### Form 990-PF

### **Return of Private Foundation**

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 for instructions and the latest information.

OMB No. 1545-0052
2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

2018, and ending 20 For calendar year 2018 or tax year beginning A Employer identification number Name of foundation 47-4125318 White Light Foundation, Inc Number and street (or P.O. box number if mail is not delivered to street address) Room/suite B Telephone number (see instructions) (203) 520-2539 285 Church Hill Road City or town, state or province, country, and ZIP or foreign postal code If exemption application is pending, check here. . . Trumbull, CT 06611 G Check all that apply: Initial return Initial return of a former public charity D 1. Foreign organizations, check here 2. Foreign organizations meeting the Final return Amended return 85% test, check here and attach Name change Address change computation . . . . . . . H Check type of organization: | X | Section 501(c)(3) exempt private foundation E | | f private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A), check here . J Accounting method: Cash X Accrual I Fair market value of all assets at If the foundation is in a 60-month termination Other (specify) end of year (from Part II, col. (c), line under section 507(b)(1)(B), check here . > 59,298.00 (Part I, column (d) must be on cash basis.) 16) **►** \$ (d) Disbursements Part I Analysis of Revenue and Expenses (The (a) Revenue and for charitable (b) Net investment (c) Adjusted net total of amounts in columns (b), (c), and (d) expenses per purposes may not necessarily equal the amounts in column (a) (see instructions).) income income books (cash basis only) 27,295.00 2 0.00 0.00 0.00 3 Interest on savings and temporary cash investments. 0.00 0.00 0.00 Dividends and interest from securities . . . . 0.00 0.00 0.00 0.00 b Net rental income or (loss) Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a b Capital gain net income (from Part IV, line 2) . 7 Net short-term capital gain. . . . . . . . . 0.00 Income modifications .. Gross sales less returns and allowances . . . . 10a 48,282.00 14,156.00 b Less: Cost of goods sold ... 34,126.00 c Gross profit or (loss) (attach schedule) 0.00 0.00 11,597.00 Other income (attach schedule) 11 73,018.00 Total. Add lines 1 through 11 . . . . . . . . . . 12 0.00 0.00 0.00 0.00 13 Compensation of officers, directors, trustees, etc. . . Expenses 15 16 16 0.00 0.00 0.00 0.00 Other employee salaries and wages . . . . . 0.00 0.00 0.00 0.00 Pension plans, employee benefits . . . . . 0.00 0.00 0.00 0.00 16a Legal fees (attach schedule) . . . . . . . . 0.00 0.00 0.00 0.00 Accounting fees (attach schedule) . . . . . Administrative E 0.00 0.00 0.00 0.00 C Other professional fees (attach schedule). . . 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 Taxes (attach schedule) (see instructions). . . 0.00 0.00 64.00 Depreciation (attach schedule) and depletion. 0.00 0.00 0.00 0.00 2,214.00 0.00 0.00 0.00 21 Travel, conferences, and meetings . . . . . Due 21 0.00 0.00 0.00 Printing and publications . . . . . . . . . . 0.00 0.00 23 24 13,450.00 0.00 Other expenses (attach schedule) . . . . . Total operating and administrative expenses. 15,728.00 Add lines 13 through 23. . . . . . . . . . . . 41,328.00 53,707.00 Contributions, gifts, grants paid . . . . . . 25 41,328.00 69,435.00 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: 3,583.00 a Excess of revenue over expenses and disbursements 0.00 b Net investment income (if negative, enter -0-) 0.00 c Adjusted net income (if negative, enter -0-).

Page 2

		Attached schedules and amounts in the	Beginning of year	End o	f year
Р	art II	Balance Sheets description column should be for end-of-year amounts only. (See instructions.)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	17,585.00	29,753.00	29,753.00
		Savings and temporary cash investments			
		Accounts receivable	I LE ME LY		
	*	Less: allowance for doubtful accounts			
	4	Pledges receivable ► 4,502.00			
		Less: allowance for doubtful accounts ▶ 0.00		4,502.00	4,502.00
	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)			I VI I - HALL THE
	l '	Less; allowance for doubtful accounts			
S		Inventories for sale or use	5,962.00	7,070.00	23,175.00
Assets	8		1,804.00		1,804.00
Ąs	9	Prepaid expenses and deferred charges			
1	Ι.				
	Ь	Investments - corporate stock (attach schedule)			
	11 C	Investments - corporate bonds (attach schedule)			
		Investments - land, buildings, and equipment: basis Less; accumulated depreciation			
		(attach schedule)			
	12	Investments - mortgage loans			
	13 14	Investments - other (attach schedule)			
	' '	equipment: basis Less: accumulated depreciation 256.00	128.00	64.00	64.00
		(attach schedule)	120.00	01.00	01.00
	15	Other assets (describe			
	16	Total assets (to be completed by all filers - see the	25,479.00	41,389.00	59,298.00
_		instructions. Also, see page 1, item I)	25,475.00	41,505.00	33/230.00
	17	Accounts payable and accrued expenses	1,321.00	13,700.00	
	18	Grants payable ,	1,321.00	13,700.00	
<u>ĕ</u>	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons.			
ā	21	Mortgages and other notes payable (attach schedule) Other liabilities (describe ► Sales Tax Payable )	133.00	81.00	
_	22	Other liabilities (describe   Sales lax layable )	155.00	01.00	
	23	Total liabilities (add lines 17 through 22)	1,454.00	13,781.00	
_		Foundations that follow SFAS 117, check here ▶			
SS		and complete lines 24 through 26, and lines 30 and 31.			
ĕ	24	Unrestricted	24,025.00	27,608.00	
Balances	25	Temporarily restricted			
ă	25	Permanently restricted			
힏	20	Foundations that do not follow SFAS 117, check here			
교		and complete lines 27 through 31.			
6	27 28 29 30 31	Capital stock, trust principal, or current funds			
ţ	28	Paid-in or capital surplus, or land, bldg., and equipment fund			
SSE	20	Retained earnings, accumulated income, endowment, or other funds.			
ĕ	20	Total net assets or fund balances (see instructions)	24,025.00	27,608.00	
ē	31	Total liabilities and net assets/fund balances (see			
_	"	instructions)	25,479.00	41,389.00	
ľ	art I	Analysis of Changes in Net Assets or Fund Bala			
		al net assets or fund balances at beginning of year - Part		nust agree with	
•		-of-year figure reported on prior year's return)			24,025.00
2		er amount from Part I, line 27a			3,583.00
		er amount from Part I, line 27a			*
		lines 1, 2, and 3			27,608.00
		reases not included in line 2 (itemize)			77 (11 <b>4</b> (72.70.70.70.70.70.70.70.70.70.
0	Dec	al net assets or fund balances at end of year (line 4 minus	line 5) - Part II column /h		27,608.00
-6	100	arrier assers or runo balances at end or year fille 4 minus	mie oj - i-art ii, column (b	Of HIGOOP E EST 0	- 000 DE 10010

Types, the foundation doesn't qualify under section 4940(e). Do not complete this part.  I 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)  Adjusted qualifying distributions  Adjusted qualifying distributions  Net value of noncharitable-use assets  (col. (b) divided by col. (c))  2017  60,375.00  31,866.00  1.89  2016  2015  6,539.00  6,912.00  0.94  2014  2013  2 Total of line 1, column (d)  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  4 Enter the net value of noncharitable-use assets for 2018 from Part X, line 5  Multiply line 4 by line 3.  5 53,758.  6 Enter 1% of net investment income (1% of Part I, line 27b).	(a) List and des	cribe the kind(s) of property sold (for exick warehouse; or common stock, 200 s	cample, real estate,	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
d e (e) Gross sales price (f) Depreciation allowed (or allowable)  a  b  Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.  (g) FMV as of 12/31/69  as of 12/31/69  Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.  (g) FMV as of 12/31/69  as of 12/31/69  Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.  (g) Gains (Col. (h) gain minimus (col. (h) but not less than -0-) or Losses (from col. (h))	1 a N/A					
e (e) Gross sales price (f) Depreciation allowed (g) Cost or other basis (e) plus (f) minus (g))  a b (c) Gross sales price (f) Depreciation allowed (g) Cost or other basis (h) Gain or (toss) (p) plus (f) minus (g))  c Growlete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.  (g) FMV as of 12/31/69 (g) Adjusted basis (h) Excess of cut. (g) Excess of cut. (g) H sary (col. (h) pain minus col. (h) b for other basis (from cut. (h)) in a soft 12/31/69 (g) Adjusted basis (h) Excess of cut. (g) H sary (col. (h) gain minus col. (h) b for other basis (from cut. (h)) in a soft 12/31/69 (g)						
(e) Gross sales price  (f) Depreciation allowed (or allowable)  (g) Gost or other basis plus expense of sale  (h) Gain or (loss) (e) plus (f) minus (g))  (g) Gains (Col. (h) pain minus (g))  (g) FMV as of 12/31/69  (g) Adjusted basis as of 12/31/69  (g) Adjusted basis as of 12/31/69  (g) FMV as of 12/31/69  (g) Adjusted basis (h) Excess of col. (l) col. (l) pain minus (l) b.  (g) FMV as of 12/31/69  (g) Gains (Col. (h) pain minus (l) pai	C					
(e) Gross sales price (f) Depreciation allowed (par allowable) (e) Gross sales price (f) Depreciation allowed (par allowable) (part of the basis plus expense of sale (part of the sales)	d					
(e) Gross sales price  (c) a plus expense of sale  (e) plus (f) minus (g)  (g) plus (f) plus (f) plus (f) plus (f) plus (f) plus (g) plus (f) pl	е					
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	(e) Gross sales price					
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 (ii) Adjusted basis as of 12/31/69 (iii) Gains (Col. (h)) gain minus col. (iii), if any column (iii) as of 12/31/69 (iii) Gains (Col. (h)) gain minus col. (iii), if any column (iii) as of 12/31/69 (iii) Gains (Col. (h)) gain minus col. (iii), if any column (iii) Gains (Col. (h)) gain minus col. (iii), if any column (iii) as of 12/31/69 (iiii) Gains (Col. (h)) gain minus col. (iii), if any column (iii) Gains (Col. (h)) gain minus col. (iii), if any column (iiii) as of 12/31/69 (iii) as of 12	a					
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	b					
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.  (b) FMV as of 12/31/69  (c) Adjusted basis as of 12/31/69  (c) Capital gain net income or (net capital loss)  (c) Capital gain net income or (net capital loss)  (d) Capital gain net income or (net capital loss)  (f) Falin, also enter in Part I, line 7 if (loss), enter-0- in Part I, line 7 if gain, also enter in Part I, line 8.  (a) Capital gain net income or (net capital loss)  (f) Falin, also enter in Part I, line 8.  (a) Capital gain net income or (net capital loss)  (f) Falin, also enter in Part I, line 7 if gain, also enter in Part I, line 7 if gain, also enter in Part I, line 7 if gain, also enter in Part I, line 8.  (a) Capital gain net income or (net capital loss)  (b) Capital gain net income or (net capital loss)  (c) Capital gain net income or (net capital loss)  (d) Capital gain net income or (net capital loss)  (d) Capital gain net income or (net capital loss)  (d) Capital gain net income or (net capital loss)  (d) Capital gain net income or (net capital loss)  (d) Capital gain net income or (net capital loss)  (d) Capital gain net income or (net capital loss)  (d) Capital gain net income or (net capital loss)  (d) Capital gain net income or (net capital loss)  (d) Capital gain net income or (net capital loss)  (d) Capital gain net income or (net capital loss)  (d) Capital gain net income  (e) Capital gain net	C					
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.  (i) PMV as of 12/31/69  (i) Adjusted basis (k) Excess of cu. (i) column (c). (k) but not less stars no-0 or Losses (from col. (h))  a	d					
(i) FMV as of 12/31/69  (ii) Adjusted basis es of 12/31/69  (iv) Excess of col. (i) over col. (i), if any col. (iv), but not less than -0-) or Cosses (from col. (iv))  a  b  c  C Capital gain net income or (net capital loss)  (if gain, also enter in Part I, line 7 if (loss), enter -0- in Part I, line 7  Net short-term capital gain or (loss) as defined in sections 122(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  2 If V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income or or or optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)  Section 4940(d)(2) applies, leave this part blank.  Fas the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?  Yes X  Yes," the foundation doesn't qualify under section 4940(e). Do not complete this part.  Enter the appropriate amount in each column for each year; see the instructions before making any entries.  (b)  (c)  (c)  (c)  (c)  (d)  (d)  (d)  (d	e		11 5 1 11 40/04/00			
(i) FMV as of 12/31/69 (ii) FMV as of 12/31/69 (iii) FMV as of 12/31/69 (iiii) FMV as of 12/31/69 (iiiii) FMV as of 12/31/69 (iiiiiii) FMV as of 12/31/69 (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	Complete only for assets sh	nowing gain in column (h) and owned l				
Capital gain net income or (net capital loss)  Capital gain, also enter in Part I, line 7  If (loss), enter -0- in Part I, line 7  Capital gain, also enter in Part I, line 7  Capital gain, also enter in Part I, line 7  Capital gain, also enter in Part I, line 7  Capital gain, also enter in Part I, line 7  Capital gain, also enter in Part I, line 7  Capital gain, also enter in Part I, line 7  If (loss), enter -0- in Part I, line 7  Capital gain, also enter in Part I, line 7  Capital gain, also enter in Part I, line 7  Capital gain, also enter in Part I, line 7  Capital gain, also enter in Part I, line 7  Capital gain, also enter in Part I, line 7  Capital gain, also enter in Part I, line 7  Capital gain, also enter in Part I, line 7  Capital gain, also enter in Part I, line 7  Capital gain, also enter in Part I, line 7  Capital gain, also enter in Part I, line 7  Capital gain, also capital gain gain gain gain gain gain gain gain	(i) FMV as of 12/31/69			COL		
Capital gain net income or (net capital loss)  Capital gain net income or (net capital loss)  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 7  Authority Qualiffication Under Section 4940(e) for Reduced Tax on Net Investment Income.  To roptional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)  Section 4940(d)(2) applies, leave this part blank.  Tas the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?  "Yes," the foundation doesn't qualify under section 4940(e). Do not complete this part.  Tenter the appropriate amount in each column for each year; see the instructions before making any entries.  (a)  Base period years  Adjusted qualifying distributions  Adjusted qualifying distributions  Adjusted qualifying distributions  Application of 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  Adverage 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  Add lines 5 and 6.  Total of line 1, column (d)  Add lines 5 and 6.  Firster qualifying distributions from Part XI, line 27b).  Base parts qualifying distributions from Part XI, line 27b).  Base parts qualifying distributions from Part XI, line 27b).  Base parts qualifying distributions from Part XI, line 27b).  Base parts qualifying distributions from Part XI, line 27b).  Base parts qualifying distributions from Part XI, line 27b).  Base parts qualifying distributions from Part XI, line 27b).  Base parts qualifying distributions from Part XI, line 27b).  Base parts qualifying distributions from Part XI, line 27b).	а					
Capital gain net income or (net capital loss)  Capital gain net income or (net capital loss)  Net short-term capital gain or (loss) as defined in sections 1222(5) and (6):  If gain, also enter in Part I, line 7  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  Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income  Tor optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)  section 4940(d)(2) applies, leave this part blank.  Vas the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?  Yes X  Yes, the foundation doesn't qualify under section 4940(e). Do not complete this part.  Enter the appropriate amount in each column for each year; see the instructions before making any entries.  (a)  (b)  (c)  (c)  (c)  (c)  (d)  (d)  (d)  (d	b					
Capital gain net income or (net capital loss)  If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 If (loss), enter -0- in Part I, line 7 If (loss), enter -0- in Part I, line 7 If (loss), enter -0- in Part I, line 8.  Part IV Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income  Part I, line 8 to undation Under Section 4940(e) for Reduced Tax on Net Investment Income  Part I, line 8 to undation Under Section 4940(e) for Reduced Tax on Net Investment Income  Part IV Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income  Part IV Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income  Part IV Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income  Part IV Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income  Part IV Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income  Part IV Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income  Part IV Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income  Part IV Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income  Part IV Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income  Part IV Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income  Part IV Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income  Part IV Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income  Part IV Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income  Part IV Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income  Part IV Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income  Part IV Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income  Part IV Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income  Part	10					
Capital gain net income or (net capital loss)  If gain, also enter in Part I, line 7   If (loss), enter -0 in Part I, line 7   If (loss), enter -0 in Part I, line 7   If (loss), enter -0 in Part I, line 8   If (loss), enter -0 in Part I, line 8   If (loss), enter -0 in Part I, line 8   If (loss), enter -0 in Part I, line 8   If (loss), enter -0 in Part I, line 8   If (loss), enter -0 in Part I, line 8   If (loss), enter -0 in Part I, line 8   If (loss), enter -0 in Part I, line 8   If (loss), enter -0 in Part I, line 8   If (loss), enter -0 in Part I, line 8   If (loss), enter -0 in Part I, line 8   If (loss), enter -0 in Part I, line 8   If (loss), enter -0 in Part I, line 8   If (loss), enter -0 in Part I, line 8   If (loss), enter -0 in Part I, line 8   If (loss), enter -0 in Part I, line 8   If (loss), enter -0 in Part I, line 8   If (loss), enter -0 in Part I, line 8   If (loss), enter -0 in Part I, line 8   If (loss), enter -0 in Part I, line 9   If (loss), enter -0 in Part I, line 9   If (loss), enter -0 in Part I, line 8   If (loss), enter -0 in Part I, line 9	d					
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)  Adjusted qualifying distributions  Add lines 5 and 6.  Better the appropriate amount in each column for each year; see the instructions before making any entries.  (a)  (b)  (c)  Net value of noncharitable-use assets  (col. (b) divided by col. (c))  1.89  2.1,148.00  2.1,148.00  3.1,866.00  6.912.00  0.94  2.2  4.11  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  3.1,37  4.1,37  4.39,180.  5.3,758.  6.7  Add lines 5 and 6.  7.53,758.  Better qualifying distributions from Part XII line 4.	or optional use by domestic section 4940(d)(2) applies, as the foundation liable for	Inder Section 4940(e) for Red private foundations subject to the leave this part blank. the section 4942 tax on the distribution	luced Tax on Net Investment Inves	ment inco	_	Yes X N
(a) Base period years Calendar year (or tax year beginning in)  2017  60,375.00  2016  2015  2015  6,539.00  2014  2013  2 Total of line 1, column (d) 3 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  4 Enter the net value of noncharitable-use assets for 2018 from Part X, line 5  Multiply line 4 by line 3.  Add lines 5 and 6.  Total of line 1, column (1% of Part I, line 27b).  Add lines 5 and 6.  Before qualifying distributions from Part XII line 4  Before qualifying distributions from Part XIII line 4  Before qualifying distributions from Part XIII line 4  Before qualifying distributions from Part XIII line 4				Lineary regions of	4-1	
Base period years   Adjusted qualifying distributions   Net value of noncharitable-use assets   Col. (b) divided by col. (c)		nount in each column for each yea		ing any ei	ntries.	
2017   60,375.00   31,866.00   1.89	Base period years				Distribution ra	
2016					(ooi. (b) divided b)	1.894
2015 6,539.00 6,912.00 0.94  2014 2013  2 Total of line 1, column (d)						1.275
2014 2013  2 Total of line 1, column (d)						0.946
Total of line 1, column (d)  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  Enter the net value of noncharitable-use assets for 2018 from Part X, line 5  Multiply line 4 by line 3.  Enter 1% of net investment income (1% of Part I, line 27b).  Add lines 5 and 6.  Forter qualifying distributions from Part XII, line 4.  Better qualifying distributions from Part XII, line 4.						
Total of line 1, column (d)						
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	2013					
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	Total of line 1 column (	d)		2		4.116
the number of years the foundation has been in existence if less than 5 years  Enter the net value of noncharitable-use assets for 2018 from Part X, line 5  Multiply line 4 by line 3.  Enter 1% of net investment income (1% of Part I, line 27b).  Add lines 5 and 6.  Finter qualifying distributions from Part XII, line 4.  8 41,328.						
4 Enter the net value of noncharitable-use assets for 2018 from Part X, line 5  5 Multiply line 4 by line 3.  6 Enter 1% of net investment income (1% of Part I, line 27b).  7 Add lines 5 and 6.  8 Enter qualifying distributions from Part XII, line 4.  8 41,328.				3		1.372
Multiply line 4 by line 3	the number of years the	TOURISH HES SOUTH OMORETION				
5 Multiply line 4 by line 3	Enter the net value of no	oncharitable-use assets for 2018 fi	rom Part X, line 5	4		39,180.0
Multiply line 4 by line 3  Enter 1% of net investment income (1% of Part I, line 27b)  Add lines 5 and 6  The requalitying distributions from Part XII, line 4  8 41,328.	Enter the net value of the	shonamasic des deserts to lace to				
Enter 1% of net investment income (1% of Part I, line 27b).  Add lines 5 and 6.  Enter qualifying distributions from Part XII, line 4.  8 41,328.	Multiply line 4 by line 3			5		53 <b>,</b> 758.8
7 Add lines 5 and 6	windingly line - by line o.					_
7 Add lines 5 and 6	Friter 1% of net investm	ent income (1% of Part I. line 27b).		6		
R Enter qualifying distributions from Part XII. line 4						
R. Enter qualifying distributions from Part XII. line 4	Add lines 5 and 6			7		53,758.8
R Enter dualitying distributions from Part All line 4						44 000
If line 9 is equal to or greater than line 7, shock the how in Part VI line 1h, and complete that part using a 1% tay rate. See	B Enter qualifying distribut	tions from Part XII, line 4				
Part VI instructions.	If line 8 is equal to or g	reater than line 7, check the box	in Part VI, line 1b, and complete	that par	t using a 1% ta	x rate. See t

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Χ

8b

9

Par	t 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	11		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	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address whitelightfoundation.org			
14	The books are in care of ▶ Steven Perlah, CEO and President Telephone no. ▶ (203) 520	-253	9	
	Located at ▶ 285 Church Hill Road, Trumbull, CT ZIP+4 ▶ 06611			
15	The second secon		ene 🕨	
	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of	-	HILL S	10
	the foreign country	101	17.00	
Pai	t 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.	153	Yes	No
1a	During the year, did the foundation (either directly or indirectly):		13	13.5
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			The same
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			10
	disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	100	00 100	150
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person	8	100	
	(5) Transfer any income or assets to a disqualified person (or make any of either available for	100		000
	the benefit or use of a disqualified person)r			130
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the			
	foundation agreed to make a grant to or to employ the official for a period after			7
	termination of government service, it terminating within 90 days.),			350
b	olf any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	1b	-	
	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			133
C	Dld 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 2018?	1c	-	Х
	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			
2	operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			200
	At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and		17	12
•	6e, Part XIII) for tax year(s) beginning before 2018?		100	- 1
	If "Yes," list the years	3-13	FI	200
ŀ	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)		1	177
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to			100
	all years listed, answer "No" and attach statement - see instructions.)	2b		
	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.		100	
	<b>•</b>	10000	10	
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise	1	- 2	140
	at any time during the year?		Wyn	37
t	of "Yes," did it have excess business holdings in 2018 as a result of (1) any purchase by the foundation or	1000	31	108
	disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the		115	
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of	Y	La.	70
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the		10	100
	foundation had excess business holdings in 2018.)	3b		V
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		Х
ŀ	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			Х
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2018?	4b	A DE	/D045

Par	t VII-B Statements Regarding Activitie	s for Which Form	1720 May Be Requ	iired (continued)			
5a	During the year, did the foundation pay or incur any ar	mount to:			Ye	s No	
	(1) Carry on propaganda, or otherwise attempt to infl	luence legislation (section	4945(e))?	Yes X No			
	(2) Influence the outcome of any specific public election (see section 4955); or to carry on,						
	directly or indirectly, any voter registration drive?.			Yes X No	1000		
	(3) Provide a grant to an individual for travel, study, or other similar purposes? Yes X No						
	(4) Provide a grant to an organization other than					0.15	
	section 4945(d)(4)(A)? See instructions			Y X			
	(5) Provide for any purpose other than religious,					Section 1	
	purposes, or for the prevention of cruelty to children				1	1100	
b	If any answer is "Yes" to 5a(1)-(5), did any of the						
_	Regulations section 53.4945 or in a current notice reg				5b		
	Organizations relying on a current notice regarding dis	=		26 94 60-63/09			
_	If the answer is "Yes" to question 5a(4), does the				- 1		
C	because it maintained expenditure responsibility for th						
			* *				
_	If "Yes," attach the statement required by Regulations		ette to nov promium	•			
6a	Did the foundation, during the year, receive any f			S Yes X No			
	on a personal benefit contract?				6b	x	
Ь	Did the foundation, during the year, pay premiums, d	irectly or indirectly, on a	personal penerit contra	м	30	1 10	
	If "Yes" to 6b, file Form 8870.	1919 14	1. 14 . 4	□ v. □ X v.	100	4060	
7a	At any time during the tax year, was the foundation a				7b		
b	If "Yes," did the foundation receive any proceeds or h			JN 7 Sande de Richied	7.8		
8	Is the foundation subject to the section 4960 tax on p			Yes X No			
	remuneration or excess parachute payment(s) during to VIII Information About Officers, Direct	he year?	adation Managara	Yes X No	lovees		
Pa	and Contractors				loyees,		
1	List all officers, directors, trustees, and found	ation 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 at other allows		
500	Attachment to this Part VIII	devoted to position	enter-o-y	and defende compensation			
bee	Accaemient to this full vill	=	0.00	0.00		0 00	
				0.001		0.00	
_			0.00	0.00		0.00	
			0.00	0.00		0.00	
			0.00	0.00		0.00	
		-	0.00	0.00		0.00	
		-	0.00	0.00		0.00	
		_	0.00	0.00		0.00	
	Companyation of five highest-paid ampleyer	os (other than those			ons). If none		
2	Compensation of five highest-paid employee	es (other than thos			ons). If none		
2		es (other than thos	e included on line	1 - see instruction		, enter	
_		(b) Title, and average hours per week		1 - see instruction (d) Contributions to employee benefit plans and deferred	ons). If none (e) Expense a other allowa	e, enter	
(a)	"NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average	e included on line	1 - see instruction (d) Contributions to employee benefit	(e) Expense a	e, enter	
_	"NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	e included on line (c) Compensation	1 - see instruction (d) Contributions to employee benefit plans and deferred compensation	(e) Expense a	e, enter	
(a)	"NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	e included on line	1 - see instruction (d) Contributions to employee benefit plans and deferred	(e) Expense a	e, enter	
(a)	"NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	e included on line (c) Compensation	1 - see instruction (d) Contributions to employee benefit plans and deferred compensation	(e) Expense a	e, enter	
(a)	"NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	e included on line (c) Compensation	1 - see instruction (d) Contributions to employee benefit plans and deferred compensation	(e) Expense a	e, enter	
(a)	"NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	e included on line (c) Compensation	1 - see instruction (d) Contributions to employee benefit plans and deferred compensation	(e) Expense a	e, enter	
(a)	"NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	e included on line (c) Compensation	1 - see instruction (d) Contributions to employee benefit plans and deferred compensation	(e) Expense a	e, enter	
(a)	"NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	e included on line (c) Compensation	1 - see instruction (d) Contributions to employee benefit plans and deferred compensation	(e) Expense a	e, enter	
(a)	"NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	e included on line (c) Compensation	1 - see instruction (d) Contributions to employee benefit plans and deferred compensation	(e) Expense a	e, enter	
(a)	"NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	e included on line (c) Compensation	1 - see instruction (d) Contributions to employee benefit plans and deferred compensation	(e) Expense a	e, enter	
Non	"NONE."  Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	e included on line (c) Compensation	1 - see instruction (d) Contributions to employee benefit plans and deferred compensation	(e) Expense a	e, enter	
Non	"NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	e included on line (c) Compensation	1 - see instruction (d) Contributions to employee benefit plans and deferred compensation	(e) Expense a	e, enter	

Par	VIII	Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employ and Contractors (continued)	ees,
3	Five h	ighest-paid independent contractors for professional services. See instructions. If none, enter "NONE	
	1112	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
No	ne		
			0.00
Tota	numbe	er of others receiving over \$50,000 for professional services	0
	t IX-A	Summary of Direct Charitable Activities	
Lis	t the four	ndation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of s and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
	/A		
4	7.11		
-			
2			
-			
_			
3			
4			
			0.00
Par	t IX-B	Summary of Program-Related Investments (see instructions)	
		e two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1 N			
2 _			
=			
Α1	other ne	ogram-related investments. See instructions.	
	J/A	agram-related investments. God instructions.	
3 1	.,		
-			0.00
Tota	I. Add I	ines 1 through 3	0.00
			Form 990-PF (2018

Pai	Minimum Investment Return (All domestic foundations must complete this part. Fore see instructions.)	ign foundations,	
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes:	N. C.	0.00
а	Average monthly fair market value of securities	1a	0.00
b	Average of monthly cash balances		13,083.00
C	Fair market value of all other assets (see instructions).		26,694.00
ď	Total (add lines 1a, b, and c)	1d	39,777.00
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0.00
3	Subtract line 2 from line 1d	3	39,777.00
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see		
	instructions)	4	596.66
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	39,180.00
6	Minimum investment return. Enter 5% of line 5	6	1,959.00
Pa	rt XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating four and certain foreign organizations, check here ▶ and do not complete this part.)	ndations	
1	Minimum investment return from Part X, line 6	1	1,959.00
	0.00		
2 a			
b		2c	0.00
C	Add lines 2a and 2b	3	1,959.00
3 4	Recoveries of amounts treated as qualifying distributions	- 2/-	
5	Add lines 3 and 4		1,959.00
_	Deduction from distributable amount (see instructions).	6	0.00
6 7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
′	line 1,	7	1,959.00
Pa	rt XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a		1a	41,328.00
b		1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
_	purposes	2	0.00
3	Amounts set aside for specific charitable projects that satisfy the:		
a		3a	0.00
b		3b	0.00
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4		41,328.00
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.	•	
3	Enter 1% of Part I, line 27b. See instructions		
_	Adjusted qualifying distributions. Subtract line 5 from line 4		41,328.00
6	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when ca	0	
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when ca		the realidation

Form **990-PF** (2018)

Part XIII Undistributed Income (see instru	(a) Corpus	(b) Years prior to 2017	(c) 2017	<b>(d)</b> 2018
1 Distributable amount for 2018 from Part XI, line 7		General State West Park	777 14 11 11	1,959.00
2 Undistributed income, if any, as of the end of 2018:				
a Enter amount for 2017 only			0.00	La Billion E.
<b>b</b> Total for prior years: 20,20,20		0.00		
3 Excess distributions carryover, if any, to 2018:				
a From 2013				
b From 2014				
25 017 00			** A	
T 1011 2010 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4				
e From 2017	90,892.00			
4 Qualifying distributions for 2018 from Part XII,				Year Inch
line 4: ▶ \$41,328.00	A DEAL OF THE PARTY			
a Applied to 2017, but not more than line 2a			0.00	Y NE STATE
<b>b</b> Applied to undistributed income of prior years (Election required - see instructions)		0.00		
c Treated as distributions out of corpus (Election required - see instructions)				
d Applied to 2018 distributable amount				1,959.00
e Remaining amount distributed out of corpus	39,369.00			0.0
5 Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount must be shown in column (a).)				0.0
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	130,261.00			
b Prior years' undistributed income. Subtract		0.00		
line 4b from line 2b				
income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.00		
d Subtract line 6c from line 6b. Taxable	retire unit	0.00		
amount - see instructions		0.00		
e Undistributed income for 2017. Subtract line 4a from line 2a. Taxable amount - see instructions			0.00	
f Undistributed income for 2018. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2019				0.0
7 Amounts treated as distributions out of corpus				
to satisfy requirements imposed by section		THE RESIDENCE OF THE PERSON OF	THE RESERVE	
170(b)(1)(F) or 4942(g)(3) (Election may be	0.00			
required - see instructions)	3.30			
8 Excess distributions carryover from 2013 not applied on line 5 or line 7 (see instructions)	0.00			
9 Excess distributions carryover to 2019.  Subtract lines 7 and 8 from line 6a	130,261.00			
O Analysis of line 9:				
a Excess from 2014				
b Excess from 2015 6,193.00				
c Excess from 2016 25, 917.00				
d Excess from 2017 58,782.00				
e Excess from 2018 39,369.00				Form <b>990-PF</b> (20

Рa	rt XIV Private Op	erating Foundations	(see instructions a	nd Part VII-A, questi	on 9)		
1 a	If the foundation has	received a ruling or d	etermination letter tha	t it is a private oper	ating		
	foundation, and the ruling						
Ь	Check box to indicate v	whether the foundation	is a private operating	foundation described in	section 4942(j	)(3) or 4942(j)(5)	
2 a	Enter the lesser of the ad-	Tax year		Prior 3 years		(e) Total	
	justed net income from Part	(a) 2018	(b) 2017	(c) 2016	(d) 2015	(c) rotal	
	I or the minimum investment						
	return from Part X for each					N/A	
_	year listed						
	85% of line 2a						
С	Qualifying distributions from Part						
ч	XII, line 4 for each year listed .  Amounts included in line 2c not						
u	used directly for active conduct						
	of exempt activities						
е	Qualifying distributions made directly for active conduct of						
	exempt activities. Subtract line						
•	2d from line 2c						
3	Complete 3a, b, or c for the atternative test relied upon:						
а	"Assets" alternative test - enter:					1	
	(1) Value of all assets						
	(2) Value of assets qualifying						
	under section 4942(j)(3)(B)(l) . ,						
b	"Endowment" alternative test-						
	enter 2/3 of minimum invest-						
	ment return shown in Part X, line 6 for each year listed						
С	"Support" alternative test - enter:						
	(1) Total support other than						
	gross investment income (interest, dividends, rents,						
	payments on securities						
	loans (section 512(a)(5)),						
	or royalties) (2) Support from general						
	public and 5 or more						
	exempl organizations as provided in section 4942						
	(J)(3)(B)(III)						
	<li>(3) Largest amount of sup- port from an exempt</li>						
	organization						
Do	(4) Gross Investment income .  Int XV Supplement	ntany Information (	Complete this par	t only if the found	ation had \$5,000 c	or more in assets at	
	any time d	luring the year - see	instructions.)	t only in the round	2		
1	Information Regardin						
	List any managers of	the foundation who	have contributed mo	re than 2% of the tot	al contributions recei	ved by the foundation	
	before the close of any	y tax year (but only if tl	ney have contributed	more than \$5,000). (S	See section 507(d)(2).)		
N/							
	List any managers of	the foundation who	own 10% or more of	of the stock of a corr	poration (or an equal	v large portion of the	
	ownership of a partne	rship or other entity) o	f which the foundatio	n has a 10% or greate	r interest.	, , ,	
	ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.						
N/.	Δ						
2	☐ Information Regardin	a Contribution Gran	Gift Loan Scholars	hin. etc Programs:			
_	111-2-1	•			ritable erganizations	and door not accept	
	Check here ► if	the foundation only	makes contributions	to preselected cha	ritable organizations u	and does not accept inder other conditions,	
	complete items 2a, b,			ants, etc., to marvidu	als of organizations a	mor outer community	
_	The name, address, a			the nerson to whom an	onlications should be ad	dressed:	
a	i ine name, address, a	and telephone number	or email address or	the person to whom ap	plications should be ad	G16336G.	
_	The fermion which are	lications about he ou	bmitted and informat	ion and materials they	should include:		
t	The form in which app	AICAUOTIS STIOUID DE SU	minimen and illiounat	ion and materials tries	, oriodia illolade.		
=	: Any submission dead	lines:					
C	Any submission dead	III 103.					
_	I Any restrictions or I	imitations on awards	s such as by deod	raphical areas charit	table fields, kinds of	institutions, or other	
	factors:	minutions on awalus	, cach do by goog	0.000, 0.1011			

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Form 990-PF (2018)				Page 11
Part XV Supplementary Information	(continued)			
3 Grants and Contributions Paid Du Recipient Name and address (home or business)	ring the Year or App	roved for	Future Payment	
Recipient	show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	Contribution	
a Paid during the year				
See Attachment to this Part XVa				
Total			▶ 3a	41,328.00
b Approved for future payment				
See Attachment to this Part XVb				
				1
			D 2h	13,700.00

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ert XVI-A er gross a	mounts unless otherwise indicated.	Unrela	ated business income	Excluded by	section 512, 513, or 514	(e)
	service revenue:	(a) Business code	(b) Amount	(c) Exclusion code	<b>(d)</b> Amount	Related or exempt function income (See instructions.)
•	service revenue.					(Occ manactions.)
a b				-1		
-				1		
<u> </u>						
-	nd contracts from government agencies					
_						
	nip dues and assessments					
	and interest from securities					
	income or (loss) from real estate:					4-1-4-4-1-NIX
	inanced property					
	bt-financed property					
	ncome or (loss) from personal property					
	estment income					
	ss) from sales of assets other than inventory					
•	ne or (loss) from special events					
Gross pro	fit or (loss) from sales of inventory			513 (a)	34,126.00	
Other reve	enue: a Raffles			513(a)	9,012.00	
Even	t Fundraising Admissions			513(a)	1,840.00	
Eve	nt Sponsorships			513(a)	700.00	
	or Sales Tax Credits			513(a)	45.00	
Vend	OI Dates lax Cledics					
	OI Dates tax credits				15 506 00	
e Subtotal.	Add columns (b), (d), and (e)				45,723.00	45 722 0
e Subtotal. T <b>otal</b> . Add e workshe	Add columns (b), (d), and (e) d line 12, columns (b), (d), and (e) set in line 13 instructions to verify calc	ulations.)			13	45,723.0
Subtotal. Total. Add workshe rt XVI-E	Add columns (b), (d), and (e)	ulations.) s to the A y for which	ccomplishment of I	Exempt Pur	poses  e) of Part XVI-A contrib	
Subtotal.  Fotal. Add  workshe  rt XVI-E	Add columns (b), (d), and (e)	ulations.) s to the A y for which	ccomplishment of I	Exempt Pur	poses  e) of Part XVI-A contrib	uted importantly to
Subtotal.  Fotal. Add  workshe  rt XVI-E	Add columns (b), (d), and (e)	ulations.) s to the A y for which	ccomplishment of I	Exempt Pur	poses  e) of Part XVI-A contrib	uted importantly to
Subtotal.  Fotal. Add  workshe  rt XVI-E	Add columns (b), (d), and (e)	ulations.) s to the A y for which	ccomplishment of I	Exempt Pur	poses  e) of Part XVI-A contrib	uted importantly to
Subtotal.  Total. Add  workshe  rt XVI-E	Add columns (b), (d), and (e)	ulations.) s to the A y for which	ccomplishment of I	Exempt Pur	poses  e) of Part XVI-A contrib	uted importantly to
Subtotal.  Total. Add  workshe  rt XVI-E	Add columns (b), (d), and (e)	ulations.) s to the A y for which	ccomplishment of I	Exempt Pur	poses  e) of Part XVI-A contrib	uted importantly to
Subtotal.  Fotal. Add  workshe  rt XVI-E	Add columns (b), (d), and (e)	ulations.) s to the A y for which	ccomplishment of I	Exempt Pur	poses  e) of Part XVI-A contrib	uted importantly to
Subtotal.  Fotal. Add  workshe  rt XVI-E	Add columns (b), (d), and (e)	ulations.) s to the A y for which	ccomplishment of I	Exempt Pur	poses  e) of Part XVI-A contrib	uted importantly to
Subtotal.  otal. Add workshe rt XVI-E	Add columns (b), (d), and (e)	ulations.) s to the A y for which	ccomplishment of I	Exempt Pur	poses  e) of Part XVI-A contrib	uted importantly to
otal. Add workshe rt XVI-E e No.	Add columns (b), (d), and (e)	ulations.) s to the A y for which	ccomplishment of I	Exempt Pur	poses  e) of Part XVI-A contrib	uted importantly to
otal. Add workshe t XVI-E e No.	Add columns (b), (d), and (e)	ulations.) s to the A y for which	ccomplishment of I	Exempt Pur	poses  e) of Part XVI-A contrib	uted importantly to
otal. Add workshe rt XVI-E e No.	Add columns (b), (d), and (e)	ulations.) s to the A y for which	ccomplishment of I	Exempt Pur	poses  e) of Part XVI-A contrib	uted importantly to
otal. Add workshe t XVI-E	Add columns (b), (d), and (e)	ulations.) s to the A y for which	ccomplishment of I	Exempt Pur	poses  e) of Part XVI-A contrib	uted importantly to
otal. Add workshe t XVI-E	Add columns (b), (d), and (e)	ulations.) s to the A y for which	ccomplishment of I	Exempt Pur	poses  e) of Part XVI-A contrib	uted importantly to
Subtotal.  otal. Add workshe rt XVI-E	Add columns (b), (d), and (e)	ulations.) s to the A y for which	ccomplishment of I	Exempt Pur	poses  e) of Part XVI-A contrib	uted importantly to
Subtotal.  otal. Add workshe rt XVI-E	Add columns (b), (d), and (e)	ulations.) s to the A y for which	ccomplishment of I	Exempt Pur	poses  e) of Part XVI-A contrib	uted importantly to
Subtotal.  Total. Add  workshe  rt XVI-E	Add columns (b), (d), and (e)	ulations.) s to the A y for which	ccomplishment of I	Exempt Pur	poses  e) of Part XVI-A contrib	uted importantly to
otal. Add workshe rt XVI-E e No.	Add columns (b), (d), and (e)	ulations.) s to the A y for which	ccomplishment of I	Exempt Pur	poses  e) of Part XVI-A contrib	uted importantly to
Subtotal.  otal. Add workshe rt XVI-E	Add columns (b), (d), and (e)	ulations.) s to the A y for which	ccomplishment of I	Exempt Pur	poses  e) of Part XVI-A contrib	uted importantly to
Subtotal.  Total. Add  workshe  rt XVI-E	Add columns (b), (d), and (e)	ulations.) s to the A y for which	ccomplishment of I	Exempt Pur	poses  e) of Part XVI-A contrib	uted importantly to
Subtotal.  Total. Add  workshe  rt XVI-E	Add columns (b), (d), and (e)	ulations.) s to the A y for which	ccomplishment of I	Exempt Pur	poses  e) of Part XVI-A contrib	uted importantly to
Subtotal.  Fotal. Add  workshe  rt XVI-E	Add columns (b), (d), and (e)	ulations.) s to the A y for which	ccomplishment of I	Exempt Pur	poses  e) of Part XVI-A contrib	uted importantly to
Subtotal.  Total. Add  workshe  rt XVI-E	Add columns (b), (d), and (e)	ulations.) s to the A y for which	ccomplishment of I	Exempt Pur	poses  e) of Part XVI-A contrib	uted importantly to
Subtotal. Total. Add workshe rt XVI-E	Add columns (b), (d), and (e)	ulations.) s to the A y for which	ccomplishment of I	Exempt Pur	poses  e) of Part XVI-A contrib	uted importantly to

Part 2	KVII .	Information Re Exempt Organ		sters to and Transac	tions and	Relationsi	iips with Nonc	пагн	abie	
1 D	id the			gage in any of the follow	ng with any	other organ	ization described		Yes	No
. ir	secti	ion 501(c) (other	than section 5	01(c)(3) organizations) o	r in section	n 527, rela	ting to political	110		
		ations?		,						
			a foundation to a	noncharitable exempt org	anization of:			4		
a 1	I Cool	rs nom me repormi	g touridation to a	·····				1a(1)		X
	) Casi							1a(2)		X
•	•						e man a more e en	14,2/		WI
		ansactions:					a scarce or more to a	45/41		Х
(,	i) Sale	es of assets to a nor	ncharitable exemp	ot organization				1b(1)		X
(2	2) Purc	chases of assets fro	m a noncharitable	e exempt organization.				1b(2)		X
(:	3) Ren	tal of facilities, equip	pment, or other as	ssets				1b(3)		X
(4	4) Reir	mbursement arrange	ements					1b(4)		X
(	5) Loa	ns or loan guarantee	s					1b(5)		X
(0	6) Perf	formance of service	s or membership	or fundraising solicitations	<i>.</i>		E DEST & FREE R	1b(6)		X
c S	haring	of facilities, equipm	ent, mailing lists,	other assets, or paid empl	oyees			1c		
d If	the a	inswer to any of th	e above is "Yes,"	complete the following	schedule. C	olumn ( <b>b)</b> st	nould always show	the	fair m	arket
v	alue o	f the goods, other a	assets, or service	s given by the reporting	foundation. I	If the founda	ition received less	than	fair m	ıarket
V	alue in	any transaction or	sharing arranger	ment, show in column (d)	the value o	of the goods,	other assets, or s	ervice	s rec	eived.
(a) Line		(b) Amount involved		charitable exempt organization	(d) Desc	ription of transfe	rs, transactions, and shar	ing arra	ingeme	nts
	_									
	_									
	-									
	-									
	_									
	_									
2a	s the 1	foundation directly led in section 501(c)	or indirectly affili ) (other than secti	iated with, or related to, ion 501(c)(3)) or in section	one or more	e tax-exempt	organizations	Y	es X	No
		" complete the follo								
		(a) Name of organizatio		(b) Type of organization		(0	) Description of relation	ship		
	Under	penalties of perjury. I deck	are that I have examine	d this return, including accompanying	schedules and	statements, and to	the best of my knowled	ge and	belief, i	t is true
	correct	t, and complete Declaration o	of preparer (other than tax)	payer) is based on all information of wh	ich preparer has a	ny knowledge			_	_
Sign		unne		10/23/2019	CFO	& Treasur	may the IR with the pr			return below?
Here	0:	atura et efficas estructos	- (	Date	Title		See instruction		Yes	No
	Sign	nature of officer or trustee		Date	Title		GGC III GEI GCEIGE			
		Drint/Tupo proporario as	ame	Preparer's signature		Date	Check if	PTIN		
Paid		Print/Type preparer's na	nii6	, reparer a aignature		- 5.0	self-employed			
_	210-									
Prep		Firm's name					Firm's EIN			
Use (	Only	Firm's address					_ ===			
							Phone no.			

## Form **8868**

(Rev. January 2019)

Department of the Treasury Internal Revenue Service

### 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 for the latest information.

OMB No. 1545-1709

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 filling of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

### filing of this form, visit 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. Enter filer's identifying number, see instructions Employer identification number (EIN) or Name of exempt organization or other filer, see instructions. Type or 47-4125318 White Light Foundation, Inc print Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN) File by the due date for 285 Church Hill Road filing your City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions. 04 Enter the Return Code for the return that this application is for (file a separate application for each return) Return **Application Application** Return Code Code Is For Is For 07 Form 990-T (corporation) Form 990 or Form 990-EZ 01 08 02 Form 1041-A Form 990-BL Form 4720 (other than individual) 09 Form 4720 (individual) 03 10 04 Form 5227 Form 990-PF 05 Form 6069 11 Form 990-T (sec. 401(a) or 408(a) trust) 12 06 Form 8870 Form 990-T (trust other than above) • The books are in the care of ▶ Steven Perlah, 285 Church Hill Rd. Trumbull, CT 06611 Fax No. ▶ Telephone No. ► (203) 520-2539 • 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 EINs of all members the extension is for. I request an automatic 6-month extension of time until March 15, , 20 20, to file the exempt organization return for the organization named above. The extension is for the organization's return for: ▶ ☐ calendar year 20 \_\_\_\_ or ► X tax year beginning May 1, , 20 18 , and ending April 30, , 20 19 . If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return ☐ Change in accounting period 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. 3a \$ None 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. 3b \$ None Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. 3c \$ 0.00 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

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2019)

# White Light Foundation, Inc. 47-4125318

Form 990-PF (2018) Part I Line 11 (Other Income)	
4442 Vendor Sales Tax Credits	45
4810 Special Event Revenue - Event Admissions	1,840
4820 Special Events Revenue - Sponsorships	700
4825 Special Events Revenue -Raffles	9,012
Total Other Income	11,597

Form 990-PF (2018) Part I Line 10(c) (Gross Profit)			
	Sales	cogs	Gross Profit
Artwork	280	250	30
Jewelry	378	198	181
Pins	47,577	13,705	33,872
Stickers and Miscellaneous Items	47	4	43
Total	48,282	14,156	34,126

Form 990-PF (2018) Part I Line 23 (Other Expenses)	
8110 Supplies & Materials	1,246
8303 Catering for Fundraising Events	164
8305 Promotion and Marketing	5,614
8501 Federal & State Registration Fees	389
8511 PayPal Fees	1,630
8512 Bank Charges	3
8514 Late Filing Tax Penalties	198
8515 Insurance	1,273
8520 Federal & State Withholding Taxes on Raffles	2,336
8530 Software License Fee	596
Total Other Expenses	13,450

Part VII-B Line 5c Expenditure Responsibilty Disclosure	
§53.4945-5(d)(2)(i) The name and address of the grantee.	Level Field Fund
	PO Box 7532
	Portland, ME 04112-7532
§53.4945-5(d)(2)(ii) The date and amount of the grant.	3/22/2018 \$570.00
	rne grant was made for, and agreed to be used
	specifically for, the charitable purpose of offering
	qualified support to uniquely talented athletes whose opportunity to pursue excellence in sport
	would be otherwise limited by their financial
§53.4945-5(d)(2)(iii) The purpose of the grant.	situation.
	Athletic programs were not in place
	between the date of grant and our
	fiscal year end. Full expenditure
§53.4945-5(d)(2)(iv) The amounts expended by the grantee	\$ reporting is expected by August 2018.
	To the best of our knowledge no portion of the
	funds were diverted from the purpose of the grant.
	It is fully expected that the funds will be used for
Whether the grantee has diverted any	the charitable purpose set forth in our expenditure
§53.4945-5(d)(2)(v) portion of the funds	responsibility agreement with the grantee.
The dates of any reports received from the	3/27/2018 Acknowledgement letter for the receipt
§53.4945-5(d)(2)(vi) grantee.	of the grant.
The date and results of any verification of	
the grantee's reports undertaken pursuant	
to and to the extent required under	2/4/2040 Fulfilled Booking Francis
§53.4945-5(c)(1) by the grantor or by §53.4945-5(d)(2)(vii) others at the direction of the grantor.	2/1/2019 Fulfilled. Received Email verifying the use of the grant
953.4945-5(a)(2)(VII) others at the direction of the grantor.	vernying the use of the grant

# Form 990-PF (2018) Part VIII Page 6 (Attachment)

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

1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).	n managers and their compensation	(see instructions).		
(a) Name and address	(b) Title, and average, hours per (c) Compensation (lf not paid, enter -0-)	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
Kevin Rondeau	Chairman of the Board			10
194 Timothy Way, Williston, VT 05495	3 hours	0	0	0
Daniel Tavis	Vice Chairman of the Board			
51 North Street, Bristol, VT 05443	0.5 hour	0	0	0
Steven Perlah	CEO, President & Board Director			
285 Church Hill Road Trumbull, CT 06611	20 hours	0	0	0
Charles R. Connor	CFO, Treasurer & Board Director			
21 Baxter Drive, Norwalk, CT 06854	10 hours	0	0	0
David Bouchard	Secretary & Board Director			
181 Orchard Commons Road, Hinesburg VT 05461	1 hours	0	0	0
Edmund E. Edwards	Board Director			
81 Monument Avenue, Bennington, VT 05201	1.0 hours	0	0	0
		0	0	0

White Light Foundation, Inc 47-4125318 Form 990-PF (2018) Part XV, Page 11 (Attachment)

10,000 1,200 1,253 2,650 683 1,154 2,601 500 500 Amount 5,365 200 500 2,601 Grant to support mission of helping children with Grant to support mission to provide a continuum families ad caregivers touched by a brain tumor. Grant to support mission of supporting patients, Grant to support mission of creating a recovery friendly community to decrease overdoese and Grant support mission of caring for infants and homeless individuals through work experience intense consciousness of land as an ecosystem obtaining services for children and adults with Grant to support mission to provide resources Grant to support mission of providing Cuddle quality of life of people with traumatic brain for individuals and their families affected by Grant to support mission of helping addicts Grant to support mission of advocating and Grant to support mission of improving the Grant to support mission of changing lives Grant to support mission of cultivating an Grant to support mission of empowering through organ donation and registration Purpose of grant or contribution of services to assist people in crisis navigae the road to recovery autism through surfing. intellectual diabilities Cots to area hoptials to be conserved their families injuries Foundation status of recipient S  $^{\circ}$  $^{\circ}$ М М  $\mathsf{PC}$ М PC М PCМ М 2 any foundation manager or f recipient is an individual, show any relationship to substantial contributor Ϋ́ Α ٩ ٨ Ϋ́ Ϋ́ ž ž ΑN Ϋ́ Ϋ́ ž Ž Zip Code 10036 14623 92693 80203 94901 6525 6455 5443 5055 6405 2891 5401 2871 State 8 ž ž 5 5 ⋝ b 5  $\Box$ b ≅ San Juan CapistraCA 3 Grants and Contributions Paid During the Year or Approved for Future Payment 8 Woodbridge Portsmouth Middlefield City 111 Colchester Avenue Main Campu Burlington San Rafae **New York** Rochester Westerly Branford Norwich Denver Bristol Brain Tumor Foundation | 25 West 45th Street, Suite 1405 1580 Logan Street, Suite 730 Supplementary Information (continued) 30 Corporate Woods #220 175 Montowese Street 14 School Street, #2 23 Industrial Drive 4 Fairview Road 532 4th Street P.O. Box 1267 P.O. Box 247 6 Way Road Name and address (home or business) PO Box 131 Vermont Family Forests a Paid during the year **UVM Medical Center** Jonnycake Center of The Arc of Colorado Down Town Streets Finger Lakes Donor The Herren Project Recovery Network Scarlet's Mission Name Love Your Brain Surfer's Healing Smile Anyway Recipient Westerly Tri-Circle Team

Part XV Grant Recipients

White Light Foundation, Inc 47-4125318 Form 990-PF (2018) Part XV, Page 11 (Attachment)

Part XV Supplementary Information (continued)

3 Grants and Contribution	3 Grants and Contributions Paid During the Year or Approved for Future Payment	for Future Payme	ent					
Recipient					show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or business)				any foundation manager or substantial contributor	recipient	-	
a Paid during the year								
Name	Street	City	State	Zip Code				
Glenbeigh Hospital	2863 State Route 45	Rock Creek	НО	44084	NA	PC	Grant to support mission of helping those with addiction	500
Team Sharing Inc.	Team Sharing Inc	https://www.teamsharinginc.org	mshar	inginc.org			Grant to support mission of providing support to families how lost loved ones to addiction	200
Caritas of Port Chester	19 Smith Street	Port Chester	ž	10573	N/A	PC	Grant to support their charitable purpose of providing essential needs for the homeless and	1,000
Downtown Evening Soup Kitchen	311 Temple Street	New Haven	ե	06511	N/A	PC	Grant to support their charitable purpose of providing shelter for the homeless and needy.	776
Chittenden Emergency Food Shelf	228 N Winooski Avenue	Burlington	5	05401	N/A	PC	Grant to support their charitable purpose of providing shelter for the homeless and needy.	545
Total	Total contraction of the contrac	1.0		**********	39			41,328
b Approved for future payment	ayment							
Castleton University	Castleton University	Castleton	7	5735	NA	PC	Grant to support the Sam Forrest scholarship	2,000
Castleton University	Castleton University	Castleton	5	5735	NA	PC	Grant to establish the Luvaduck Scholarship	3,000
Castleton University	Castleton University	Castleton	5	5735	AN	PC	Grant to establish the Bronze Fingers Scholarship	3,000
Turning Point Center of Chittenden County	179 South Winooski Ave, Suite 301	Burlington	5	5401	NA	PC	Grant to support mission of helping people find, maintain and enhance their recovery experience	1,350
Howard Center	208 Flynn Ave STE 3J	Burlington	5	5401	NA	PC	Grant to support mission of helping people and communities thrive by providing support ans services	1,350
Total	Total				38 ■	0		13,700

White Light Foundation, Inc 47-4125318 Form 990-PF (2018) Part XV, Page 11 (Attachment)

Part	Part XV Supplemental	Supplementary Information (continued)							
bient of Laming Interpret         State of Laming Interpret and address (home or Dusiness)         And address (home or Dusiness) <td>3 Grants and Contribution</td> <td>is Paid During the Year or Approved</td> <td>for Future Payme</td> <td>ant</td> <td></td> <td></td> <td></td> <td></td> <td></td>	3 Grants and Contribution	is Paid During the Year or Approved	for Future Payme	ant					
and address (home or business)  Name Street City State Zip Code substantial contributor recipient during the year  Name Street City State Zip Code PC Substantial contributor recipient Street Suite 730 Denver CO 80203 NA PC Code Code Code Code Code Code Code Cod	Recipient						Foundation status of	Purpose of grant or contribution	Amount
Name         Street         City         State         Top Code         PC           's Healing         P.O. Box 1267         San Juan Capistri CA         92693         NA         PC           's Healing         P.O. Box 1267         San Juan Capistri CA         92693         NA         PC           c of Colorado         1580 Logan Street, Suite 730         Denver         CO         802033         NA         PC           Tumor Foundation         1580 Logan Street, Suite 1405         New York         NY         10036         NA         PC           Town Streets         532 4th Street         San Rafael         CA         94901         NA         PC           Internally Forests         14 School Street, #2         Bristol         VT         5443         NA         PC           Internally Forests         14 School Street, #2         Bristol         VT         5443         NA         PC           Internally Forests         14 School Street, #2         Rochester         NY         14623         NA         PC           Anywaya         175 Montowese Street         Branford         CT         6405         NA         PC           Anywaya         175 Montowese Street         Branford         CT         62	Name and address (home	or business)				any foundation manager or substantial contributor	recipient		
Name         Street         City         State         Zip Code         PC           's Healing         P.O. Box 1267         San Juan Capistrif CA         92693         NA         PC           c of Colorado         1580 Logan Street, Suite 730         Denver         CO         80203         NA         PC           Tumor Foundation         1580 Logan Street, Suite 1405         New York         NY         10036         NA         PC           Tumor Foundation         25 West 45th Street, Suite 1405         New York         NY         10036         NA         PC           Town Streets         532 4th Street         San Rafael         CA         94901         NA         PC           Int Family Forests         14 School Street, #2         Bristol         VT         5443         NA         PC           Int Remily Forests         14 School Street, #2         Rochester         NY         14623         NA         PC           Int Remily Forests         15 Gorporate Woods #220         Rochester         NY         14623         NA         PC           Anyway         175 Montowese Street         Westerly         R         14623         NA         PC           Aryway         175 Montowese Street         Westerly <td>a Paid during the year</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	a Paid during the year								
s Healing         P.O. Box 1267         San Juan Capistra CA         92693         NA         PC           r of Colorado         1580 Logan Street, Suite 730         Dernver         CO         80203         NA         PC           Tumor Foundation         1580 Logan Street, Suite 1405         New York         NY         10036         NA         PC           Town Streets         532 4th Street, Suite 1405         New York         NY         10036         NA         PC           Town Streets         532 4th Street         San Rafael         CA         94901         NA         PC           Town Streets         14 School Street, #2         Bristol         VT         5443         NA         PC           Ivekes Donor         30 Corporate Woods #220         Rochester         NY         14623         NA         PC           Anyway         175 Monttowese Street         Branford         CT         6405         NA         PC           Anyway         175 Monttowese Street         Branford         CT         6405         NA         PC           Anyway         175 Monttowese Street         Branford         CT         6405         NA         PC           Aryway         123 Industrial Drive         Woodbridge </td <td>Name</td> <td>Street</td> <td>City</td> <td>State</td> <td>Zip Code</td> <td></td> <td></td> <td></td> <td></td>	Name	Street	City	State	Zip Code				
cof Colorado         1580 Logan Street, Suite 730         Denver         CO         80203         NA         PC           Tumor Foundation         25 West 45th Street, Suite 1405         New York         NY         10036         NA         PC           Town Streets         532 4th Street         San Rafael         CA         94901         NA         PC           Town Streets         532 4th Street         Bristol         VT         5443         NA         PC           Lakes Donor         NO Box 247         Norwich         VT         5055         NA         PC           Lakes Donor         P.O. Box 247         Norwich         VT         5055         NA         PC           Anyway         30 Corporate Woods #220         Rochester         NY         14623         NA         PC           Anyway         175 Montowese Street         Branford         CT         6405         NA         PC           Anyway         175 Montowese Street         Westerly         RI         2891         NA         PC           Ariyasion         4 Fairwiew Road         Woodbridge         CT         6455         NA         PC           Arision         6 Way Road         Middlefield         CT <td< td=""><td>Surfer's Healing</td><td>P.O. Box 1267</td><td>San Juan Capistra</td><td></td><td>92693</td><td>NA</td><td>PC</td><td>Grant to support mission of helping children with autism through surfing.</td><td>1,200</td></td<>	Surfer's Healing	P.O. Box 1267	San Juan Capistra		92693	NA	PC	Grant to support mission of helping children with autism through surfing.	1,200
Lumor Foundation         25 West 45th Street, Suite 1405         New York         NY         10036         NA         PC           Town Streets         532 4th Street         San Rafael         CA         94901         NA         PC           not Family Forests         14 School Street, #2         Bristol         VT         5443         NA         PC           our Brain         P.O. Box 247         Norwich         VT         5055         NA         PC           resty Network         30 Corporate Woods #220         Rochester         NY         14623         NA         PC           Anyway         175 Montowese Street         Branford         CT         6405         NA         PC           cske Center of Recenter of Recenter of Rysision         175 Montowese Street         Westerfy         R1         2891         NA         PC           ts Mission         4 Fairview Road         Woodbridge         CT         6455         NA         PC           cle         6 Waay Road         Middlefield         CT         6455         NA         PC	ado	1580 Logan Street, Suite 730			80203	NA	PC	Grant to support mission of advocating and obtaining services for children and adults with intellectual diabilities	5,365
Town Streets         San Rafael         CA         94901         NA         PC           ont Family Forests         14 School Street, #2         Bristol         VT         5443         NA         PC           our Brain         P.O. Box 247         Norwich         VT         5555         NA         PC           Lakes Donor         ery Network         30 Corporate Woods #220         Rochester         NY         14623         NA         PC           Medical Center         111 Colchester Avenue Main Campu Burlington         VT         5401         NA         PC           Anyway         175 Montowese Street         Branford         CT         6405         NA         PC           cidy         23 Industrial Drive         Westerly         RI         2891         NA         PC           t's Mission         4 Fairview Road         Widdlefield         CT         6405         NA         PC           cle         6 Way Road         Middlefield         CT         6405         NA         PC	Brain Tumor Foundation	25 West 45th Street, Suite 1405			10036	NA	PC	Grant to support mission of supporting patients, families ad caregivers touched by a brain tumor.	1,253
our Brain         P.O. Box 247         Norwich         VT         5443         NA         PC           our Brain         P.O. Box 247         Norwich         VT         5055         NA         PC           rakes Donor         30 Corporate Woods #220         Rochester         NY         14623         NA         PC           ery Network         30 Corporate Woods #220         Rochester         NY         14623         NA         PC           Anyway         175 Montowese Street         Branford         CT         6405         NA         PC           cake Center of rake Center of rake Center of ray         23 Industrial Drive         Westerly         RI         2891         NA         PC           t's Mission         4 Fairview Road         Woodbridge         CT         6525         NA         PC           cle         6 Waay Road         Middlefield         CT         6455         NA         PC	Down Town Streets Team	532 4th Street			94901	NA	PC	Grant to support mission of empowering homeless individuals through work experience	2,650
P.O. Box 247         Norwich         VT         5055         NA         PC           ork         30 Corporate Woods #220         Rochester         NY         14623         NA         PC           enter         111 Colchester Avenue Main Campu Burlington         VT         5401         NA         PC           er of         175 Montowese Street         Branford         CT         6405         NA         PC           er of         23 Industrial Drive         Westerly         RI         2891         NA         PC           n         4 Fairview Road         Woodbridge         CT         6525         NA         PC           n         6 Way Road         Middlefield         CT         6455         NA         PC	Vermont Family Forests	14 School Street, #2	Bristol		5443	NA	PC	Grant to support mission of cultivating an intense consciousness of land as an ecosystem to be conserved	500
onor         onor         Nordester         NY         14623         NA         PC           Center         111 Colchester Avenue Main Campu Burlington         VT         5401         NA         PC           175 Montowese Street         Branford         CT         6405         NA         PC           iter of on         23 Industrial Drive         Westerly         RI         2891         NA         PC           on         4 Fairview Road         Woodbridge         CT         6525         NA         PC           on         6 Way Road         Middlefield         CT         6455         NA         PC	Love Your Brain	P.O. Box 247			5055	NA	PC	Grant to support mission of improving the quality of life of people with traumatic brain injuries	200
Center         111 Colchester Avenue Main Campu Burlington         VT         5401         NA         PC           175 Montowese Street         Branford         CT         6405         NA         PC           on         4 Fairview Road         Woodbridge         CT         6525         NA         PC           on         6 Way Road         Middlefield         CT         6455         NA         PC	Finger Lakes Donor Recovery Network	30 Corporate Woods #220	Rochester		14623	NA	PC	Grant to support mission of changing lives through organ donation and registration	683
iter of one     175 Montowese Street     Branford     CT     6405     NA     PC       on     4 Fairview Road     Woodbridge     CT     6525     NA     PC       on     6 Way Road     Middlefield     CT     6455     NA     PC	UVM Medical Center	111 Colchester Avenue Main Campu	Burlington		5401	NA	PC	Grant support mission of caring for infants and their families	10,000
23 Industrial Drive Westerly RI 2891 NA PC 4 Fairview Road Woodbridge CT 6525 NA PC 6 Way Road Middlefield CT 6455 NA PC	Smile Anyway	175 Montowese Street	Branford		6405	NA	PC	Grant to support mission of creating a recovery friendly community to decrease overdoese and	2,601
4 Fairview Road Woodbridge CT 6525 NA PC 6 Way Road Middlefield CT 6455 NA PC	Jonnycake Center of Westerly	23 Industrial Drive	Westerly		2891	NA	PC	Grant to support mission to provide a continuum of services to assist people in crisis	1,154
6 Way Road Middlefield CT 6455 NA PC	Scarlet's Mission	4 Fairview Road	Woodbridge		6525	NA	PC	Grant to support mission of providing Cuddle Cots to area hoptials	2,601
٥	Tri-Circle	6 Way Road	Middlefield		6455	NA	РС	Grant to support mission to provide resources for individuals and their families affected by	200
7	The Herren Project	PO Box 131	Portsmouth		2871	NA	DC	Grant to support mission of helping addicts navigae the road to recovery	200

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battle addiction while living with their children in addiction and providing a path to finding hope in and comprehensive addiction treatment services Grant to support mission of treating adults with maintain and enhance their recovery experience Grant to support mission of providing innovative maintain and enhance their recovery experience maintain and enhance their recovery experience Grant to support mission of raising awareness of Grant to support mission of ending the stigma of Grant to support mission of helping people find, developing programs to provide and pormote a Grant to support mission of helping people find, Grant to support mission of helping people find, friendly community to decrease overdoese and Grant to support mission of helping people and Grant to support mission of providing aid and Grant to support mission of providing women communities thrive by providing support ans Grant to support mission of providing mental Grant to support mission of a world without Grant to support mission of helping people Grant to support mission of offering safe consequences associated with drug use. Grant to support mission of guiding and structured and compassionate housing, prescription and other drug addictions support to those affected by addiction Purpose of grant or contribution health and addictions counseling overcome addiction Foundation status of  $^{\mathsf{C}}$ М М РС М М Ъ В РС  $\mathsf{PC}$ М М Ы М М  $\mathsf{PC}$  $^{\mathsf{D}}$ f recipient is an individual, any foundation manager or show any relationship to substantial contributor ٨ Ϋ́ Ϋ́ Ϋ́ Ž Ϋ́ Ž Ž Ϋ́ Ϋ́ Ϋ́ Ϋ́ ž ž ž Ϋ́ Ϋ́ Zip Code 12866 12180 60142 17043 45206 80003 41075 53703 14209 12202 12307 5478 6405 5401 5201 5401 4401 State ME НО 8 ž ž ž ₹ 5 ΡA ž 5 5  $\Box$ 5 ≿ Saratoga Springs NY Grants and Contributions Paid During the Year or Approved for Future Payment Schenectady Bennington FT Thomas Burlington Burlington City St. Albans Cincinnati Lemoyne Madison Branford Buffalo Huntley Bangor Arvada Albany Troy 179 South Winooski Ave, Suite 301 737 Deleware Avenue, Suite 101 600 Williamsson Street, Suite H 125 High Rock Avenue, 105A Supplementary Information (continued) 175 Montowese Street 100 Slingerland Street Street 255 Hammond Street 208 Flynn Ave STE 3J 1724 Fifth Avenue 300 Market Street 9846 Compton Dr 2203 Fulton Ave 465 Main Street 728 State Street 182 Lake Street 6138 Reed Way PO Box 75273 Name and address (home or business) Healing Springs Recovery Warp Corps / Cams Dare AIDS Resource Center of urning Point of Franklin Community & Outreach a Paid during the year New Choices Recovery The Elizabeth House Chittenden County Save the Michaels Project Safe Point NKY Hates Heroin **Hudson Mohawk** Cody's Freshstard Turning Point of Name **Turning Point of** First Step Home Well Spring Inc Howard Center to be Different Smile Anyway JFT Recovery Recipient Bennington Wisconsin County

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Part XV Supplemental	Supplementary Information (continued)							
3 Grants and Contribution	3 Grants and Contributions Paid During the Year or Approved for Future Payment	for Future Paym	ent					
Recipient					If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or business)				any foundation manager or substantial contributor	recipient		
a Paid during the year								
Name	Street	City	State	Zip Code				
Glenbeigh Hospital	2863 State Route 45	Rock Creek	Н	44084	NA	PC	Grant to support mission of helping those with addiction	200
Team Sharing Inc.	Team Sharing Inc	https://www.teamsharinginc.org	mshari	nginc.org			Grant to support mission of providing support to families how lost loved ones to addiction	200
Caritas of Port Chester	19 Smith Street	Port Chester	ž	10573	N/A	PC	Grant to support their charitable purpose of providing essential needs for the homeless and	1,000
Downtown Evening Soup Kitchen	311 Temple Street	New Haven	_ Ե	06511	N/A	PC	Grant to support their charitable purpose of providing shelter for the homeless and needy.	776
Chittenden Emergency Food Shelf	228 N Winooski Avenue	Burlington	5	05401	N/A	PC	Grant to support their charitable purpose of providing shelter for the homeless and needy.	545
Total	Total,			**********	39		1	41,328
b Approved for future payment	yment							
Castleton University	Castleton University	Castleton	Λ	5735	NA	PC	Grant to support the Sam Forrest scholarship	5,000
Castleton University	Castleton University	Castleton	5	5735	NA	PC	Grant to establish the Luvaduck Scholarship	3,000
Castleton University	Castleton University	Castleton	7	5735	٩	PC	Grant to establish the Bronze Fingers Scholarship	3,000
Turning Point Center of Chittenden County	179 South Winooski Ave, Suite 301	Burlington	5	5401	NA	PC	Grant to support mission of helping people find, maintain and enhance their recovery experience	1,350
Howard Center	208 Flynn Ave STE 3J	Burlington	5	5401	۸N	PC	Grant to support mission of helping people and communities thrive by providing support ans services	1,350
Total	Total			0.0000000000000000000000000000000000000	3b	0		13,700