

**Return of Private Foundation**

**2019**

Department of the Treasury  
Internal Revenue Service

or Section 4947(a)(1) Trust Treated as Private Foundation  
▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990PF](http://www.irs.gov/Form990PF) for instructions and the latest information.

Open to Public Inspection

For calendar year 2019 or tax year beginning May 1, , 2019, and ending April 30, , 20 20

Name of foundation <u>White Light Foundation, Inc</u>		<b>A</b> Employer identification number 47-4125318
Number and street (or P.O. box number if mail is not delivered to street address) <u>285 Church Hill Road</u>		<b>B</b> Telephone number (see instructions) (203) 520-2539
Room/suite		
City or town, state or province, country, and ZIP or foreign postal code <u>Trumbull, CT 06611</u>		<b>C</b> If exemption application is pending, check here. . . . . <input type="checkbox"/>
<b>G</b> Check all that apply:		<b>D</b> 1. Foreign organizations, check here. . . . . <input type="checkbox"/>
<input type="checkbox"/> Initial return	<input type="checkbox"/> Initial return of a former public charity	2. Foreign organizations meeting the 85% test, check here and attach computation . . . . . <input type="checkbox"/>
<input type="checkbox"/> Final return	<input type="checkbox"/> Amended return	<b>E</b> If private foundation status was terminated under section 507(b)(1)(A), check here . . . . . <input type="checkbox"/>
<input type="checkbox"/> Address change	<input type="checkbox"/> Name change	<b>F</b> If the foundation is in a 60-month termination under section 507(b)(1)(B), check here . . . . . <input type="checkbox"/>
<b>H</b> Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation		
<input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		
<b>I</b> Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ \$ <u>49,600</u>		
<b>J</b> Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____		
(Part I, column (d), must be on cash basis.)		

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
<b>Revenue</b>	1 Contributions, gifts, grants, etc., received (attach schedule) . . . . .	67,602			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B. . . . .				
	3 Interest on savings and temporary cash investments. . . . .	0	0	0	
	4 Dividends and interest from securities . . . . .	0	0	0	
	5a Gross rents . . . . .	0	0	0	
	b Net rental income or (loss) _____ 0				
	6a Net gain or (loss) from sale of assets not on line 10	0			
	b Gross sales price for all assets on line 6a _____ 0				
	7 Capital gain net income (from Part IV, line 2) . . . . .		0		
	8 Net short-term capital gain. . . . .			0	
	9 Income modifications . . . . .			0	
	10a Gross sales less returns and allowances . . . . .	58,560			
b Less: Cost of goods sold . . . . .	17,999				
c Gross profit or (loss) (attach schedule) . . . . .	40,561		0		
11 Other income (attach schedule) . . . . .	5,939	0	0		
12 <b>Total.</b> Add lines 1 through 11 . . . . .	114,102	0	0		
<b>Operating and Administrative Expenses</b>	13 Compensation of officers, directors, trustees, etc. . . . .	0	0	0	0
	14 Other employee salaries and wages . . . . .	0	0	0	0
	15 Pension plans, employee benefits . . . . .	0	0	0	0
	16a Legal fees (attach schedule) . . . . .	0	0	0	0
	b Accounting fees (attach schedule) . . . . .	0	0	0	0
	c Other professional fees (attach schedule) . . . . .	0	0	0	0
	17 Interest . . . . .	0	0	0	0
	18 Taxes (attach schedule) (see instructions). . . . .	0	0	0	0
	19 Depreciation (attach schedule) and depletion . . . . .	64	0	0	
	20 Occupancy . . . . .	0	0	0	0
	21 Travel, conferences, and meetings . . . . .	0	0	0	0
	22 Printing and publications . . . . .	0	0	0	0
	23 Other expenses (attach schedule) . . . . .	12,514	0	0	0
	24 <b>Total operating and administrative expenses.</b> Add lines 13 through 23. . . . .	12,578	0	0	0
	25 Contributions, gifts, grants paid . . . . .	80,076			93,776
26 <b>Total expenses and disbursements.</b> Add lines 24 and 25	92,654	0	0	93,776	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements	21,448				
b Net investment income (if negative, enter -0-)		0			
c <b>Adjusted net income</b> (if negative, enter -0-)			0		

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)			Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value			
<b>Assets</b>	1	Cash - non-interest-bearing . . . . .		29,753	48,600	48,600	
	2	Savings and temporary cash investments . . . . .					
	3	Accounts receivable ▶ 1,000					
		Less: allowance for doubtful accounts ▶ 0		0	1,000	1,000	
	4	Pledges receivable ▶ 0					
		Less: allowance for doubtful accounts ▶ 0		4,502	0	0	
	5	Grants receivable . . . . .					
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . .					
	7	Other notes and loans receivable (attach schedule) ▶					
		Less: allowance for doubtful accounts ▶			0		
	8	Inventories for sale or use . . . . .		7,070	0	0	
	9	Prepaid expenses and deferred charges . . . . .					
	10a	Investments - U.S. and state government obligations (attach schedule) . .					
	b	Investments - corporate stock (attach schedule) . . . . .					
	c	Investments - corporate bonds (attach schedule) . . . . .					
	11	Investments - land, buildings, and equipment: basis ▶					
	Less: accumulated depreciation (attach schedule) ▶			0	0		
12	Investments - mortgage loans . . . . .						
13	Investments - other (attach schedule) . . . . .						
14	Land, buildings, and equipment: basis ▶ 320						
	Less: accumulated depreciation (attach schedule) ▶ 320		64	0	0		
15	Other assets (describe ▶ _____ )						
16	<b>Total assets</b> (to be completed by all filers - see the instructions. Also, see page 1, item I) . . . . .		41,389	49,600	49,600		
<b>Liabilities</b>	17	Accounts payable and accrued expenses . . . . .					
	18	Grants payable . . . . .		13,700	0		
	19	Deferred revenue . . . . .					
	20	Loans from officers, directors, trustees, and other disqualified persons. . .					
	21	Mortgages and other notes payable (attach schedule) . . . . .					
	22	Other liabilities (describe ▶ <u>Sales Tax Payable</u> )		81	544		
23	<b>Total liabilities</b> (add lines 17 through 22) . . . . .		13,781	544			
<b>Net Assets or Fund Balances</b>	<b>Foundations that follow FASB ASC 958, check here</b> ▶ <input checked="" type="checkbox"/>						
	<b>and complete lines 24, 25, 29, and 30.</b>						
	24	Net assets without donor restrictions . . . . .		27,608	49,056		
	25	Net assets with donor restrictions . . . . .					
	<b>Foundations that do not follow FASB ASC 958, check here</b> ▶ <input type="checkbox"/>						
	<b>and complete lines 26 through 30.</b>						
	26	Capital stock, trust principal, or current funds . . . . .					
27	Paid-in or capital surplus, or land, bldg., and equipment fund . . . . .						
28	Retained earnings, accumulated income, endowment, or other funds . . . .						
29	<b>Total net assets or fund balances</b> (see instructions) . . . . .		27,608	49,056			
30	<b>Total liabilities and net assets/fund balances</b> (see instructions) . . . . .		41,389	49,600			

Part III Analysis of Changes in Net Assets or Fund Balances		
1	Total net assets or fund balances at beginning of year - Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return) . . . . .	27,608
2	Enter amount from Part I, line 27a . . . . .	21,448
3	Other increases not included in line 2 (itemize) ▶ _____	
4	Add lines 1, 2, and 3 . . . . .	49,056
5	Decreases not included in line 2 (itemize) ▶ _____	
6	<b>Total net assets or fund balances at end of year</b> (line 4 minus line 5) - Part II, column (b), line 29 . . . .	49,056

**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)				(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
<b>1 a</b> N/A						
<b>b</b>						
<b>c</b>						
<b>d</b>						
<b>e</b>						
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)			
<b>a</b>			0			
<b>b</b>			0			
<b>c</b>			0			
<b>d</b>			0			
<b>e</b>			0			
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.						
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))			
<b>a</b>		0	0			
<b>b</b>		0	0			
<b>c</b>		0	0			
<b>d</b>		0	0			
<b>e</b>		0	0			
<b>2</b> Capital gain net income or (net capital loss) <span style="font-size: 2em;">{</span> If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 <span style="font-size: 2em;">}</span>				<b>2</b>	0	
<b>3</b> Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 8 . . . . .				<b>3</b>		

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?  Yes  No  
 If "Yes," the foundation doesn't qualify under section 4940(e). Do not complete this part.

**1** Enter the appropriate amount in each column for each year; see the instructions before making any entries.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2018	41,328	39,180	1.0548
2017	60,375	31,866	1.8947
2016	26,974	21,148	1.2755
2015	6,539	6,912	0.9460
2014			0.0000
<b>2</b> Total of line 1, column (d) . . . . .			<b>2</b> 5.1710
<b>3</b> Average distribution ratio for the 5-year base period - divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years . . . . .			<b>3</b> 1.2928
<b>4</b> Enter the net value of noncharitable-use assets for 2019 from Part X, line 5 . . . . .			<b>4</b> 39,573
<b>5</b> Multiply line 4 by line 3. . . . .			<b>5</b> 51,160
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b). . . . .			<b>6</b> 0
<b>7</b> Add lines 5 and 6. . . . .			<b>7</b> 51,160
<b>8</b> Enter qualifying distributions from Part XII, line 4. . . . . If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.			<b>8</b> 93,776

**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions)**

<b>1a</b> Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. . . . Date of ruling or determination letter: _____ (attach copy of letter if necessary - see instructions)		
<b>b</b> Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b. . . . .	<b>1</b>	0
<b>c</b> All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b) . . . . .		
<b>2</b> Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	<b>2</b>	
<b>3</b> Add lines 1 and 2. . . . .	<b>3</b>	0
<b>4</b> Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	<b>4</b>	
<b>5 Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0- . . . . .	<b>5</b>	0
<b>6 Credits/Payments:</b>		
<b>a</b> 2019 estimated tax payments and 2018 overpayment credited to 2019. . . . .	<b>6a</b>	
<b>b</b> Exempt foreign organizations - tax withheld at source . . . . .	<b>6b</b>	
<b>c</b> Tax paid with application for extension of time to file (Form 8868). . . . .	<b>6c</b>	
<b>d</b> Backup withholding erroneously withheld . . . . .	<b>6d</b>	
<b>7</b> Total credits and payments. Add lines 6a through 6d . . . . .	<b>7</b>	0
<b>8</b> Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached . . . . .	<b>8</b>	
<b>9 Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b> . . . . .	<b>9</b>	0
<b>10 Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b> . . . . .	<b>10</b>	0
<b>11</b> Enter the amount of line 10 to be: <b>Credited to 2020 estimated tax</b> <input type="checkbox"/> <b>Refunded</b> <input type="checkbox"/>	<b>11</b>	0

**Part VII-A Statements Regarding Activities**

	Yes	No
<b>1a</b> During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? . . . . .		X
<b>b</b> Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition . . . . . If the answer is "Yes" to <b>1a</b> or <b>1b</b> , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.		X
<b>c</b> Did the foundation file <b>Form 1120-POL</b> for this year? . . . . .		X
<b>d</b> Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. <input type="checkbox"/> \$ _____ (2) On foundation managers. <input type="checkbox"/> \$ _____		
<b>e</b> Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. <input type="checkbox"/> \$ _____		
<b>2</b> Has the foundation engaged in any activities that have not previously been reported to the IRS? . . . . . If "Yes," attach a detailed description of the activities.		X
<b>3</b> Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes . . . . .		X
<b>4a</b> Did the foundation have unrelated business gross income of \$1,000 or more during the year? . . . . .		X
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .		
<b>5</b> Was there a liquidation, termination, dissolution, or substantial contraction during the year? . . . . . If "Yes," attach the statement required by <i>General Instruction T</i> .		X
<b>6</b> Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? . . . . .	X	
<b>7</b> Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	X	
<b>8a</b> Enter the states to which the foundation reports or with which it is registered. See instructions. <input type="checkbox"/> <u>California, Colorado, Connecticut, New Hampshire, New York, Pennsylvania, Vermont</u>		
<b>b</b> If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by <i>General Instruction G</i> ? If "No," attach explanation . . . . .	X	
<b>9</b> Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2019 or the tax year beginning in 2019? See the instructions for Part XIV. If "Yes," complete Part XIV. . . . .		X
<b>10</b> Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses . . . . .	X	

**Part VII-A Statements Regarding Activities (continued)**

	Yes	No
11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions . . . . .		X
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions. . . . .		X
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ▶ <u>whitelightfoundation.org</u>	X	
14 The books are in care of ▶ <u>Steven Perlah, CEO and President</u> Telephone no. ▶ <u>(203) 520-2539</u> Located at ▶ <u>285 Church Hill Road, Trumbull, CT</u> ZIP+4 ▶ <u>06611</u>		
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here . . . . . ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year . . . . . ▶ <b>15</b>		
16 At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? . . . . .		X
See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ▶		

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required**

**File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.**

	Yes	No
<b>1a</b> During the year, did the foundation (either directly or indirectly):		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(6) Agree to pay money or property to a government official? ( <b>Exception.</b> Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</b> If any answer is "Yes" to 1a(1)-(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions . . . . .		
Organizations relying on a current notice regarding disaster assistance, check here . . . . . ▶ <input type="checkbox"/>		
<b>c</b> Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2019? . . . . .		X
<b>2</b> Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		
<b>a</b> At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines 6d and 6e) for tax year(s) beginning before 2019? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ▶ _____		
<b>b</b> Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to <b>all</b> years listed, answer "No" and attach statement - see instructions.) . . . . .		
<b>c</b> If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here. ▶ _____		
<b>3a</b> Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>b</b> If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the foundation had excess business holdings in 2019.) . . . . .		
<b>4a</b> Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		X
<b>b</b> Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2019?		X

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)**

<b>5a</b> During the year, did the foundation pay or incur any amount to:				<b>Yes</b>	<b>No</b>
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? . . . . .	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? . . . . .	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	
(3) Provide a grant to an individual for travel, study, or other similar purposes? . . . . .	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions . . . . .	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? . . . . .	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	
<b>b</b> If any answer is "Yes" to 5a(1)-(5), did <b>any</b> of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions. . . . .					<b>5b</b>
Organizations relying on a current notice regarding disaster assistance, check here . . . . .	<input type="checkbox"/>				
<b>c</b> If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? . . . . .	<input type="checkbox"/>	Yes		No	
If "Yes," attach the statement required by Regulations section 53.4945-5(d).					
<b>6a</b> Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .					<b>6b</b>
If "Yes" to 6b, file Form 8870.					X
<b>7a</b> At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? . . . . .	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	
<b>b</b> If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? . . . . .					<b>7b</b>
<b>8</b> Is the foundation 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? . . . . .	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**

**1 List all officers, directors, trustees, and foundation managers and their compensation. See instructions.**

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
See Attachment to To This Part VIII		0	0	0

**2 Compensation of five highest-paid employees (other than those included on line 1 - see instructions). If none, enter "NONE."**

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
None		0	0	0

**Total number of other employees paid over \$50,000.** . . . . . 0

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**

**3 Five highest-paid independent contractors for professional services. See instructions. If none, enter "NONE."**

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
None		0

**Total** number of others receiving over \$50,000 for professional services . . . . . **0**

**Part IX-A Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

	Expenses
1 N/A	0
2	
3	
4	

**Part IX-B Summary of Program-Related Investments (see instructions)**

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.

	Amount
1 N/A	0
2	
All other program-related investments. See instructions. 3 N/A	

**Total.** Add lines 1 through 3 . . . . . **0**

**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
<b>a</b>	Average monthly fair market value of securities . . . . .	<b>1a</b>	0
<b>b</b>	Average of monthly cash balances . . . . .	<b>1b</b>	39,176
<b>c</b>	Fair market value of all other assets (see instructions). . . . .	<b>1c</b>	1,000
<b>d</b>	<b>Total</b> (add lines 1a, b, and c) . . . . .	<b>1d</b>	40,176
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) . . . . .	<b>1e</b>	
<b>2</b>	Acquisition indebtedness applicable to line 1 assets . . . . .	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d. . . . .	<b>3</b>	40,176
<b>4</b>	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions). . . . .	<b>4</b>	603
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4 . . . . .	<b>5</b>	39,573
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5 . . . . .	<b>6</b>	1,979

**Part XI Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations, check here  and do not complete this part.)

<b>1</b>	Minimum investment return from Part X, line 6 . . . . .	<b>1</b>	1,979
<b>2a</b>	Tax on investment income for 2019 from Part VI, line 5 . . . . .	<b>2a</b>	0
<b>b</b>	Income tax for 2019. (This does not include the tax from Part VI.) . . . . .	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b. . . . .	<b>2c</b>	0
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1. . . . .	<b>3</b>	1,979
<b>4</b>	Recoveries of amounts treated as qualifying distributions. . . . .	<b>4</b>	
<b>5</b>	Add lines 3 and 4 . . . . .	<b>5</b>	1,979
<b>6</b>	Deduction from distributable amount (see instructions). . . . .	<b>6</b>	
<b>7</b>	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1. . . . .	<b>7</b>	1,979

**Part XII Qualifying Distributions** (see instructions)

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
<b>a</b>	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26. . . . .	<b>1a</b>	93,776
<b>b</b>	Program-related investments - total from Part IX-B. . . . .	<b>1b</b>	0
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes. . . . .	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the:		
<b>a</b>	Suitability test (prior IRS approval required) . . . . .	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule) . . . . .	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4 . . . . .	<b>4</b>	93,776
<b>5</b>	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b. See instructions. . . . .	<b>5</b>	
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4 . . . . .	<b>6</b>	93,776

**Note:** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.



**Part XIII Undistributed Income** (see instructions)

	(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
<b>1</b> Distributable amount for 2019 from Part XI, line 7 . . . . .				1,979
<b>2</b> Undistributed income, if any, as of the end of 2019:				
<b>a</b> Enter amount for 2018 only. . . . .			0	
<b>b</b> Total for prior years: 20____, 20____, 20____		0		
<b>3</b> Excess distributions carryover, if any, to 2019:				
<b>a</b> From 2014 . . . . .				
<b>b</b> From 2015 . . . . .				6,193
<b>c</b> From 2016 . . . . .				25,917
<b>d</b> From 2017 . . . . .				58,782
<b>e</b> From 2018 . . . . .				41,328
<b>f</b> Total of lines 3a through e . . . . .	132,220			
<b>4</b> Qualifying distributions for 2019 from Part XII, line 4: ► \$ <u>93,776</u>				
<b>a</b> Applied to 2018, but not more than line 2a . . .			0	
<b>b</b> Applied to undistributed income of prior years (Election required - see instructions). . . . .		0		
<b>c</b> Treated as distributions out of corpus (Election required - see instructions) . . . . .	0			
<b>d</b> Applied to 2019 distributable amount. . . . .				1,979
<b>e</b> Remaining amount distributed out of corpus. . .	91,797			
<b>5</b> Excess distributions carryover applied to 2019 (If an amount appears in column (d), the same amount must be shown in column (a).) . . . . .				0
<b>6</b> Enter the net total of each column as indicated below:				
<b>a</b> Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	224,017			
<b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b. . . . .		0		
<b>c</b> Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed . . . . .		0		
<b>d</b> Subtract line 6c from line 6b. Taxable amount - see instructions . . . . .		0		
<b>e</b> Undistributed income for 2018. Subtract line 4a from line 2a. Taxable amount - see instructions . . . . .			0	
<b>f</b> Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020. . . . .				0
<b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) . . . . .	0			
<b>8</b> Excess distributions carryover from 2014 not applied on line 5 or line 7 (see instructions) . . .	0			
<b>9</b> Excess distributions carryover to 2020. Subtract lines 7 and 8 from line 6a . . . . .	224,017			
<b>10</b> Analysis of line 9:				
<b>a</b> Excess from 2015 . . .				6,193
<b>b</b> Excess from 2016 . . .				25,917
<b>c</b> Excess from 2017 . . .				58,782
<b>d</b> Excess from 2018 . . .				39,369
<b>e</b> Excess from 2019 . . .				91,797

**Part XIV Private Operating Foundations** (see instructions and Part VII-A, question 9)

**1 a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2019, enter the date of the ruling . . . . . ▶

**b** Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)

	Tax year				(e) Total
	(a) 2019	(b) 2018	(c) 2017	(d) 2016	
<b>2 a</b> Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .					N/A
<b>b</b> 85% of line 2a . . . . .	0	0	0	0	0
<b>c</b> Qualifying distributions from Part XII, line 4, for each year listed . . . . .					0
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .					0
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . .	0	0	0	0	0
<b>3</b> Complete 3a, b, or c for the alternative test relied upon: . . . . .					
<b>a</b> "Assets" alternative test - enter:					
<b>(1)</b> Value of all assets. . . . .					0
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i) . . . . .					0
<b>b</b> "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed . . . . .					0
<b>c</b> "Support" alternative test - enter:					
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . . .					0
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) . . . . .					0
<b>(3)</b> Largest amount of support from an exempt organization. . . . .					0
<b>(4)</b> Gross investment income . . . . .					0

**Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year - see instructions.)**

**1 Information Regarding Foundation Managers:**  
**a** List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

N/A  
**b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

N/A  
**2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**

Check here  if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions.

**a** The name, address, and telephone number or email address of the person to whom applications should be addressed:

**b** The form in which applications should be submitted and information and materials they should include:

**c** Any submission deadlines:

**d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

**Part XV** Supplementary Information *(continued)*

**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
<b>a Paid during the year</b> See Attachment to this Part XV				93,776
<b>Total</b> . . . . . ▶ <b>3a</b>				93,776
<b>b Approved for future payment</b> None				0
<b>Total</b> . . . . . ▶ <b>3b</b>				0

### Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions.)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f _____					
g Fees and contracts from government agencies					
2 Membership dues and assessments . . . . .					
3 Interest on savings and temporary cash investments . . . . .					
4 Dividends and interest from securities . . . . .					
5 Net rental income or (loss) from real estate:					
a Debt-financed property . . . . .					
b Not debt-financed property . . . . .					
6 Net rental income or (loss) from personal property					
7 Other investment income . . . . .					
8 Gain or (loss) from sales of assets other than inventory					
9 Net income or (loss) from special events . . . . .					
10 Gross profit or (loss) from sales of inventory . . . . .			513 (a)	40,561	
11 Other revenue: a <u>Raffles</u>			513 (a)	2,972	
b <u>Event Fundraising Admission</u>			513 (a)	2,920	
c <u>Vendor Sales Tax Credit</u>			513 (a)	47	
d _____					
e _____					
12 Subtotal. Add columns (b), (d), and (e) . . . . .		0		46,500	0
13 Total. Add line 12, columns (b), (d), and (e) . . . . .					46,500

### Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Line No.	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). (See instructions.)
▼	N/A

Part XVII Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations

- 1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?
a Transfers from the reporting foundation to a noncharitable exempt organization of:
(1) Cash
(2) Other assets
b Other transactions:
(1) Sales of assets to a noncharitable exempt organization
(2) Purchases of assets from a noncharitable exempt organization
(3) Rental of facilities, equipment, or other assets
(4) Reimbursement arrangements
(5) Loans or loan guarantees
(6) Performance of services or membership or fundraising solicitations
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees.
d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation.

Table with 4 columns: (a) Line no., (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements.

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? Yes No

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship.

Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.
Signature of officer or trustee: [Signature] Date: 12/24/2020 Title: CFO + Treasurer

May the IRS discuss this return with the preparer shown below? See instructions. Yes No

Paid Preparer Use Only Print/Type preparer's name Preparer's signature Date Check if self-employed PTIN Firm's name Firm's address Firm's EIN Phone no.

# Application for Automatic Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b> <small>File by the due date for filing your return. See instructions.</small>	Name of exempt organization or other filer, see instructions.	Taxpayer identification number (TIN)
	<u>White Light Foundation, Inc</u>	<u>47-4125318</u>
	Number, street, and room or suite no. If a P.O. box, see instructions. <u>285 Church Hill Road</u>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <u>Trumbull, CT 06611</u>	

Enter the Return Code for the return that this application is for (file a separate application for each return) . . . . . 

0	4
---	---

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ▶ Steven Perlah, 285 Church Hill Rd, Trumbull, CT 06611

Telephone No. ▶ (203) 520-2539 Fax No. ▶ \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ . If this is for the whole group, check this box  . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until March 15, \_\_\_\_\_, 20 21, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶  calendar year 20 \_\_\_\_ or

▶  tax year beginning May 1, \_\_\_\_\_, 20 19, and ending April 30, \_\_\_\_\_, 20 21.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b> \$	0
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b> \$	0
<b>c</b> <b>Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b> \$	0

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

**Schedule of Contributors**

**2019**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization  <u>White Light Foundation, Inc</u>	Employer identification number  47-4125318
--	--

**Organization type** (check one):

- | Filers of:         | Section:   |
|--------------------|--|
| Form 990 or 990-EZ | <input type="checkbox"/> 501(c)( ) (enter number) organization<br><input type="checkbox"/> 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation<br><input type="checkbox"/> 527 political organization         |
| Form 990-PF        | <input checked="" type="checkbox"/> 501(c)(3) exempt private foundation<br><input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation<br><input type="checkbox"/> 501(c)(3) taxable private foundation |

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization <u>White Light Foundation, Inc</u>	Employer identification number <u>47-4125318</u>
--	---

**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<u>Fiddlehead Brewing Company</u> <u>6305 Shelburne Rd</u> <u>Shelburne, VT 05482</u>	\$ <u>7,418</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<u>Peter and Heidi Hallock</u> <u>403 Loudon Road</u> <u>Loudonville, NY 12211</u>	\$ <u>5,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<u>Twiddle Music LLC</u> <u>15 Brickyard Road, Suite 1</u> <u>Essex Junction, VT 05452</u>	\$ <u>6,878</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization

Employer identification number

White Light Foundation, Inc

47-4125318

**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
3	<u>100 Tumble Down Frankenfoote Posters</u> _____ _____	\$ _____ 150	<u>07/01/2019</u>
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization

Employer identification number

White Light Foundation, Inc

47-4125318

**Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ \_\_\_\_\_  
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

White Light Foundation, Inc.  
47-4125318

**Form 990-PF (2019) Part I Line 11 (Other Income)**

4442 Vendor Sales Tax Credits	47
4810 Special Event Revenue - Event Admissions	2,920
4825 Special Events Revenue -Raffles	2,972
<b>Total Other Income</b>	<b><u>5,939</u></b>

**Form 990-PF (2019) Part I Line 10(c) (Gross Profit)**

	Sales	COGS	Gross Profit
Pins	57,701	17,597	40,104
Posters and Miscellaneous Items	859	402	457
<b>Total</b>	<b><u>58,560</u></b>	<b><u>17,999</u></b>	<b><u>40,561</u></b>

**Form 990-PF (2019) Part I Line 23 (Other Expenses)**

8110 Supplies & Materials	1,175
8200 Bad Debt Expense	2,002
8303 Catering for Fundraising Events	180
8305 Promotion and Marketing	4,529
8501 Federal & State Registration Fees	185
8502 Business Registration Fees	163
8511 PayPal Fees	2,353
8515 Insurance	1,276
8530 Software License Fee	651
<b>Total Other Expenses</b>	<b><u>12,514</u></b>

White Light Foundation, Inc

47-4125318

Form 990-PF (2019) Part VII-B Line 5c - Expenditure Responsibility Disclosure

**Part VII-A Line 10 Substantial Contributors**

1 Fiddlehead Brewing Company  
6305 Shelburne Rd  
Shelburne, VT 05482

2 Peter and Heidi Hallock  
403 Loudon Road  
Loudonville, NY 12211

3 Twiddle Music LLC  
15 Brickyard Road, Suite 1  
Essex Junction, VT 05452

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**

**1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).**

(a) Name and address	(b) Title, and average, hours per week	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
<b>Kevin Rondeau</b> 194 Timothy Way, Williston, VT 05495	Chairman of the Board 3 hours	0	0	0
<b>Daniel Tavis</b> 51 North Street, Bristol, VT 05443	Vice Chairman of the Board 0.5 hour	0	0	0
<b>Steven Perlah</b> 285 Church Hill Road Trumbull, CT 06611	CEO, President & Board Director 20 hours	0	0	0
<b>Charles R. Connor</b> 21 Baxter Drive, Norwalk, CT 06854	CFO, Treasurer & Board Director 10 hours	0	0	0
<b>David Bouchard</b> 181 Orchard Commons Road, Hinesburg VT 05461	Secretary & Board Director 1 hour	0	0	0
<b>Edmund E. Edwards</b> 81 Monument Avenue, Bennington, VT 05201	Board Director 1 hour	0	0	0
<b>Kathryn Irwin</b> 4 Fairview Road, Woodbridge, CT 06525	Board Director 1 hour	0	0	0

**Part XV Supplementary Information (continued)**  
**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient					If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)								
a Paid during the year								
Name	Street	City	State	Zip Code			Our grants were made to support the mission statements of each of the organizations, as follows:	
VT Dog Rescue	PO Box 597	HINESBURG	VT	05461	NA	PC	Rescues, fosters and adopts homeless dogs.	\$ 750
A New Place	89 North Street	Burlington	VT	05401	NA	PC	Provides a holistic continuum of services for the homeless, centered in love and dignity, that foster growth, cultivate community engagement, and provide tools for lifelong change so that each person may start anew.	\$ 750
Adaptive Adventures	1315 Nelson Street	Lakewood	CO	81615	NA	PC	To provide progressive outdoor sports opportunities to improve quality of life for children, adults and veterans with physical disabilities and their families.	\$ 750
Alex's Lemonade Stand Foundation	111 Presidential Blvd., Suite 203	Bala Cynwyd	PA	19004	NA	PC	Changing the lives of children with cancer by funding impactful research, raising awareness, supporting families and empowering everyone to help cure childhood cancer.	\$ 750
ArtSmartNM	1201 Parkway Drive	Santa Fe	NM	87507	NA	PC	To serve our communities by providing educational opportunities in the arts that promote confidence, self-discovery, and creative problem-solving skills.	\$ 375
Bikes Not Bombs	Street	Jamaica Plain	MA	02130	NA	PC	Uses the bicycle as a vehicle for social change.	\$ 750
Boston Medical Center (BMC)	One Boston Medical Center Plaza	Boston	MA	21180	NA	PC	BMC has been driven by a commitment to care for all people, providing not only traditional medical care, but also programs and services that wrap around that care to enhance overall health. All of this supports our mission to provide exceptional care, without exception.	\$ 500
Brighton Center	741 Central Ave	Newport	KY	41071	NA	PC	Provides opportunities for families and individuals to reach self-sufficiency.	\$ 600
Butterflies From Jodie	33 President St	New Rochelle	NY	10801	NA	PC	Donating monetarily and physical defibrillators annually	\$ 750
By the Hand Club for Kids	1000 N. Sedgwick St	Chicago	IL	60610	NA	PC	Helping kids in critical need of intervention have new and abundant life.	\$ 1,250
Caritas of Port Chester	19 Smith Street	Port Chester	NY	10573	NA	PC	Provides essential needs for the homeless and needy.	\$ 3,500
Casa de Amistad	120 Stevens Ave	Solana Beach	CA	92075	NA	PC	Provides dual-language school children and their families in coastal North County San Diego with tutoring, educational support and character development.	\$ 660
Castleton University	Castleton University	Castleton	VT	5735	NA	PC	Grant to support the Sam Forrest scholarship	\$ 5,000
Castleton University	Castleton University	Castleton	VT	5735	NA	PC	Grant to establish the Luvaduck Scholarship	\$ 3,000
Castleton University	Castleton University	Castleton	VT	5735	NA	PC	Grant to establish the Bronze Fingers Scholarship	\$ 3,000
Chicago Period Project	5247 W Warwick Ave #1	Chicago	IL	60641	NA	PC	Empowers homeless and in-need people to experience their periods with dignity.	\$ 750
Children's Safety Center	614 E. Emma, Suite 200	Springdale	AR	72764	NA	PC	Empowers children to overcome abuse and begin to trust, hope, and heal.	\$ 600
Children's Tumor Foundation	370 Lexington Avenue, Suite	New York	NY	10017	NA	PC	Drives research, expand knowledge, and advance care for the Neurofibromatosis community.	\$ 750
Chosen 300 Homeless Outreach	1116 Spring Garden Street	Philadelphia	PA	19123	NA	PC	Distributes meals & services to the homeless, providing pre-release classes to incarcerated persons, and afford positive value programs for inner-city youth.	\$ 750
Cold Nose Warm Heart Dog Rescue	PO Box 43	Succasunna	NJ	07876	NA	PC	Dedicated to rescuing homeless and abandoned dogs from high-kill shelters.	\$ 750

**Part XV Supplementary Information (continued)**  
**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient					If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)								
a Paid during the year								
Community Food Cupboard (CFC)	40 Jeff Williams	Manchester Center	VT	05255	NA	PC	The mission of the CFC is to ensure that everyone in our community has access to nutritious food and resources that will help them to achieve their potential. We do this by forming local partnerships, working to ensure the sustainability of our food system, and advocating to strengthen the social safety net for low-income families.	\$ 1,500
Compass Family Services	37 Grove Street	San Francisco	CA	94102	NA	PC	Serves families confronting poverty and homelessness by supporting their efforts to achieve stability and self-sufficiency.	\$ 550
Conscious Alliance (Backline)	2525 Arapahoe Ave, Ste E4-182	Boulder	CO	80302	NA	PC	Conscious Alliance feeds families in communities that need it most. Their network of creative people — artists, musicians, food makers, and fans — use their time and talents to make that happen. Creative Action is to sparks and supports the academic, social, and emotional development of young people through a unique blend interactive classroom performances, after school arts residencies and community-based programs.	\$ 3,000
Creative Action	1023 Springdale Rd Bldg 3	Austin	TX	78721	NA	PC	Creative Action is to sparks and supports the academic, social, and emotional development of young people through a unique blend interactive classroom performances, after school arts residencies and community-based programs.	\$ 600
Cystic Fibrosis Foundation	4550 Montgomery Ave. Suite 1100 N	Bethesda	MD	20814	NA	PC	CFF's mission is to cure cystic fibrosis and to provide all people with CF the opportunity to lead long, fulfilling lives by funding research and drug development, partnering with the CF community, and advancing high-quality, specialized care.	\$ 750
Grateful Rescue Inc.	15 Smith Street	Warwick	NY	10990	NA	PC	Dog Rescue and a family of people dedicated to bettering the lives of dogs.	\$ 750
Healing Transitions Endowment Inc	3304 Glen Royal Rd	Raleigh	NC	27617	NA	PC	Offers innovative peer-based recovery oriented services to homeless and underserved individuals with alcoholism and other drug addictions. The program is specifically designed to rekindle a person's desire and ability to return to a meaningful and productive life.	\$ 750
Health Horizon Intertnational	One Regency Drive	Bloomfield	CT	06002	NA	PC	Dedicated to help improve community health in the Dominican Republic.	\$ 750
Heart House Dallas	8515 Park Lane #304	Dallas	TX	53820	NA	PC	Heart House's mission is to use education as a catalyst to combat poverty and promote equity for the most vulnerable in our city: refugee children. Heart House Dallas provides free after-school and counseling programs to at-risk children of low-income families.	\$ 400
Hi-5 Sports	PO Box 102	Clifton Park	NY	12065	NA	PC	Sports and social organization dedicated to people with special needs.	\$ 750
Horton's Kids, Inc	400 Virginia Avenue SW, Suite C-130	Washington	DC	20024	NA	PC	Empowers at-risk children and prepare them for successful and healthy lives through educational opportunities and comprehensive programs tailored to their needs.	\$ 1,500
Howard Center	208 Flynn Aven	Burlington	VT	05401	NA	PC	Helps people and communities thrive by providing supports and services to address mental health, substance use, and developmental needs.	\$ 12,350
Lacer After School Programs	1277 Wilcox Ave	Los Angeles	CA	90038	NA	PC	Provides a creative, safe and well-supervised environment where youth can explore the arts while enhancing classroom and experiential learning.	\$ 550
Learning Works	181 Brackett St	Portland	ME	04102	NA	PC	LearningWorks reimagines learning through innovative programs that help children, adults, and families realize their potential and build thriving communities	\$ 1,000
Long Island Alzheimer's Foundation Inc	1025 Old Country Road, Suite 115	Westbury	NY	11590	NA	PC	LIAF is committed to improving the quality of life for those living with Alzheimer's and related forms of dementia along with their caregivers.	\$ 750

**Part XV Supplementary Information (continued)**

**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

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Name and address (home or business)								
a Paid during the year								
Lupa Game Farm	62 Nash Hill Road	Ludlow	MA	01056	NA	PC	A family-friendly zoo, dedicated to conservation, education, and animal encounters for all ages.	\$ 750
Mid Atlantic Charity Foundation	8815 Cromwell Dr	Springfield	VA	22151	NA	PC	Dedicated to comforting breast cancer patients during their recovery. Connecting these women is essential to recovery.	\$ 750
Movember Foundation	PO Box 1595	Culver City	CA	90232	NA	PC	Tackles men's health issues on a global scale, year round with one goal: to stop men from dying too young.	\$ 750
Musicares	156 W. 56th Street, #1701	New York	NY	10019	NA	PC	Provides a safety net of critical assistance for music people in times of need. Musicares' services and resources cover a wide range of financial, medical and personal emergencies, and each case is treated with integrity and confidentiality. Musicares also focuses the resources and attention of the music industry on human service issues that directly influence the health and welfare of the music community.	\$ 8,000
Operation Breakthrough	3039 Troost Aveune	Kansas City	MO	64109	NA	PC	Provides a safe, loving and educational environment for children in poverty and empowers their families through advocacy, emergency aid and education.	\$ 400
Ronald Mcdonald House Charities Of The Capital Region	139 S Lake Ave	Albany	NY	12208	NA	PC	Promotes the health, development and well being of children and their families. We accomplish this through the Ronald McDonald House, a home away from home for families of seriously ill children, and by creating and supporting programs that directly improve the lives of children and their families.	\$ 2,400
Sarah Heinz House	1 Heinz St	Pittsburgh	PA	15212	NA	PC	After-school and summer educational and fitness programs for kids, ages Pre-K to 18 years old. Adult/senior fitness programs also available.	\$ 850
Second Chance Thouroughbreds	121 Dawson Hill Road,	Spencer	NY	14883	NA	PC	Provides Off The Track Thoroughbreds (OTTBs) with a soft landing after the end of their racing careers by giving them ample rehabilitation and retraining, transitioning them to a new career.	\$ 750
Shatterproof A Nonprofit Corporation	101 Merritt 7 Corporate Park	Norwalk	CT	06851	NA	PC	Shatterproof is a national nonprofit dedicated to reversing the addiction crisis in the United States.	\$ 750
Smile Anyway	175 Montowese	Branford	CT	06405	NA	PC	Provides available resources to individuals and families to help overcome addiction.	\$ 3,341
Sophie and Madigan's Playground	PO Box 1628	Frederick	MD	21702	NA	PC	To honor the lives of Sophie and Madigan Lillard by building a memorial playground and providing opportunities for children and their families to play, learn, and create lifelong memories together, and in ways that reflect the beautiful personalities and spirits of these two sisters.	\$ 750
Special Books by Special Kids	127 1st Avenue South	Jacksonville Beach	FL	32250	NA	PC	Seeks to normalize the diversity of the human condition under the pillars of honesty, respect, mindfulness, positivity and collaboration.	\$ 750
Steps to End Domestic Violence	294 NORTH WINOOSKI AVE SUITE 214-A	Burlington	VT	05401	NA	PC	Assists in the transition to a safe, independent life for all those who have been affected physically, sexually, emotionally, or economically by domestic abuse and to promote a culture that fosters justice, equity and safety.	\$ 750
Strings for a Cure	P.O.Box 9823	Erie	PA	16505	NA	PC	Dedicated to providing education, comfort, financial assistance and emotional support directly to breast cancer patients.	\$ 750
Summit County Family & Intercultural Resource Center (FIRC)	251 W. 4th Street	Silverthorne	CO	80498	NA	PC	FIRC works to strengthen families through education and financial resources. We believe strong sustainable families are the key to a strong and healthy community.	\$ 1,500



**Part XV Supplementary Information (continued)**

**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

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Name and address (home or business)								
<b>a Paid during the year</b>								
Sweet Relief	2601 E. Chapman Ave, Suite 204	Fullerton	CA	92831	NA	PC	Provides financial assistance to all types of career musicians and music industry workers who are struggling to make ends meet while facing illness, disability, or age-related problems.	\$ 2,600
Team Lilly Foundation	PO Box 21022	San Bernardino	CA	92406	NA	PC	Assists families battling Childhood Cancer in a way that can most impact their battle.	\$ 750
The Boys & Girls Club of East Providence The Center for Prevention of Abuse	115 Williams Avenue	East Providence	RI	02914	NA	PC	To inspire, enable, educate, and reach out to all young people in East Providence, especially those who need us the most, to realize their full potential as productive, responsible, and caring citizens.	\$ 750
	PO Box 3855	Peoria,	IL	61612	NA	PC	To help all people – women, men, and children – live free from violence and abuse.	\$ 750
The Children's Assessment Center	2500 Bolsover Street	Houston	TX	77005	NA	PC	Provides a professional, compassionate and coordinated approach to the treatment of sexually abused children and their families and to serve as an advocate for all children in our community.	\$ 500
The Family Support Center	1760 West 4805 South	Taylorville	UT	84129	NA	PC	Dedicated to strengthening families through providing education, resources, and support to alleviate stress and diffuse the possibility of domestic violence and abuse.	\$ 600
The Nowell Family Foundation	32158 Camino Capistrano, Suite A, PMB 401	San Juan Capistrano,	CA	92675	NA	PC	Provides addiction recovery services to the music community through the combined strength of the industry and those who have been touched by the power of music.	\$ 750
Things of My Very Own	249 Green Street	Schenectady	NY	12305	NA	PC	Provides crisis intervention services to children impacted by extensive abuse and/or neglect.	\$ 750
Thrive	400 E Babcock St	Bozeman	MT	59715	NA	PC	Thrive offers mentoring, education, and support for parents and children in the Gallatin Valley through our five, locally designed programs.	\$ 400
Turning Point of Chittenden County	179 S Winooski	Burlington	VT	05401	NA	PC	Dedicated, compassionate community that provides recovery support services in a safe, substance-free environment for individuals and families on multiple paths to self-discovery and sustained recovery.	\$ 6,850
United Counseling's Service of Bennington County	100 Ledge Hill D	Bennington	VT	05201	NA	PC	Community mental health center that promotes healthy lifestyles through all its programs and provides comprehensive, community-based behavioral and developmental services for children, adults, families, and seniors.	\$ 1,500
Unleashing Potential	1000 N. Vandeventer Avenue, 2nd Floor	St Louis	MO	63113	NA	PC	The mission of Unleashing Potential is to close the opportunity gap for children and youth by building on their strengths. We create educational and empowering experiences through early childhood education, after school programs, youth development and enrichment camps.	\$ 500
Vermont Adaptive Ski and Sports	P.O. Box 139	Killington	VT	05751	NA	PC	A place where youth and adults with disabilities gain a measure of self-confidence and independence by participating in adaptive sports programs and activities.	\$ 750
VT Coalition of Runaway and Homeless Youth	PO Box 627	Montpelier	VT	05602	NA	PC	Creates a statewide safety net for youth in need by supporting a network of runaway and homeless youth programs throughout Vermont.	\$ 750
Zootown Arts Community Center	216 W. Main St.	Missoula	MT	59802	NA	PC	Cultivating community through accessible art experiences for all. The ZACC envisions a community in which art plays a central role in enriching lives, community engagement, and education.	\$ 400
<b>Total</b>								<b>\$ 93,776</b>
<b>b Approved for future payment</b>								
None								

Part XV Supplementary Information (continued)				
3 Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
Total .....				▶ 3b
				\$ -