of the Company of t				
	10a	Gross sales of in		less									
	Ι.			· a	<u> </u>								
	b	Less: cost of goods s		. b		(2) 在 10 10 10 10 10 10 10 10 10 10 10 10 10		CONTRACTOR OF THE STREET, AND AND ADDRESS OF THE STREET, AND ADDRESS OF THE STREET, AND ADDRESS OF THE STREET,	Decision and Ather discussions				
	<u>c</u>	Net income or (loss) f Miscellaneous R		JI 111V	Business Code								
	11a				Duaniesa Code	(1959)	Dates attach att attender of the second of t	- ARV SAREINGASTERNALISMA	Total address of the Bear of the State of th				
	b	Reimbursed Expenses Uncategorized Income				1124	- 0	0	-				
	"	oricatedorized income		-		1124		<u>°</u>					
	ď	All other revenue .											
	e	Total. Add lines 11a-				(835)	25158384355341						
	12	Total revenue. See in			•	170363			(

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (B) Program service expenses Do not include amounts reported on lines 6b. 7b. (A)
Total expenses Fundraising Management and general expenses 8b. 9b. and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16. 17628 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees . . . 18799 4178 41775 18798 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 Other salaries and wages . . 0 Pension plan accruals and contributions (include 8 section 401(k) and 403(b) employer contributions) 0 Other employee benefits 9 0 0 0 0 10 Payroll taxes . 154 154 0 Fees for services (non-employees): 11 Management 3100 3100 0 Legal . . . 99 99 0 Accounting 2300 0 2300 0 C Lobbying o librative to Professional fundraising services. See Part IV, line 17 0 Investment management fees f 0 Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) 3522 0 3522 Advertising and promotion 581 12 581 0 13 Office expenses 9780 9780 0 14 Information technology 510 0 510 0 15 Royalties 16 Occupancy 3191 3191 0 17 Travel 526 526 0 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 0 19 Conferences, conventions, and meetings 4229 0 4229 20 966 966 0 Payments to affiliates 21 0 0 22 Depreciation, depletion, and amortization 0 23 Other expenses. Itemize expenses not covered 24 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.) Missions - Haiti 55030 55030 Bank/Merchant Fees b 7018 0 7018 Licenses/Permits 126 126 0 All other expenses e 0 Total functional expenses. Add lines 1 through 24e 25 150535 102773 21213 ~ 23027 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 following SOP 98-2 (ASC 958-720) . □

Ľ	art X									
		Check if Schedule O contains a response or	note to any line in	this Pa	art X		<u> </u>			
		_			(A) Beginning of year		(B) End of year			
	1	Cash-non-interest-bearing			2552	1	13991			
	2	Savings and temporary cash investments	0	2	0					
	3	Pledges and grants receivable, net			0	3	0			
	4	Accounts receivable, net			0	4	0			
	5	Loans and other receivables from current and the trustees, key employees, and highest complete Part II of Schedule L				5				
ts	6	Loans and other receivables from other disqualified pers 4958(f)(1)), persons described in section 4958(c)(3)(B), ar sponsoring organizations of section 501(c)(9) volun organizations (see instructions) Complete Part II of Sche	d contributing employe tary employees' bene	rs and	0	_				
Assets	7	Notes and loans receivable, net			0	7	0			
As	8	Inventories for sale or use		.,	0	8	0			
	9	Prepaid expenses and deferred charges .			0	9	0			
	10a	Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D.	10a ,	243626						
	b	Less: accumulated depreciation .	10b	(18722)	224904	10c	224904			
	11	Investments—publicly traded securities .			0	11	0			
	12	Investments—other securities. See Part IV, line 1	11		0	12	0			
	13	Investments-program-related. See Part IV, line	Investments-program-related. See Part IV, line 11 .							
	14	Intangible assets			. 0		0			
	15	Other assets. See Part IV, line 11			- 0		0			
	16	Total assets. Add lines 1 through 15 (must equa	al line 34)		227456		238895			
	17	Accounts payable and accrued expenses .	•	15948		8059				
	18	Grants payable			0		0			
	19	Deferred revenue			0		0			
	20	Tax-exempt bond liabilities		`	0	20	0			
/ 0	21	Escrow or custodial account liability. Complete I								
Liabilities	22	Loans and other payables to current and for trustees, key employees, highest compen disqualified persons. Complete Part II of Schedu	sated employees,			22				
Lia	23	Secured mortgages and notes payable to unrela	ted third parties .		0		0			
	24	Unsecured notes and loans payable to unrelated			0	24	0			
	25	Other liabilities (including federal income tax, parties, and other liabilities not included on lines	payables to related			95				
	00	of Schedule D		٧	0		0			
_	26	Total liabilities. Add lines 17 through 25 . Organizations that follow SFAS 117 (ASC 958)	check here	and	15948	20	8059			
seou		complete lines 27 through 29, and lines 33 and		j aliu						
<u>a</u>	27	Unrestricted net assets		•		27				
ä	28	Temporarily restricted net assets .	•	•		28 29				
בַ	29	Permanently restricted net assets		l and	TENNICO DENTA AMERICANA	29	Jacoba and Sand			
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 98 complete lines 30 through 34.		j and						
ets	30	Capital stock or trust principal, or current funds			2552		13991			
155	31	Paid-in or capital surplus, or land, building, or ed			224904		224904			
et /	32	Retained earnings, endowment, accumulated in			211500		330036			
ž	33				211508	1	230836 238895			
	34	Total liabilities and net assets/fund balances .	 		227456		Form 990 (2018)			

Page	1	2

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FOITH 98	au (2010)			Pa	ge 12
Part	XI Reconciliation of Net Assets				
	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		1:	70363
2	Total expenses (must equal Part IX, column (A), line 25)	2		1	50535
3	Revenue less expenses. Subtract line 2 from line 1	3		•	19828
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		2	11508
5	Net unrealized gains (losses) on investments	5			0
6	Donated services and use of facilities	6			0
7	Investment expenses	7			0
8	Prior period adjustments	8			(500)
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		23	30836
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
1	Accounting method used to prepare the Form 990.	plaın ır	- (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		لشنتان 2a		-
	If "Yes," check a box below to indicate whether the financial statements for the year were comreviewed on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis	piled oi			
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audit separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	ed on a	2b		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o of the audit, review, or compilation of its financial statements and selection of an independent account the organization changed either its oversight process or selection process during the tax year, exchedule O.	untant?	2c	✓	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set the Single Audit Act and OMB Circular A-133?	forth in) 3a	. esakara	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a		3b		
			For	m 990	(2018)

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SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2018

Open to Public Inspection

Employer identification number

	_	ght, Incorporated					20-38		
Par		Reason for Public Char						ns.	
The o		zation is not a private founda							
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 (Form 990 or 990-EZ)) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).								
3		hospital or a cooperative hos medical research organization						 :::\	tor the
4	_	medical research organizationspital's name, city, and state	•	onjunction with a nost	niai desc	nbed in s	Section 170(b)(1)(A)	,ııı <i>).</i> ⊑ıı	ter trie
5		n organization operated for t		college or university	owned o	r operate	ed by a government	al unit	described in
		ection 170(b)(1)(A)(iv). (Com	•						
6		federal, state, or local govern							
7	_	n organization that normally escribed in section 170(b)(1)			port from	a gover	nmental unit or from	ineg	eneral public
8	_	community trust described in							
9	oi ui	n agricultural research organi r university or a non-land-gra niversity	nt college of agr	iculture (see instruction	ons). Ente	r the nam	ne, city, and state of	the co	llege or
10	re Si	n organization that normally receipts from activities related upport from gross investment coursed by the organization a	to its exempt full income and uni	nctions—subject to ci related business taxal	ertain exc ole incom	eptions, ie (less se	and (2) no more tha ection 511 tax) from	n 33¹/₃'	% of its
11		n organization organized and							
12		n organization organized and						ry out	the purposes
	of	f one or more publicly suppo	rted organizatio	ns described in <mark>secti</mark>	on 509(a)(1) or se	ection 509(a)(2). Se	e sect i	on 509(a)(3).
	С	heck the box in lines 12a thro	ugh 12d that des	scribes the type of sup	porting o	rganızatı	on and complete line	s 12e,	12f, and 12g.
а		Type I. A supporting organ							
		the supported organization supporting organization					he directors or trust	ees of	the
b		Type II. A supporting organ							
		control or management of organization(s) You must				persons	that control or man	age the	e supported
С		Type III functionally integ its supported organization(ally inte	egrated with,
d		Type III non-functionally i							
		that is not functionally integregative requirement (see instruction						d an a	ttentiveness
е		Check this box if the organ	•					all Tvr	ne III
·	_	functionally integrated, or 1						· · · , · · y r	
f	Ent	er the number of supported of	organizations .						
g	Pro	vide the following information	about the supp	orted organization(s).					
•	(ı) Na	me of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	rganization ir governing ment?	(v) Amount of monetary support (see instructions)	other	Amount of support (see structions)
					Yes	No			
(A)						_			·
(B)		······································							
(C)	_								
(D)									
			-						
(E)									
Tota									

		n
aq	е	4

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	ete Part III.)	
	on A. Public Support				(1) 00.47	1 1 2060	
	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")		; •				
2	Tax revenues levied for the	•	_			 -	
~	organization's benefit and either paid						
	to or expended on its behalf					,	
3	The value of services or facilities			,			_
	furnished by a governmental unit to the	!					
	organization without charge		v			,	
4	Total. Add lines 1 through 3						
5	The portion of total contributions by						1
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on line 1 that exceeds 2% of the amount		/				
	shown on line 11, column (f)					10.5	,
6	Public support. Subtract line 5 from line 4				(Chapage Line		
Section	on B. Total Support	The second section of the sect		Acceptant attended appears in analysis	,		
	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from similar sources						
9	Net income from unrelated business						•
	activities, whether or not the business is regularly carried on						
10		<u> </u>					
10	Other income Do not include gain or loss from the sale of capital assets		4				
	(Explain in Part VI.)						
11			344 (1942)			1739/2013/6	
12	Gross receipts from related activities, etc				•	12	
13	First five years. If the Form 990 is for the		n's first, secon	d, third, fourth	, or fifth tax y	ear as a section	n 501(c)(3)
	organization, check this box and stop he						. ▶ 🗆
	on C. Computation of Public Suppor			4 1 (0)			0/
14	Public support percentage for 2018 (line of Public support percentage from 2017 Sci					15	<u>%</u>
15 16a	33 ¹ / ₃ % support test—2018. If the organi	redule A, ⊢art ization did not	check the box	 k on line 13. ar			
.00	box and stop here. The organization qua	lifies as a publ	icly supported	organization			▶ 🗆
b,	331/3% support test -2017. If the organi						
	this box and stop here. The organization	qualifies as a	publicly suppo	rted organizat	ion		. ▶ 🗆
17a	10%-facts-and-circumstances test - 20	018. If the orga	anızatıon did n	ot check a bo	x on line 13, 1	6a, or 16b, and	l line 14 is
	10% or more, and if the organization me	eets the "facts	-and-circumst	ances" test, ch	neck this box a	and stop here.	Explain in
	Part VI how the organization meets the "	facts-and-circ	umstances" te	est. The organi	zațion qualifie	s as a publicly	
	organization/						.,.▶⊔
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization						
	Explain in Part VI how the organization r						
	supported organization						. ▶ □
18	Private foundation. If the organization di	d not check a	box on line 13	, 16a, 16b, 17a	a, or 17b, chec	k this box and	see
•	instructions	•		<u> </u>			. ▶ 🗀

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.)

	if the organization fails to quality	under the tee	is isted being	Jvv, picase co	inpicto i dit	•••			
	on A. Public Support			r : 1					
Calen	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total		
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	316000	258712	379491	313102	171198	1438503		
2	Gross receipts from admissions, merchandise	310000	230/12	3/3431	313102	171130	1430303		
_	sold or services performed, or facilities								
	furnished in any activity that is related to the								
	organization's tax-exempt purpose	55514	61222	0	0	0	<u>116736</u>		
3	Gross receipts from activities that are not an								
	unrelated trade or business under section 513	o	546	224	19	(835)	(46)		
4	Tax revenues levied for the								
	organization's benefit and either paid to								
	or expended on its behalf	ا	0	ا	0	0	0		
5	The value of services or facilities	1							
•	furnished by a governmental unit to the								
	organization without charge		0	ا	0		0		
	•	272524	220400	270715	212121	170363	1555103		
6	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3	371514	320480	379715	313121	170363	1555193		
7a	received from disqualified persons .	-				_	_		
	· · ·	0	. 0	0	0	0	0		
b	Amounts included on lines 2 and 3	1							
	received from other than disqualified								
	persons that exceed the greater of \$5,000								
	or 1% of the amount on line 13 for the year	0	0	0	0	0	0		
С	Add lines 7a and 7b	o	0	o	0	0	0		
8	·Public support. (Subtract line 7c from	**************************************	作とはなる	では、発売時					
	line 6.)						1555193		
Secti	on B. Total Support								
Calen	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total		
9	Amounts from line 6	371514	320480		313121	170363	1555193		
10a	Gross income from interest, dividends,	9,1011		0,0,10					
	payments received on securities loans, rents,								
	royalties, and income from similar sources	ا	0	ا	0	o	0		
_	•	<u> </u>		 			<u>. </u>		
b	Unrelated business taxable income (less section 511 taxes) from businesses								
	acquired after June 30, 1975.	_							
	•	9	0		0	_0	0		
С	Add lines 10a and 10b	0	0	0	0	_0	0		
11	Net income from unrelated business								
	activities not included in line 10b, whether								
	or not the business is regularly carried on	0	0	0	0	0	0		
12	Other income. Do not include gain or								
	loss from the sale of capital assets		!						
	(Explain in Part VI.)	o	0	o	0	0	0		
13	Total support. (Add lines 9, 10c, 11,								
	and 12.)	371514	320480	379715	313121	170363	1555193		
14	First five years. If the Form 990 is for the	ne organization	's first, secon	d, third, fourth	, ór fifth tax ye	ear as a sectio	n 501(c)(3)		
	organization, check this box and stop he						▶ 🗆		
Secti	on C. Computation of Public Suppo	rt Percentage	 }						
15	Public support percentage for 2018 (line			13, column (f))	.	15	100 %		
16	Public support percentage from 2017 Sc					16	98 03 %		
	on D. Computation of Investment In				* *				
17	Investment income percentage for 2018			ov line 13. colu	mn (f))	17	0 %		
18	Investment income percentage from 201				• • • • • • • • • • • • • • • • • • • •	18	0 %		
19a	331/3% support tests—2018. If the organ				nd line 15 is m				
134	17 is not more than 331/3%, check this box								
	33 ¹ /3% support tests—2017. If the organic								
b	line 18 is not more than 33 ¹ / ₃ %, check this								
00									
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions								

Part IV **Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's gover documents? If "No," describe in Part VI how the supported organizations are designated. If designated class or purpose, describe the designation. If historic and continuing relationship, explain
- Did the organization have any supported organization that does not have an IRS determination of sta under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the suppo organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," ans (b) and (c) below
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2 purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization" "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the fore supported organization? If "Yes," describe in Part VI how the organization had such control and discre .despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determina under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization u to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2 purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Y answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such act (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the ac was accomplished (such as by amendment to the organizing document)
- b Type I or Type II only. Was any added or substituted supported organization part of a class alre designated in the organization's organizing document?
- c 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 anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benef by one or more of its supported organizations, or (iii) other supporting organizations that also support benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contrib (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled ei with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or m disqualified persons as defined in section 4946 (other than foundation managers and organizations descri in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in wi the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal bei from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of sec 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integra supporting organizations)? If "Yes," answer 10b below.
 - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720 determine whether the organization had excess business holdings.)

		Yes	No
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(Form	990 or	990-EZ	2) 2018

Part	IV Supporting Organizations (continued)		—
		Yes N	ło
11	Has the organization accepted a gift or contribution from any of the following persons?		劒
а			
	below, the governing body of a supported organization?	11a	
b	A family member of a person described in (a) above?	11b	
	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	
Sect	on B. Type I Supporting Organizations	Yes N	10
4	Did the directors, trustees, or membership of one or more supported organizations have the power to	KARRINAN M	
1	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 Part VI 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		30
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part		
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		32
	supervised, or controlled the supporting organization	2	
Secti	on C. Type II Supporting Organizations		
		Yes N	10
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed		
	the supported organization(s)		
Socti	on D. All Type III Supporting Organizations	1111	—
Secu	on b. All Type in Supporting Organizations	Yes N	ło
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	NAME OF TAXABLE PARTY.
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 Part VI 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 Part VI the role the organization's supported organizations played in this regard		
04		3	
	on E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instructions)	
1	The organization satisfied the Activities Test. Complete line 2 below	nstructions).	
a b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		
C	The organization supported a governmental entity Describe in Part VI how you supported a government entity	(see instruction	ıs).
2	Activities Test Answer (a) and (b) below.	Yes N	
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	TE TE	
-	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		
	those supported organizations and explain how these activities directly furthered their exempt purposes,		1989 1988 1988
	how the organization was responsive to those supported organizations, and how the organization determined		7.12 A
	that these activities constituted substantially all of its activities.	2a	4
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	建筑器设	
	reasons for the organization's position that its supported organization(s) would have engaged in these		d d
_	activities but for the organization's involvement.	2b	*al., 129
3	Parent of Supported Organizations. Answer (a) and (b) below.	图频 多图琴	
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	194 Sec. 18	220
	trustees of each of the supported organizations? Provide details in Part VI.	3a	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard	3b	3469

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functional Part V	gan	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
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		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		_
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):			de la company
a Average monthly value of securities	1a	,	
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	第一条数据 200mm	
2 Enter 85% of line 1	2	新加州的城市的市场	
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	第35766分类的经验的	
5 Income tax imposed in prior year	5	海山岛、第二省省省	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to		A ACACACACACACACACACACACACACACACACACACA	
emergency temporary reduction (see instructions).	6	The Mark to the Contract of th	
7 Check here if the current year is the organization's first as a non-functional instructions).	ly in	tegrated Type III supporting	g organization (see

Part	Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	izations (continued)				
Sect	Section D—Distributions						
1	Amounts paid to supported organizations to accomplish	Amounts paid to supported organizations to accomplish exempt purposes					
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	orted				
	organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	inizations				
4	Amounts paid to acquire exempt-use assets						
	Qualified set-aside amounts (prior IRS approval required)	<u> </u>					
<u> 6</u>	Other distributions (describe in Part VI). See instructions						
7	Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to whice	h the erapeization is re-	,				
8	(provide details in Part VI). See instructions	ii the organization is res	sponsive .				
9	Distributable amount for 2018 from Section C, line 6						
10	Line 8 amount divided by line 9 amount						
Sect	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018			
1	Distributable amount for 2018 from Section C, line 6	的影響。但是他們們們	A STATE OF THE STA				
2	Underdistributions, if any, for years prior to 2018						
	(reasonable cause required - explain in Part VI) See		·				
	instructions.		RESERVED AND THE PROPERTY OF T				
3	Excess distributions carryover, if any, to 2018						
	From 2013						
	From 2014						
<u>c</u>	From 2016	Visit Co. Co. Co. Co.	FOR THE PARTY OF T				
<u>— u</u>	From 2017		President Control of the Control of				
	Total of lines 3a through e	CONTRACTOR OF THE PROPERTY OF	79464C34 4 8 345				
<u></u>	Applied to underdistributions of prior years	3.44.5.34.5.1.5.3.5.1.5.1.5.1.5.1.5.1.5.1.5.1.5.1	101 tils different i Tarie - before, and at 100000000 5.1 1 before 12. 1				
— h	Applied to 2018 distributable amount		MARCHE NAMES AND				
i	Carryover from 2013 not applied (see instructions)						
j	Remainder Subtract lines 3g, 3h, and 3i from 3f	,	Manager Committee of the Committee of th				
4	Distributions for 2018 from	TO THE STATE OF TH					
	Section D, line 7:		anstruktur vet				
a	Applied to underdistributions of prior years		mon yenggan.comon propanta inagi engenerap				
<u> </u>	Applied to 2018 distributable amount			CONCRETENCTS OF THE PROPERTY O			
<u>C</u>	Remainder. Subtract lines 4a and 4b from 4.	Principle Public Company Commission (Commission Commission Commiss					
5	Remaining underdistributions for years prior to 2018, if	The state of the s					
	any Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions		. ,	A. (1.1.) (A. (1.1.)			
				12.22.10.24.0.22.0.24.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.			
6	Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2019. Add lines 3j and 4c	(2) (1) (2) (2) (2) (3) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4					
8	Breakdown of line 7:	ANTIGAL SALAMEN ENDA	en betiggen statistisch (2004)				
<u>-</u> а	Excess from 2014		Commence of the second of the				
<u>a</u>	Excess from 2015 .		THE TOTAL STATE OF THE	TATA TRANSPORT			
	Excess from 2016 .	Carried Street, Street	Principal Control of the Control of	The state of the s			
d	Excess from 2017 .						
	Excess from 2018 .						

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No 1545-0047

Open to Public Inspection Employer identification number

Cross t	o Light, Incorporated		20-3813612
Part			
	Complete if the organization answered		
	Total acceptance at and afternal	(a) Donor advised funds	(b) Funds and other accounts
	Total number at end of year		
	Aggregate value of contributions to (during year)		-
	Aggregate value of grants from (during year) . Aggregate value at end of year		
5	Did the organization inform all donors and donor	advisors in writing that the assets h	neld in donor advised
	funds are the organization's property, subject to the	ne organization's exclusive legal contro	ol? · · ☐ Yes ☐ No
	Did the organization inform all grantees, donors, a		
	only for charitable purposes and not for the bene		
	conferring impermissible private benefit?		· · · 🔲 Yes 🗌 No
Part	Conservation Easements.		
	Complete if the organization answered		
1	Purpose(s) of conservation easements held by the	-	
	Preservation of land for public use (e.g., recrea		
	Protection of natural habitat	☐ Preservation o	f a certified historic structure
•	Preservation of open space		on in the form of a consequence
	Complete lines 2a through 2d if the organization hie easement on the last day of the tax year	eld a qualified conservation contribution	Held at the End of the Tax Year
	Total number of conservation easements .		2a
	Total acreage restricted by conservation easement	ts	. 2b
	Number of conservation easements on a certified		. 2c
	Number of conservation easements included in		
	historic structure listed in the National Register .		2d
3	Number of conservation easements modified, tran	sferred, released, extinguished, or ter	minated by the organization during the
	tax year ►		
	Number of states where property subject to conse		
	Does the organization have a written policy re		
	violations, and enforcement of the conservation ea		
6	Staff and volunteer hours devoted to monitoring, inspe	cting, handling of violations, and enforcing	ig conservation easements during the year
7	 Amount of expenses incurred in monitoring, inspectir 	age handling of violations, and enforcing	conservation easements during the year
	►\$	ig, handling of violations, and emorcing	conservation easements during the year
	Does each conservation easement reported on line	2(d) above satisfy the requirements of	f section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		☐ Yes ☐ No
9	In Part XIII, describe how the organization reports	conservation easements in its revenue	e and expense statement, and
	balance sheet, and include, if applicable, the text of	of the footnote to the organization's fir	nancial statements that describes the
	organization's accounting for conservation easem-		
Part			
	Complete if the organization answered		
	If the organization elected, as permitted under SF		
	works of art, historical treasures, or other similar public service, provide, in Part XIII, the text of the		
	If the organization elected, as permitted under S		
b	works of art, historical treasures, or other similar	r assets held for public exhibition, e	ducation, or research in furtherance of
	public service, provide the following amounts relati		
			> \$
	(i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X		• \$
2	If the organization received or held works of art	, historical treasures, or other simila	r assets for financial gain, provide the
	following amounts required to be reported under S		
а	Revenue included on Form 990, Part VIII, line 1		▶ \$
	Assets included in Form 990, Part X		. > \$

Pari										
3	Using the organization's acquisition, a collection items (check all that apply).	ccession, and oti	ner recoi	rds, ched	ck any of th	ie follov	ving that are a	signific	cant us	se of its
' a	☐ Public exhibition				or exchang					
þ	☐ Scholarly research		е	Othe	r					
¢	☐ Preservation for future generations									
4	Provide a description of the organization XIII.	on's collections a	ind expla	ain how t	hey further	the org	anızatıon's exe	empt p	urpose	ın Part
5	During the year, did the organization sassets to be sold to raise funds rather t								Yes	☐ No
Part			·	-						
	Complete if the organization a		on For	m 990, i	Part IV, line	e 9, or	reported an a	moun	t on F	orm
1a	Is the organization an agent, trustee, included on Form 990, Part X?	custodian or othe	er interm	nediary fo	or contribut	ions or	other assets	_	Yes	☐ No
þ	If "Yes," explain the arrangement in Pai	rt XIII and comple	te the fo	llowing t	able [.]			Amour		
	Beginning balance					1c	 			
c d	Additions during the year		•	•	•	1d				
e	Distributions during the year		•	•		1e	 -			_
f	Ending balance				•	1f				
2a	Did the organization include an amount		rt X line	 .21 for e	 Secrow or ci			tv2	Vas	□ No
	If "Yes," explain the arrangement in Pai									
Pari		TO ALL COLLECTION	, 11 1110 0	(р.а.тако	11 1100 00011	provide	a diri diri xiii	<u> </u>	<u> </u>	<u> — </u>
	Complete if the organization a	answered "Yes"	on For	m 990. f	Part IV. line	e 10.				
		(a) Current year	(b) Prid		(c) Two year		(d) Three years ba	ck (e)	Four yea	ars back
1a	Beginning of year balance							-		
b	Contributions									
c	Net investment earnings, gains, and losses						-			
d	Grants or scholarships									
	Other expenditures for facilities and programs				-					
f	Administrative expenses			_						
g	End of year balance									
2	Provide the estimated percentage of th	e current vear en	d balanc	e (line 1c	a, column (a)) held a	as:			
a	Board designated or quasi-endowment	•	%	` `	,	.,				
b	Permanent endowment ▶	%	-							
¢	Temporarily restricted endowment ▶	··· %								
	The percentages on lines 2a, 2b, and 2	c should equal 10	00%							
3a	Are there endowment funds not in the	possession of the	e organi	zation tha	at are held	and ad	ministered for	the		
	organization by:								Ye	s No
	(i) unrelated organizations							. 3	a(i)	
	(ii) related organizations							3a	ı(ii)	
b	If "Yes" on line 3a(ii), are the related org	ganizations listed	as requi	red on So	chedule R?	•		[3	3b	
4	Describe in Part XIII the intended uses	of the organizatio	n's endo	wment f	unds.					
Part										
	Complete if the organization a	answered "Yes"	on For	m 990, F	Part IV, line	e 11a. S	See Form 990), Part	X, line	<u>∍ 10.</u>
	Description of property	(a) Cost or oth (investme			or other basis other)	, ,	Accumulated preciation	(d)	Book va	ılue
1a	Land									
b	Buildings									
¢	Leasehold improvements									
d	Equipment				243626		(18722)			224904
<u>e</u>	Other									
Total.	Add lines 1a through 1e. (Column (d) mu	ust equal Form 99	0, Part	(, columr	n (B), line 10)c.)	. •			224904

Part VII	Investments – Other Securities. Complete if the organization answ		m 990. Part IV, lin	e 11b. See Form	990, Part X, line 12.
	(a) Description of security or category (including name of security)		(b) Book value	(c) Met	hod of valuation -of-year market value
(1) Financial	derivatives				
(2) Closely-h	eld equity interests				
(3) Other					
(A)					
				•	
	·				
(D)					
(E)					
(F)					
(G)					
(H)		. 		\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$	
	nust equal Form 990, Part X, col (B) line 12) ► Investments—Program Related		<u> </u>	The Committee market to be a feet	Bath Allegade Company Advisors Activities and State of the Company
Part VIII	Complete if the organization answ		m 000 Part IV lin	e 11c See Form	000 Part Y line 13
	(a) Description of investment	weled les offici	(b) Book value		hod of valuation
•	(a) Description of investment		(b) Book value		of-year market value
(1)					
(2)					· ·
(3)	· ·				
(4)					
(5)	-				
(6)					
(7)		·			
(8)					
(9)					
Total. (Column (t	o) must equal Form 990, Part X, col (B) line 13)			新多新科的	
Part IX	Other Assets.				<u>.</u>
-	Complete if the organization answ		m 990, Part IV, lin	e 11d. See Form	
	(a) Description			(b) Book value
(1)				_	
_(2)					<u> </u>
(3)					
(4)		<u> </u>			
(5)					<u> </u>
(6)			<u> </u>		
(7)					,
(8)					
Total (Colu	mn (b) must equal Form 990, Part X, co	ol (B) line 15)			
Part X	Other Liabilities.	5 (B)			· -
Tarex	Complete if the organization answ	wered "Yes" on For	m 990. Part IV. lin	e 11e or 11f. See	e Form 990. Part X.
	line 25.	Worder 105 On 10.			, , , , , , , , , , , , , , , , , , , ,
1.	(a) Description of liability	(b) Book value	Lagrana A.		
(1) Federal in					
(2)			CERTIFICACION COMPANIENTE CONTROL		and and an
(3)					
(4)					
(5)					
(6)					
(7)				#1014 FF 1012 FF 1014	
(8)			# 1.53 . of 12.53 and 1.10 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.20 (1.		SECURITY TO CONTROL AND SECURITY AND SECURITY OF SECURITY AND SECURITY AND SECURITY OF SECURITY AND SECURITY OF SECURITY AND SECURITY OF SECURITY AND SECURITY OF
(9)					
	b) must equal Form 990, Part X, col. (B) line 25) ▶		一次多数制中建筑空间	到46年,1945年	HILL SELL COMPANDED CHARGO CONTROL
2. Liability for	uncertain tax positions. In Part XIII, provi	de the text of the footn	ote to the organizatio	n's financial stateme	ents that reports the
organization's	s liability for uncertain tax positions under	FIN 48 (ASC 740) Che	ck here if the text of t	the footnote has bee	n provided in Part XIII 🔲

Part			Return.
	Complete if the organization answered "Yes" on Form 990, I	Part IV, line 12a.	
1	Total revenue, gains, and other support per audited financial statements		modes 93,880
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1	
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities	2b	
C	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d		2e ·
3	Subtract line 2e from line 1		3 .
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	12.)	5
Part	XII Reconciliation of Expenses per Audited Financial Statem	ents With Expenses p	er Return.
	Complete if the organization answered "Yes" on Form 990, I		
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	•	
a	Donated services and use of facilities	2a	
b		2b .	
c	Prior year adjustments	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	i i	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
C	Add lines 4a and 4b	_ - 10	- 4c
_		e 18)	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line	e 18)	5
5 Part	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.		5
5 Part Provid	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	d 4; Part IV, lines 1b and 2	b, Part V, line 4; Part X, line
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SCHEDULE F (Form 990)

Statement of Activities Outside the United States

2018

2018
Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990.

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

Inspection
Employer identification number

Cross	to Light, Incorporated				2	0-38 <u>13612</u>
Par			ties Outside	the United States. Con	nplete if the organization a	nswered "Yes" on
1	For grantmakers. Does the other assistance, the grante award the grants or assistan	ees' eligibility				✓ Yes □ No
2	For grantmakers. Describe outside the United States.	ın Part V the	e organization	's procedures for monitorin	ng the use of its grants and	d other assistance
3	Activities per Region (The fo	llowing Part	I, line 3 table o	an be duplicated if addition	nal space is needed.)	
•	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1)	Haiti	2	2	Program Services/Grants	Education/Com Dev /Other	72658
(2)			•			
(3)	*-		,			
(4)	4		•			
(5)						i
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(11)						,
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(14)					•	
(15)				·		
(16)						
(17)		-				
3a	Subtotal	2	2		CARAGE CALE	72658
b	Total from continuation sheets to Part I					0
С	Totals (add lines 3a and 3b)	2	2	THE WAY OF STATE	Charles of the Control of the Contro	72658

Schedule F (Form 990) 2018

Sched	lule F (Form 990) 201	8							Page
Par				rganizations or Entito received more than					Yes" on Form 99
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncesh assistance	(h) Description of noncash assistance	(i) Method of valuation (book FMV, appraisal, other)
) (1)		THE STATE OF	laiti	Church Operations	17628	Check/Wire Transfer		0 N/A	Book
(2)									
(3)		ingroupe (Apr.							
(4)			-						
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K-37							_		
(13)		ing St. St.							
(14)									
(15)									
NIKO.	STATE OF THE STATE	20 PM							

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

Enter total number of other organizations or entities

(18)

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16 Part III can be duplicated if additional space is needed (e) Manner of cash disbursement (f) Amount of noncash assistance (g) Description of noncash assistance (h) Method of valuation (book, FMV, appraisal, other) (c) Number of reciplents (d) Amount of cash grant (a) Type of grant or assistance (b) Region (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15) (16) (17)

Schedule F (Form 990) 2018

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Part	IV Foreign Forms		
1	Was the organization a U.S transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926).	☐ Yes	✓ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A, don't file with Form 990)	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	☐ Yes	☑ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	☐ Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	☐ Yes	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, don't file with Form 990).	☐ Yes	✓ No

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		•

Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds), Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions

PART I. LINE 2
We follow the Updated U.S. Treasury Anti-Terrorism Financing Guidelines Best Practices for US Based Charities. For each distribution we
may require periodic and final reports regarding the utilization of funding, including photographic evidence of progress. We operate in
compliance with all statutes, Executive Orders, and Regulations restricting and prohibiting US Persons from engaging in transactions and
dealings with countries, entities or individuals subject to economic sanctions administered by OFAC
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SCHEDULE O (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

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Name of the organization	Linployor idonamount names
Cross to Light, Incorporated	20-3813612
11b The Ministry's Form 990 is prepared by an outside accounting firm with the assistance of the VP	of Corp/Public Affairs. The return is
and and analysis to the firm of the Board of Breakers. The set was a three and a	ed to the full Decad of Directors much to
reviewed and accepted by the Finance Committee of the Board of Directors. The return is then provide	so to the rull Boarn of Directors prior to
filing with the Internal Revenue Service	
Thing with the internet vevened service	
12c. At each annual meeting, annual conflict of interest disclosure forms are completed in order to en-	sure all potential conflicts are
	·
handled in accordance with the conflict of interest policy	
PART VI SECTION C	
15 The compensation for all Disqualified Persons, as defined in IRC Section 4958 (including the Presi	dent, VP of Corp/Public Affairs and VP
	•
Operations), is reviewed and approved by the Compensation Committee Members of the Compensation	on Committee must have no conflict of
defined in the IDC Control 4000 and Johann The Committee of Committee on and source on and source of the Committee of the Com	consists an experience believe state and an
defined in the IRC Section 4958 regulations. The Compensation Committee relies on and reviews appr	opriate comparability data and an
and an independent compensation consultant in making a determination Contemporaneous substanti	ation of the deliberations and decision
are contained in the minutes of the Compensation Committee meeting	
19 Cross to Light's governing documents, articles and financial statements are available to the public	upon request Our 990 is also
and the fact of the same and th	
available for viewing at www guidestar org	