For Paperwork Reduction Act Notice, see the separate instructions.

2949220 70.00 00.66 Q-6847

Short Form

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2019

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

oeparu Internal	Hent of Rever	rtne Treasury lue Service	► Go to www.irs.gov/Form990EZ for instructions and the latest information		mopeodon
A Fo	r the	2019 calenda	ar year, or tax year beginning January 1 , 2019, and ending	Decembe	
B Che	ck if ap	plicable	C Name of organization	Employer i	dentification number
_ Add	dress c	hange	The <u>Ligh</u> t and Life Foundation, Inc		271200839
_	me cha	-	Number and street (or P.O. box if mail is not delivered to street address) Room/suite E	Telephone	number
=	ial retur		P O Box 356	2	03-257-4561
=	iai retun iended	n/terminated return		Group Ex	emption
=		n pending	Fairfield, CT 06824 0.5	Number	▶ 🔯
Ac	count	ing Method:	☐ Cash ☑ Accrual Other (specify) ► H Ch	eck ▶ 🔲	if the organization is no
	ebsite			uired to at	tach Schedule B
Tax	-exen	npt status (che	eck only one) — 🗹 501(c)(3) 🔲 501(c) () ◀ (insert no.) 🔲 4947(a)(1) or 🔲 527 (Fo	rm 990, 99	0-EZ, or 990-PF).
(Fo	rm of	organization:	✓ Corporation ☐ Trust ☐ Association ☐ Other		·····
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total as	sets	
Part I	II, colu		500,000 or more, file Form 990 instead of Form 990-EZ	. -	\$ 23,80
Par	rt I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balances (see the in	struction	s for Part I) 🔯
		Check if	the organization used Schedule O to respond to any question in this Part I.		<u> </u> [
	1	Contribution	ons, gifts, grants, and similar amounts received	. 1	23,80
7	2	Program se	ervice revenue including government fees and contracts		
7	3	Membersh	ip dues and assessments	. 3	
9	4	Investment	income	. 4	
	5a	Gross amo	unt from sale of assets other than inventory 5a		
	b		or other basis and sales expenses		
-	C		ss) from sale of assets other than inventory (subtract line 5b from line 5a)	. <u>5c</u>	
-	6	_	d fundraising events:		
<u>ē</u>	а	-	ome from gaming (attach Schedule G if greater than		,
Revenue	b	from fundr	me from fundraising events (not including \$ of contributions aising events reported on line 1) (attach Schedule G if the h gross income and contributions exceeds \$15,000) 6b		
	С	Less: direc	t expenses from gaming and fundraising events 6c		
	ď	Net income	e or (loss) from gaming and fundraising events (add lines 6a and 6b and subtra	act	
- 1		line 6c) .		· 6d	23,80
	7a	Gross sales	s of inventory, less returns and allowances		
- 1	b		of goods sold		
	C	-	it or (loss) from sales of inventory (subtract line 7b from line 7a)	. 7c	
	8		nue (describe ın Schedule O)	. 8	
	9	Total reve	nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . RECEIVED IN CORRES	▶ 9	23,80
- 1	10	Grants and	similar amounts paid (list in Schedule O) IRS - OSC - 10 · · · ·	. 10	8,33
	11	Benefits ba	aid to or for members	. 11	
δ.	12	Salaries, of	ther compensation, and employee benefits 🖬 MAY .0 8 2020	. 12	
<u>۾ </u>	13	Profession	al fees and other payments to independent contractors 🗹	. 13	9
×ı	14	Occupancy	y, rent, utilities, and maintenance	. 14	12
_	15			. 15	1
	16		enses (describe in Schedule O) 🔯	. 16	2,43
_	17	Total expe	nses. Add lines 10 through 16	▶ 17	10,99
ا يو	18		deficit) for the year (subtract line 17 from line 9)		12,81
ige	19		or fund balances at beginning of year (from line 27, column (A)) (must agree w		
Net Assets		•	r figure reported on prior year's return)		64,39
<u>ة</u> وَ	20		ges in net assets or fund balances (explain in Schedule O)		
- 1	21	Net assets	or fund balances at end of year. Combine lines 18 through 20	▶ 21	77,20
			ion Act Notice, see the separate instructions. Cat. No. 10642		Form 990-EZ (2

Cat. No. 10642I

121

	200 EE (2010)						
Pai		s (see the instructions f					
•	Check if the orga	inization used Schedule	O to respond to a	ny question in this			
	•				(A) Beginning of year		B) End of year
22	• •	estments			64,391		77,203
23	•				 	23 24	
24	-	ın Schedule O)			64,391		77,203
25 26		be in Schedule O)			04,031	26	77,203
20 27	•	lances (line 27 of column		, , , , , , , , , , , , , , , , , , ,	64,391		77,203
Par		ogram Service Accom				1	
		nization used Schedule	•		•		Expenses
What	t is the organization's prin	nary exempt purpose?	See Schedule O				ured for section)(3) and 501(c)(4)
Desc	ribe the organization's p	rogram service accomplis	shments for each o	f its three largest p	orogram services,	organ	izations; optional for
as m	leasured by expenses. Ir	n a clear and concise m	anner, describe the			other	s)
		elevant information for ea					
28		a, Colombia The organization	ons primary exempt pu	rpose is to serve orph	aned,		
	impoverished, and disabled	children					
	(Granta \$	7,500) If this amount	includes foreign are	ante chock horo		28a	830
29	(Grants \$			-		204	000
25							•
	(Grants \$) If this amount	includes foreign gra	ants, check here .	• 🗇	29a	
30							
	(Grants \$		includes foreign gra			30a	
31	Other program services (describe in Schedule O)					
	(Grants \$		includes foreign gra			31a	
		expenses (add lines 28a t				32	830
Par		rectors, Trustees, and Key			•	nstruct	tions for Part IV)
	Check if the orga	anization used Schedule	1	(c) Reportable		; ; ;	· · · · <u>⊔</u>
	(a) Name ar	id title	(b) Average hours per week	compensation	contributions to employ		
	DE CONTRACTOR		devoted to position	(Forms W-2/1099-MISC (if not paid, enter -0-)			her compensation
Colle	en E Morey, President					+	
	Box 356, Fairfield, CT 06824		20		o	0	0
	Sullivan, Director		40			\top	····
	Box 356, Fairfield, CT 06824		10		o	0	0
Cata	ina Wieser, Secretary/Treasu	ırer	4.5				
PΟ	Box 356, Fairfield, CT 06824		15		0	0	0
	las Fainelli, Director		10				
	Box 356, Fairfield, CT 06824				0	0	0
	Light, Director		10				
	Box 356, Fairfield, CT 06824		ļ		0	0	0
	ana Blackwell, Director		10		_[
	Box 356, Fairfield, CT 06824			ļ	0	0	0
	ale Mauger, Director		10	1			
<u> </u>	Box 356, Fairfield, CT 06824				U	9	0
					 	+-	
						+	
						+	
				}			
	··	······································		 	 	+-	
				1		1	



				ugo e	
Part	 Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Schedule O to respond to any question in this 			П	
	motivations for that v. y entertaint and organization acceptance to any question in this	<u> </u>	Yes	No	
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		~	
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		7	- 12
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		~	,
c	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35b 35c			
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		>	
37a b	Enter amount of political expenditures, direct or indirect, as described in the instructions Did the organization file Form 1120-POL for this year?	-			
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		V	72
39 a	If "Yes," complete Schedule L, Part II, and enter the total amount involved	-			
b 40a	Gross receipts, included on line 9, for public use of club facilities	-			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		_	
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958				
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization				
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		~	
41	List the states with which a copy of this return is filed ► NONE				
42a		203-25		 	
b	Located at ▶ PO Box 356, Fairfield, CT ZIP + 4 ▶ At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	068	Yes		
	If "Yes," enter the name of the foreign country ► See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and	42b			
c	Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the United States?	42c		_	
43	If "Yes," enter the name of the foreign country ► Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here	720	·		
70	and enter the amount of tax-exempt interest received or accrued during the tax year	· ·	Yes	No	
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a			
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b			
c d	Did the organization receive any payments for indoor tanning services during the year?	44c			
45a	explanation in Schedule O	44d 45a	\vdash	~	
b	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," Form 990 and Schedule R may need to be completed instead of				
	Form 990-EZ. See instructions	45b	l T	1	

Form 99	0-EZ (20	19)						, 	age -	,
-1	•						. —	Yes	No	
46.		ne organization engage, directly or in						·		
`		ndidates for public office? If "Yes," o		Parti	· · · ·	• • •	. 46			
Part		Section 501(c)(3) Organizations		47 401 1	50 1					
		All section 501(c)(3) organization	s must answer que	stions 47-49b and	52, and com	piete th	e tables i	or iin	es	
		50 and 51.								
		Check if the organization used Scl	nedule O to respond	to any question in the	his Part VI	<u> </u>	<u></u>	<u>,</u>	<u> </u>	
								Yes	No	,
47		ne organization engage in lobbying			n in effect du	ring the	tax			
	•	If "Yes," complete Schedule C, Par					. 47		~	
48	Is the	organization a school as described in	n section 170(b)(1)(A)(ii	i)? If "Yes," complete \$	Schedule E		. 48		~	
49a	Did th	ne organization make any transfers to	o an exempt non-cha	rıtable related organiz	ation?		. 49a		1	
b	If "Ye	s," was the related organization a se	ection 527 organizatio	n?			. 49b			
50	Com	plete this table for the organization's	five highest compens	sated employees (oth	er than office	s, directo	ors, truste	es, an	d key	
	empl	oyees) who each received more than	\$100,000 of comper	nsation from the organ	nization. If the	re is non	e, enter "l	None.")	
			(b) Average	(c) Reportable	(d) Health be					
	(a)	Name and title of each employee	hours per week	compensation	contributions to benefit plans, an		(e) Estimate other cor			
			devoted to position	(Forms W-2/1099-MISC)	compensa		other cor	npensa	lion	
NONE					 					
					1					
					 					
					 					
						1				
					ļ	-				
					ł					
			·		1					
				Ì						
51 	\$100	olete this table for the organization 000 of compensation from the organization Name and business address of each independent	nization. If there is no	ensated independent one, enter "None." (b) Type of serv			received Compensat		than	
						· · · · · · · · · · · · · · · · · · ·				
NONE					ł					
										
			~~~~~~~~~~~		ł					
d	Total	number of other independent contra	actors each receiving	over \$100,000	<b>&gt;</b>		0			
52	Did 1	the organization complete Schedu	ıle A? <b>Note:</b> All se	ection 501(c)(3) organ	nizations mu	st attach	n a			
		oleted Schedule A					.▶ ✓ Yes		No	
Under o		of perjury, I declare that I have examined this	return including accompany	ving schedules and stateme	ents, and to the hi					
true, co	rrect, an	d complete Declaration of preparer (other than	officerous based on all info	rmation of which preparer h	nas any knowledg	e.		,		
	T	1/1////	MIMMEN		172	Mis	4.50	270		
Sign		Signature of officer	production of a		Date	ar j	7) 20	21)		
Here	]	Collogn E	MODERAT	Presiden		W				
	2	Type or print name and title	··· U PCWY	TRU-IUIUI)	<del></del>					
·	<u></u>		Preparer's signature	Da	te		PTIN			
Paid		Print/Type preparer's name	i reparer s signature	Da		Check	if			
Prep	arer		1	<u>L</u> _	<del></del>	self-emplo	уеа			
Use	Only	Firm's name ▶	•			EIN ►				
NA=	- 100	Firm's address >	- h	naturations	Phone	no.				
May th	ne IHS	discuss this return with the prepare	r snown above? See i	nstructions	· · · ·		Yes 🗌 Yes		No_	

### **SCHEDULE A** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

**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 2019

Open to Public Inspection

Employer identification number

Name of the organization 27-1200839 The Light and Life Foundation, Inc. Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33½% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having b control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally Integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV. Sections A and D. and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iv) Is the organization (iii) Type of organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes Νo (A) (B) (C) (D) (E)

Total

Part	Support Schedule for Organiza (Complete only if you checked th						
	Part III. If the organization fails to						
	on A. Public Support						
	dar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	15,762	29,969	10,197	16,452	23,802	96,182
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	15,762	29,969	10,197	16,452	23,802	96,182
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						1,772
6	Public support. Subtract line 5 from line 4	, _ 1	l	/		_,	94,410
	on B. Total Support	(=) 0045	(h) 0040	(12) 0017	(-B.0040	(-) 0040	(0 T-1-)
Calen 7	dar year (or fiscal year beginning in)	(a) 2015 15,762	<b>(b)</b> 2016 29,969	(c) 2017 10,197	(d) 2018 16,452	(e) 2019 23,802	(f) Total 96,182
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	.0,1.02			,0,102	20,002	00,102
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 12	<b>Total support.</b> Add lines 7 through 10 Gross receipts from related activities, etc.	•	•			12	96,182
13	First five years. If the Form 990 is for the organization, check this box and stop her	•			-		
Sooti				· · · · · ·	<del></del>	<del> </del>	· · <b>&gt;</b> 🖸
<u> </u>	on C. Computation of Public Suppor Public support percentage for 2019 (line 6	<del></del>		1 column (fi)		14	98 %
15 16a	Public support percentage from 2018 Sch 331/2% support test—2019. If the organic box and stop here. The organization qual	edule A, Part I zation did not	I, line 14 . check the box	on line 13, an	[ d line 14 is 33	15 1/3% or more, o	90 % check this
b	331/a% support test—2018. If the organization this box and stop here. The organization						ore, check
17a	7a 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization						
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organiza Explain in Part VI how the organization in supported organization	tion meets the neets the "fact	e "facts-and-c	ircumstances" tances" test. T	test, check t	his box and s	top here.
18	Private foundation. If the organization did instructions	d not check a t	oox on line 13,	16a, 16b, 17a,			ee

## 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 qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	15,762	29,969	10,197	16,452	23,802	96,182
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						<del></del>
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge	·					
6 7a	<b>Total.</b> Add lines 1 through 5	15,762	29,969	10,197	16,452	23,802	96,182
b	received from disqualified persons .  Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year					1,772	1,772
C	Add lines 7a and 7b						1,772
8	Public support. (Subtract line 7c from line 6.)						94,410
	on B. Total Support				<del></del>	····	
	dar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
9 10a	Amounts from line 6	15,762	29,969	10,197	16,452	23,802	96,182
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b						<del>.</del>
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	`					
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	15,762	29,969	10,197	16,452	23,802	96,182
14	First five years. If the Form 990 is for the organization, check this box and stop her	e organization		, third, fourth,	or fifth tax ye	ar as a section	501(c)(3)
Secti	on C. Computation of Public Suppor			<del></del>	· · · · · · · · · · · · · · · · · · ·	<del></del>	<u> </u>
15	Public support percentage for 2019 (line 8	<del></del>		3, column (fl)		15	98 %
16	Public support percentage from 2018 Sch					16	90 %
	on D. Computation of Investment Inc					<del></del>	
17	Investment income percentage for 2019 (I			/ line 13, colun	nn (f))	17	%
18	Investment income percentage from 2018	·	• • • • • • • • • • • • • • • • • • • •	•		18	%
19a	331/3% support tests-2019. If the organi					ore than 331/3%	
_	17 is not more than 331/3%, check this box					-	
b	331/3% support tests—2018. If the organiz line 18 is not more than 331/3%, check this t						
20	Private foundation. If the organization di	d not check a b	oox on line 14,	19a, or 19b, cl	neck this box a	ind see instruc	tions ▶ □

## 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.)

Sec	tion	A. All	Suppo	rtina (	Organiz	zations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.			
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b		
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		<u></u>
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	46		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).			
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
6	Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the chantable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	5c		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI.</b>	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI.</b>	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	10a	-	
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b	_	

Page	5

Part I	V Supporting Organizations (continued)			
•			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	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		
	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
9	Did the experientian energia for the handit of any symposted experientian other than the symposted	<b></b> -		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	<u> </u>		
04		2		
Secu	on C. Type II Supporting Organizations			•
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).			
		1		
Section	on D. All Type III Supporting Organizations			
_			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	] ;		
	organization's tax year, (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		
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.	3		
Section	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see it	nstru	ctions	s).
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (	see ins	structi	ions).
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			1
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			1
~	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.			
2		2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	_		
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	<del></del>		
	of its supported organizations? If "Yes" describe in Part VI the role played by the organization in this regard	l 3h l		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	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	tru:	st on Nov. 20, 1970 (expl ions must complete Sect	ain in Part VI). <b>See</b> ions A through E.
Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recovenes 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		1/5/ 0
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		<u> </u>
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		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional instructions).	ly int	tegrated Type III supporti	ng organization (see

rait	Type in Non-Functionally integrated 509(a)(3	y Supporting Organi	zations (continued)				
Sect	Section D—Distributions						
1	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	nizations				
4	Amounts paid to acquire exempt-use assets						
5	Qualified set-aside amounts (prior IRS approval required)						
6	Other distributions (describe in Part VI). See instructions.						
7	Total annual distributions. Add lines 1 through 6.						
8	Distributions to attentive supported organizations to which	h the organization is res	sponsive				
	(provide details in Part VI). See instructions.						
9	Distributable amount for 2019 from Section C, line 6						
10	Line 8 amount divided by line 9 amount						
Secti	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019			
1	Distributable amount for 2019 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.						
3	Excess distributions carryover, if any, to 2019	<del></del>					
a	From 2014	<del></del>					
b	From 2015						
	From 2016						
<del>_</del> d		<del></del>					
e	From 2018						
<del>_</del> _f	Total of lines 3a through e						
g	Applied to underdistributions of prior years			·			
	Applied to 2019 distributable amount						
<u>:-</u>	Carryover from 2014 not applied (see instructions)		· · · · · · · · · · · · · · · · · · ·				
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.		<del></del>				
4	Distributions for 2019 from		<del></del>				
	Section D, line 7: \$						
а	Applied to underdistributions of prior years						
b	Applied to 2019 distributable amount						
С	Remainder. Subtract lines 4a and 4b from 4.						
5	Remaining underdistributions for years prior to 2019, if						
	any. Subtract lines 3g and 4a from line 2. For result						
	greater than zero, explain in Part VI. See instructions.						
6	Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI.</b> See instructions.						
7	Excess distributions carryover to 2020. Add lines 3j and 4c.						
8	Breakdown of line 7:		·	··· · · · · · · · · · · · · · · · · ·			
b	Excess from 2016						
	Excess from 2017		· · · · · · · · · · · · · · · · · · ·				
	Excess from 2018			<del></del>			
	Excess from 2019						

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Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
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## 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

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

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

Inspection
Employer identification number

The Light and Life Foundation, for	nc			27-1200839
Other Expenses (Part I, Line 16)				`
Bank Charges	\$ 198			
Dues & Subscriptions	\$ 702			
Insurance - Liability	\$ 1,534			
Total to Part I, Line 16	\$2,434			
		••		
The Light and Life Foundation	(Form 990-EZ, Pag	e 2, Part III)		
In order to serve orphaned, impo	ovenshed and disab	oled children, the organization	will provide support to non-profi	t organizations that
provide shelter and support and	encourage the dev	elopment of the orphaned, im	povenshed and disabled child	The groups will have to
demonstrate that their activities	promote relief to the	e poor, the distressed or the u	inderprivileged In addition, fund	s may be granted to
schools, such as primary, secon	dary, college or trac	de schools that are serving ur	nderprivileged, orphaned and dis	abled children
All support will be restricted to be	oard pre-approved	projects with chantable, educ	ational and religious purposes w	ithin the meaning
of IRS Section 501(C)(3) Initial	focus is on orphani	ed, impoverished and disable	d children in Colombia, specifica	lly to support
Hogares Luz Y Vida in Bogota, C	Colombia with regai	d to the construction of a sec	ondary school, provision of med	ical supplies and
other items of necessity for the r	esidential communi	ty		
		*		<del>-</del>
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Name of the organization  Employer identification number  Employer identification number  Employer identification number	Schedule O (Form 990 or 990-EZ) (2019)	Page 2
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