### HOLLAND & REILLY CERTIFIED PUBLIC ACCOUNTANTS 601 North Fern Creek, Suite 200 Orlando, Florida 32803-4839 (407) 894-6803

David S. Holland, CPA Thomas F. Reilly, CPA

May 06, 2016

GladdeningLight, Inc. 1350 College Point Winter Park, FL 32789

GladdeningLight, Inc.:

Enclosed is the 2015 federal return for a tax-exempt organization, prepared for GladdeningLight, Inc. from the information provided. This return will be e-filed with the IRS once we receive a signed Form 8879-EO, IRS e-file Signature Authorization for an Exempt Organization.

The organization's federal return reflects neither a refund nor a balance due.

Thank you for the opportunity to be of service. For further assistance with your tax needs, please contact this office at (407)894-6803.

Sincerely,

Holland & Reilly

Fax (407) 896-3044 www.hollandandreilly.com

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GladdeningLight, Inc. 1350 College Point Winter Park, FL 32789

Your privacy is important to us. Please read the following privacy policy.

We collect nonpublic personal information about you from various sources, including:

\* Interviews regarding your tax situation

\* Applications, organizers, or other documents that supply such information as your name, address, telephone number, Social Security Number, number of dependents, income, and other tax-related data

\* Tax-related documents you provide that are required for processing tax returns, such as Forms W-2, 1099R, 1099-INT and 1099-DIV, and stock transactions

We do not disclose any nonpublic personal information about our clients or former clients to anyone, except as requested by our clients or as required by law.

We restrict access to personal information concerning you, except to our employees who need such information in order to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your personal information.

If you have any questions about our privacy policy, please contact us.

Sincerely,

Holland & Reilly

OMB No. 1545-1150

Form	990-E	ΞZ	
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### Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527	, or 4947(a)(1) of the Inte	rnal Revenue Code (exce	ot private foundations)
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► Do not enter social security numbers on this form as it may be made public.

Open to Public

Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)         Check if the organization used Schedule O to respond to any question in this Part I			the Treasury ue Service	Information about Form 990-EZ and its instructions is at www.irs.ge	ov/form990.		inspection
And there shares         GladdeningLight, Inc.         30-0518480           Inter entryge         Number and street (or PG loc, if mail is not deleved to storet address)         Room/wile         E Telephone number           Inter entryge         1350         College Point         (407) 647-3963           Prove the entryge         Winter Park, FL, 32789         Number +         (407) 647-3963           Applications peaking         Winter Park, FL, 32789         Number +         Construction of the status (check only on-) big retrigotion on the status (check only only on the status on the status (check only only on the status on the status (check only only only on the status on the status (check only only only only only only only only	A F	or the	2015 calenda	r year, or tax year beginning , 2015, and ending			, 20
New etadage         Number and stratu (P PC) fax, if mail is not distored to street address)         Reconstruit         E         Telephone number           Inter number         1350 College Point         (407) 647–3963         (407) 647–3963         (407) 647–3963           Annoted within         Application provide         With cerve and address of the street address of the stree	Β	Check if ap	oplicable:	C Name of organization	D Employe	er identifi	cation number
Image intermination of the interminating of the interminating of the intermination of the intermination	Δ Α	ddress ch	nange	GladdeningLight, Inc.	30-0	51848	0
Bit Humsteinenand       1350 College Point       (407)647-3963         Armendad munn       Cyr texm, sax or province, country, and ZP or fromge possal code       F Group Examption         Without Server, Sax Octanal, Sax Other (specify) -       H Check         If the organization is not required to attack Schedule Sax Other (specify) -         If Website: - vew, Sladdening Light, corg       H Check         If the organization is not required to attack Schedule Sax Other (specify) -         L Add lines Sb, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets       99,35         Part I       Revenue, Expenses, and Changes in Net Assets or Fund Balances (scee the instructions for Part I)         Check if the organization used Schedule O to respond to any question in this Part I.       1         Check if the organization used Schedule O to respond to any question in this Part I.       1         Check if the organization used Schedule O to respond to any question in this Part I.       1         Check if the organization used Schedule O to respond to any question in this Part I.       1         Check if the organization used Schedule O to respond to any question in this Part I.       1         Check if the organization used Schedule O to respond to any question in this Part I.       1         Check if the organization used Schedule O to respond to any question in this Part I.       1         Check if the organization used Schedule O to respond to any	<u> </u>	lame char	nge	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite	E Telepho	ne numbe	er
Immediate       Croup Exemption         Application prending       Winter Park PI 32789       F Group Exemption         Application prending       Winter Park PI 32789       H Check →       If the organization is not required to attach Schedule B (Form 990, 990-FE).         G Accounting word organization:       Q Corporation       Trust       Association       Other         I Website:       • www.gladdening11ght.org       J (association)       Other       Form of organization:       Q (Form 990, 990-FE)         K Form of organization:       Q control       Trust       Association       Other       S 99, 35         Part II.       Column (B) below) are 5500,000 or more, file Form 990 instead of Form 990-FEZ       > S 99, 35       S 99, 35         Part II.       Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)       Check If the organization: used Schedule O to respond to any question in this Fart       Q (a 1, 25)         Check If the organization:       Q (a 2, 5)       G (a 1, 25)       Q (a 1, 25)         Membership dues and assessments       Q (a 1, 25)       Q (a 1, 25)       Q (a 1, 25)         B Gross income from sale of assets other than inventory       G (a 1, 25)       Q (a 1, 25)       Q (a 1, 25)         B Gross income from gaming (attach Schedule G if greater than statistach and conter (los) from sale of asset other than inventory (s	lı Ir	nitial returi	n				
Population       Winter Park, PL 32789       Number >         G Accounting Method:       © Cash Corula       Other (specify) >       H Check >       If the organization is not required to actach Schedule B (Form 990, 990-EZ, or 990-PF).         L Add lines 6b, 6c, and 7b to line 9 to determine gross receipts. II: gross receipts are \$200,000 or more, or if total assets       Secondation       Other (specific actach Schedule B (Form 990, 990-EZ, or 990-PF).         L Add lines 6b, 6c, and 7b to line 9 to determine gross receipts. II: gross receipts are \$200,000 or more, or if total assets       Secondation       Other (specific actach Schedule B (Form 990, 990-EZ, or 990-PF).         PartI       Revenue, Express, and Changes in Net Assets of Prund Balances (see the instructions for Part I)       Check If the organization used Schedule O to respond to any question in this Part I       2       2         3       I       Check If the organization used Schedule O to respond to any question in this Part I       2       2         4       Investment income       3       1       3       3         4       Investment income       5       5       5       5         6       Gaming and fundraising events       5	🗌 F	inal returr	n/terminated	1350 College Point	(407	7)647-3	3963
G Accounting Method:       IX Cash       Acrowal       Other (specify) ►       IF Check ►       If the organization is not required to attach Schedule B         I Webshite:       ► vmw, gladening1ight.org       Image: status (check how one) - KS price(s)       Surfact       Image: status (check how one) - KS price(s)       Surfact       Image: status (check how one) - KS price(s)       Surfact       Image: status (check how one) - KS price(s)       Surfact       Image: status (check how one) - KS price(s)       Surfact       Image: status (check how one) - KS price(s)       Surfact       Image: status (check how one) - KS price(s)       Surfact       Image: status (check how one) - KS price(s)       Surfact       Image: status (check how one) - KS price(s)       Surfact       Surfact <td>A</td> <th>mended r</th> <td>return</td> <td>City or town, state or province, country, and ZIP or foreign postal code</td> <td>F Group E</td> <td>xemption</td> <td></td>	A	mended r	return	City or town, state or province, country, and ZIP or foreign postal code	F Group E	xemption	
Website:         • www.gladdeninglight.org         required to attach Schedule B           J Tax-exempt status (check only one).         Strot(a)         strot(a)         strot(b)	_ A	pplication	n pending	Winter Park, FL 32789	Number	►	
J Tax-exempt status (check only one) - be stories       isoties	G A	Accounti	ing Method:	X Cash Accrual Other (specify) ►	H Check►	if the o	organization is <b>not</b>
K       Form of organization:       □ Corporation       □ Trust       □ Association       □ Other         L       Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets       > \$ 99,35         Part II.       Check if the organization: used Schedule O to respond to any question in this Part!       > \$ 99,35         I       Contributions, grits, grants, and similar amounts received       1       2 61,225         3       Membership dues and assessments       2       61,225         4       Investment income       3       4         5       Goss amount from sale of assets other than inventory       5       5         6       Garning and fundraising events       5       5         6       Garning and fundraising events       6       5         6       Garning and fundraising events (not including S       of contributions       6         7       Gross sales of inventory. less returns and allowards shisting events (add) lines 6a and 6b and subtract       6d         7       Gross sales of inventory. less returns and allowards shisting events       6d         8       Otos prote or litos. Sincome from garning and fundraising events       6d         9       9.9.35       9       9.3.5.0       7b         7 <td< td=""><td>IV</td><th>Vebsite</th><td>e: ►<u>www.</u></td><td>gladdeninglight.org</td><td>required to a</td><td>ttach Sch</td><td>edule B</td></td<>	IV	Vebsite	e: ► <u>www.</u>	gladdeninglight.org	required to a	ttach Sch	edule B
L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 insead of Form 990-EZ (Part II, column (B) below) are \$500,000 or more, file Form 990 insead of Form 990-EZ (Part II, column (B) below) are \$500,000 or more, file Form 990 insead of Form 990-EZ (Part II, column (B) below) are \$500,000 or more, file Form 990 insead of Form 990-EZ (Part II, column (B) below) are \$500,000 or more, or if total assets or Part I Balances (see the instructions for Part I) (Part II, column (B) below) are \$500,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, or if total assets or Part I Balances (see the instructions for Part I) (Part II, column (B) below) are \$500,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, or interval (Part III, column (B) below) are \$500,000 or total assets (Part III, column (B) below) are \$500,000 or total assets (	JI	Tax-exe	empt status (	check only one) - 🕱 501(c)(3) 🗌 501(c)( ) ◀ (insert no.) 🗌 4947(a)(1) or 🗌 527	(Form 990, 9	90-EZ, o	r 990-PF).
(Part II. column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	ΚF	Form of	organization:	☐ Corporation ☐ Trust			
Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)         Check if the organization used Schedule O to respond to any question in this Part I       Image: Contributions, gifts, grants, and similar amounts received       Image: Contributions, gifts, grants, and similar amounts, grants, grants, amount, grants, and similar amounts, g	LA	Add line	s 5b, 6c, and 7	b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if tot	al assets		
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9000000000000000000000000000000000000			Check if t	he organization used Schedule O to respond to any question in this Part I			<b>x</b>
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9000000000000000000000000000000000000		2	Program ser	vice revenue including government fees and contracts	[	2	61,254
Sa       Gross amount from sale of assets other than inventory       Sa       Sa         b       Less: cost or other basis and sales expenses       Sb       Sc         c       Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)       Sc         a       Gross income from gaming (attach Schedule G if greater than st 15,000)       6a       of contributions         b       Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)       6b       6c         c       Less: cost of goods sold       6a       6d         7       Gross sales of inventory, less returns and allowances       7a       7c         8       Other revenue (describe in Schedule 0)       8       9         9       Total revenue. Add lines 1, 2, 3, 4, 5c, 8d, 7c, and 8       9       99, 35         10       Grants and similar amounts paid (list in Schedule 0)       10       5, 200         11       12       12       13       4, 47         12       Professional fees and dheing numbers       11       12         13       Professional fees and dheing not numbers       14       15, 2, 28         14       15, 2, 28       15       1, 70       16		3	Membership	dues and assessments	[	3	
Sa       Gross amount from sale of assets other than inventory       Sa       Sa         b       Less: cost or other basis and sales expenses       Sb       Sc         c       Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)       Sc         a       Gross income from gaming (attach Schedule G if greater than st15,000)       6a       of contributions         b       Gross income from fundraising events (not including \$ of contributions from fundraising events (not including \$ of contributions       of contributions         from fundraising events reported on line 1) (attach Schedule & if the sum of such gross income and contributions exceeds \$15,000)       6b       6d         c       Less: cost of goods sold       6d       6d         7a       Gross sales of inventory, less returns and allowances       7a         b       Less: cost of goods sold       7b       7c         8       Other revenue (describe in Schedule O)       8       9         9       Total revenue. Add lines 1, 2, 3, 4, 5c, 8d, 7c, and 8       9       99, 35         10       Grants and similar amounts paid (list in Schedule O)       10       5, 20         11       12       13       4, 47         12       13       14, 15, 28         13       Professional lees and other payments to indepen		4	Investment ir	Icome	[	4	
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6       Gaming and fundraising events       6a         a       Gross income from gaming (attach Schedule G if greater than \$15,000)       6a       of contributions         b       Gross income from fundraising events (not including S       of contributions       of contributions         c       Less: direct expenses from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)       6c       6d         7a       Gross profit or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)       6d       7c         7a       Gross sales of inventory, less returns and allowances       7a       7c         8       Other revenue (describe in Schedule O)       8       9         9       Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8       9       9       9, 35         10       Grants and similar amounts paid (list in Schedule O)       10       5, 00         11       Easiries, other compensation, and employee benefits       12         12       Salaries, other compensation, and employee benefits       12         13       4, 47       14       15, 28         14       15, 1, 70       15       1, 70         15       Professional fees and other payments to independent contractors       13       4, 47         14       15, 28		b	Less: cost or	other basis and sales expenses			
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St15,000)       6a         b Gross income from fundraising events (not including \$		6	Gaming and	fundraising events			
sum of such gross incorp and contributions exceeds \$15,000       6b         c       Less: direct expenses from gaming and fundraising events       6c         d       Net income or (loss) from gaming and fundraising events       6d         7a       Gross sales of inventory, less returns and allowances       7a         b       Less: cost of goods sold       7b         c       Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)       7c         8       Other revenue (describe in Schedule 0)       8         9       Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8       9       9 99, 35         10       Grants and similar amounts paid (list in Schedule 0)       10       5,000         11       12       Salaries, other compensation, and employee benefits       12         12       Salaries, other compensation, and employee benefits       12       13         13       Professional fees and other payments to independent contractors       13       4,47         14       Occupancy, rent, utilities, and maintenance       14       15       1,70         14       Description for the year (Subtract line 17 from line 9)       18       (8,82         19       Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's r		a	Gross incom	e from gaming (attach Schedule G if greater than			
sum of such gross incorp and contributions exceeds \$15,000       6b         c       Less: direct expenses from gaming and fundraising events       6c         d       Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)       6d         7a       Gross sales of inventory, less returns and allowances       7a         b       Less: cost of goods sold       7b         c       Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)       7c         8       Other revenue (describe in Schedule 0)       8         9       Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8       9       99, 35         10       Grants and similar amounts paid (list in Schedule O)       10       5,000         11       11       11       12         12       Salaries, other compensation, and employee benefits       12       13         13       Professional fees and other payments to independent contractors       13       4,47         14       Occupancy, rent, utilities, and maintenance       14       15,200         14       Description schedule O)       16       81,71         17       Total expenses. Add lines 10 through 16       14       15,22         18       Printing, publications, postage, and shipping       15	ne		\$15,000)	6a			
sum of such gross incorp and contributions exceeds \$15,000       6b         c       Less: direct expenses from gaming and fundraising events       6c         d       Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)       6d         7a       Gross sales of inventory, less returns and allowances       7a         b       Less: cost of goods sold       7b         c       Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)       7c         8       Other revenue (describe in Schedule 0)       8         9       Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8       9       99, 35         10       Grants and similar amounts paid (list in Schedule O)       10       5,000         11       11       11       12         12       Salaries, other compensation, and employee benefits       12       13         13       Professional fees and other payments to independent contractors       13       4,47         14       Occupancy, rent, utilities, and maintenance       14       15,200         14       Description schedule O)       16       81,71         17       Total expenses. Add lines 10 through 16       14       15,22         18       Printing, publications, postage, and shipping       15	ven	b	Gross incom	e from fundraising events (not including \$ of contribut	ions		
c       Less: direct expenses from gaming and fundraising events       6c         d       Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)       6d         7a       Gross sales of inventory, less returns and allowances       7a         b       Less: cost of goods sold       7b         c       Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)       7c         8       Other revenue (describe in Schedule O)       7c         9       Total revenue, Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8       9         9       Total revenue, Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8       10         11       5,00       11         12       Salaries, other compensation, and employee benefits       12         13       Professional fees and other payments to independent contractors       13       4,47         14       15,28       17,70       16       15       1,70         16       81,71       7t       108,18       18       (8,82         18       Excess or (deficit) for the year (Subtract line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)       18       (8,82         19       Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year'	Re		from fundrais	ing events reported on line 1) (attach Schedule G if the			
c       Less: direct expenses from gaming and fundraising events       6c         d       Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)       6d         7a       Gross sales of inventory, less returns and allowances       7a         b       Less: cost of goods sold       7b         c       Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)       7c         8       Other revenue (describe in Schedule O)       7c         9       Total revenue, Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8       9         9       Total revenue, Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8       11         12       Salaries, other compensation, and employee benefits       12         13       Professional fees and other payments to independent contractors       13       4, 47         14       15, 28       15       1,70         16       Other expenses (describe in Schedule O)       16       81,71         17       Total expenses. Add lines 10 through 16       17       10       5,28         18       Excess or (deficit) for the year (Subtract line 9)       15       1,70         18       Excess or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)       19       3,60			sum of such	gross income and contributions exceeds \$15,000) 6b			
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7a       Gross sales of inventory, less returns and allowances       7a         b       Less: cost of goods sold       7b         c       Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)       7c         8       Other revenue (describe in Schedule O)       8         9       Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8       9         10       Grants and similar amounts paid (list in Schedule O)       10         11       12         2       Salaries, other compensation, and employee benefits       11         12       Salaries, other compensation, and employee benefits       12         13       Professional fees and other payments to independent contractors       14       15,28         15       Printing, publications, postage, and shipping       15       1,70         16       Other expenses (describe in Schedule O)       16       81,71         17       Total expenses. Add lines 10 through 16       17       1008,18         18       Excess or (deficit) for the year (Subtract line 17 from line 9)       18       (8,82         19       Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)       19       3,60         20       Other changes in net assets or fund						6d	
b Less: cost of goods sold       7b         c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)       7c         8 Other revenue (describe in Schedule O)       8         9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8       9         10 Grants and similar amounts paid (list in Schedule O)       10         11 Benefits paid to or for members       11         12 Salaries, other compensation, and employee benefits       12         13 Professional fees and other payments to independent contractors       13       4,47         14 Occupancy, rent, utilities, and maintenance       14       15,20         15 Printing, publications, postage, and shipping       15       1,70         16 Other expenses. Add lines 10 through 16       17       1008,18         18 Excess or (deficit) for the year (Subtract line 17 from line 9)       18       (8,82         19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)       19       3,60         20 Other changes in net assets or fund balances (explain in Schedule O)       20       20       20		7a					
c       Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)       7c         8       Other revenue (describe in Schedule O)       8         9       Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8       9       9       9, 35         10       Grants and similar amounts paid (list in Schedule O)       10       5,00         11       Benefits paid to or for members       11         12       Salaries, other compensation, and employee benefits       12         13       Professional fees and other payments to independent contractors       13       4,47         14       15,28       15       Printing, publications, postage, and shipping       15       1,70         16       Other expenses (describe in Schedule O)       16       81,71         17       Total expenses. Add lines 10 through 16       17       108,18         18       Excess or (deficit) for the year (Subtract line 17 from line 9)       18       (8,82         19       Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's retum)       19       3,60         20       Other changes in net assets or fund balances (explain in Schedule O)       20       20         21       (5,22       14       15,22       15,22     <							
8       Other revenue (describe in Schedule O)       8         9       Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8       9       99, 35         10       Grants and similar amounts paid (list in Schedule O)       10       5,00         11       Benefits paid to or for members       11         12       Salaries, other compensation, and employee benefits       12         13       Professional fees and other payments to independent contractors       13       4,47         14       15,28       15       1,70         16       Other expenses (describe in Schedule O)       16       81,71         17       Total expenses. Add lines 10 through 16       17       108,18         18       Excess or (deficit) for the year (Subtract line 17 from line 9)       18       (8,82         19       Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's retum)       19       3,60         20       Other changes in net assets or fund balances (explain in Schedule O)       20       20         21       (5,22       21       (5,22		с	Gross profit			7c	
9       Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8       9       99, 35         10       Grants and similar amounts paid (list in Schedule O)       10       5,00         11       Benefits paid to or for members       11         12       Salaries, other compensation, and employee benefits       12         13       Professional fees and other payments to independent contractors       13       4,47         14       Occupancy, rent, utilities, and maintenance       14       15,28         15       Printing, publications, postage, and shipping       15       1,70         16       Other expenses (describe in Schedule O)       16       81,71         17       Total expenses. Add lines 10 through 16       17       108,18         18       Excess or (deficit) for the year (Subtract line 17 from line 9)       18       (8,82         19       Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's retum)       19       3,60         20       Other changes in net assets or fund balances (explain in Schedule O)       20       20         21       Net assets or fund balances at end of year. Combine lines 18 through 20       21       (5,22		8			[	8	
See10Grants and similar amounts paid (list in Schedule O)105,0011Benefits paid to or for members1112Salaries, other compensation, and employee benefits1213Professional fees and other payments to independent contractors134,4714Occupancy, rent, utilities, and maintenance1415,2815Printing, publications, postage, and shipping151,7016Other expenses (describe in Schedule O)1681,7117Total expenses. Add lines 10 through 1617108,1818Excess or (deficit) for the year (Subtract line 17 from line 9)18(8,8219Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's retum)193,6020Other changes in net assets or fund balances (explain in Schedule O)2021(5,22		9	Total reven	<b>Je.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	•	9	99,354
11       Benefits paid to or for members       11         12       Salaries, other compensation, and employee benefits       12         13       Professional fees and other payments to independent contractors       13       4,47         14       Occupancy, rent, utilities, and maintenance       14       15,28         15       Printing, publications, postage, and shipping       15       1,70         16       Other expenses (describe in Schedule O)       16       81,71         17       Total expenses. Add lines 10 through 16       17       108,18         18       Excess or (deficit) for the year (Subtract line 17 from line 9)       18       (8,82         19       Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's retum)       19       3,60         20       Other changes in net assets or fund balances (explain in Schedule O)       20       20         21       (5,22       21       (5,22		10				10	5,000
12       Salaries, other compensation, and employee benefits       12         13       Professional fees and other payments to independent contractors       13       4,47         14       Occupancy, rent, utilities, and maintenance       14       15,28         15       Printing, publications, postage, and shipping       15       1,70         16       Other expenses (describe in Schedule O)       16       81,71         17       Total expenses. Add lines 10 through 16       17       108,18         18       Excess or (deficit) for the year (Subtract line 17 from line 9)       18       (8,82         19       Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)       19       3,60         20       Other changes in net assets or fund balances (explain in Schedule O)       20       20         21       (5,22       (5,22		11			[	11	· · · · ·
13       Professional fees and other payments to independent contractors       13       4,47         14       Occupancy, rent, utilities, and maintenance       14       15,28         15       Printing, publications, postage, and shipping       15       1,70         16       Other expenses (describe in Schedule O)       16       81,71         17       Total expenses. Add lines 10 through 16       17       108,18         18       Excess or (deficit) for the year (Subtract line 17 from line 9)       18       (8,82         19       Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's retum)       19       3,60         20       Other changes in net assets or fund balances (explain in Schedule O)       20       20         21       Net assets or fund balances at end of year. Combine lines 18 through 20       21       (5,22		12			[	12	
16       Other expenses (describe in Schedule O)       16       81,71         17       Total expenses. Add lines 10 through 16       17       108,18         18       Excess or (deficit) for the year (Subtract line 17 from line 9)       18       (8,82         19       Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's retum)       19       3,60         20       Other changes in net assets or fund balances (explain in Schedule O)       20       20         21       Net assets or fund balances at end of year. Combine lines 18 through 20       21       (5,22	ses	13			[	13	4,479
16       Other expenses (describe in Schedule O)       16       81,71         17       Total expenses. Add lines 10 through 16       17       108,18         18       Excess or (deficit) for the year (Subtract line 17 from line 9)       18       (8,82         19       Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's retum)       19       3,60         20       Other changes in net assets or fund balances (explain in Schedule O)       20       20         21       Net assets or fund balances at end of year. Combine lines 18 through 20       21       (5,22	pen	14	Occupancy,	rent, utilities, and maintenance	[	14	15,280
16       Other expenses (describe in Schedule O)       16       81,71         17       Total expenses. Add lines 10 through 16       17       108,18         18       Excess or (deficit) for the year (Subtract line 17 from line 9)       18       (8,82         19       Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's retum)       19       3,60         20       Other changes in net assets or fund balances (explain in Schedule O)       20       20         21       Net assets or fund balances at end of year. Combine lines 18 through 20       21       (5,22)	Щ	15			[	15	1,707
17       Total expenses. Add lines 10 through 16       17       108,18         18       Excess or (deficit) for the year (Subtract line 17 from line 9)       18       (8,82         19       Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's retum)       19       3,60         20       Other changes in net assets or fund balances (explain in Schedule O)       20       20         21       Net assets or fund balances at end of year. Combine lines 18 through 20       21       (5,22)		16	Other expension	es (describe in Schedule O)	[	16	81,715
18       Excess or (deficit) for the year (Subtract line 17 from line 9)       18       (8,82         19       Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)       19       3,60         20       Other changes in net assets or fund balances (explain in Schedule O)       20       20         21       Net assets or fund balances at end of year. Combine lines 18 through 20       21       (5,22)		17			► 「	17	108,181
19       Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's retum)       19       3,60         20       Other changes in net assets or fund balances (explain in Schedule O)       20       20         21       Net assets or fund balances at end of year. Combine lines 18 through 20       21       21		18	Excess or (d	eficit) for the year (Subtract line 17 from line 9)		18	(8,827)
21 Net assets or fund balances at end of year. Combine lines 18 through 20	ets	19					· · · · · ·
21 Net assets or fund balances at end of year. Combine lines 18 through 20	Ass					19	3,602
21 Net assets or fund balances at end of year. Combine lines 18 through 20	et /	20	-		-	20	<u>.</u>
	z		-		-		(5,225)
For Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2015	For						Form <b>990-EZ</b> (2015)

Form 990-EZ (2015)	GladdeningLight, Inc.			30-0	)5184	<b>480</b> Page <b>2</b>
Part II Balan	ce Sheets (see the instructions for Part II)					_
Check i	f the organization used Schedule O to respond to	any question in this Pa	rt II			X
				(A) Beginning of year		(B) End of year
22 Cash, savings, ar	nd investments			8,731	22	3,220
23 Land and building	gs			0	23	0
24 Other assets (de	scribe in Schedule O)			794	24	416
25 Total assets				9,525	25	3,636
26 Total liabilities	(describe in Schedule O)		[	5,923	26	8,861
27 Net assets or fu	Ind balances (line 27 of column (B) must agree	with line 21)	[	3,602	27	(5,225)
Part III State	ement of Program Service Accomplis	shments (see the ins	structions for Pa			
	if the organization used Schedule O to respond to	•				Expenses
	ion's primary exempt purpose? Education	<i>,</i> ,				uired for section
-					501(	c)(3) and 501(c)(4)
as measured by expe	ation's program service accomplishments for each enses. In a clear and concise manner, describe the nd other relevant information for each program title	e services provided, the		,	orga othe	nizations; optional for s.)
· · ·	the nexus of faith and art th					
	ested conferences and religious	<i>.</i>	an			
-	th disciplines.	prigrimage, opt	511			
(Grants \$		cludes foreign grants, ch	beck here		28a	94,375
<u>(Granits φ</u>	) it this amount inc	riddes foreign granis, cr	leck liele .		200	94,375
29						
(0,						
(Grants \$	) If this amount inc	cludes foreign grants, ch	neck here .	🕨 📋	29a	
30						
(Grants \$	) If this amount inc	cludes foreign grants, ch	neck here .	▶ []	30a	
31 Other program se	ervices (describe in Schedule O)			<u>.</u> .		
(Grants \$	) If this amount inc	cludes foreign grants, ch	neck here	▶ 🔲	31a	
32 Total program s	service expenses (add lines 28a through 31a)	<u></u>			32	94,375
Part IV List of	f Officers, Directors, Trustees, and Key Emplo	oyees (list each one ev	en if not comp	ensated - see the inst	ructio	ns for Part IV)
Check	if the organization used Schedule O to respond to	o any question in this P	art IV			🗌
		(b) Average	(c) Reportable	(d) Health benefits	i,	
	(a) Name and title	hours per week	compensation		-	(e) Estimated amount of other compensation
		devoted to position	(Forms W-2/1099- (if not paid, ent			other compensation
Randall B Robe	ertson		· · · /			
President		0.00		o	o	0
Nestor De Arma		P				
Treasurer		0.00		0	0	0
Perry Nies						•
Secretary		0.00		0	_	0
Martha Porter		0.00		•		U
Director		0.00		0	0	0
Director		0.00		0		0

Form 9	990-EZ (2015) GladdeningLight, Inc. 30-05184	<b>180</b>	F	Page 3
Pa	t V Other Information (Note the Schedule A and personal benefit contract statement requirements in the			
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V			. 🗌
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			
	detailed description of each activity in Schedule O	33		Х
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	change on Schedule O (see instructions)	34		Х
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		Х
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		Х
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			
	during the year? If "Yes," complete applicable parts of Schedule N	36		Х
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a			
	Did the organization file <b>Form 1120-POL</b> for this year?	37b		Х
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were	0110		
00 u	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	X	
h	If "Yes," complete Schedule L, Part II and enter the total amount involved	000		
39	Section 501(c)(7) organizations. Enter:	-		
a	Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities	-		
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	-		
40 a	section 4911 ► ; section 4912 ► ; section 4955 ►			
h	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
U				
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year	406		v
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed			
	on organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958			
a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
_	40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	40-		37
	transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed			
42 a	The organization's books are in care of  Randall B Robertson Telephone no.  407-6		963	
	Located at ► 1350 College Point, Winter Park, FL ZIP + 4 ► 32789	1		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		X
	If "Yes," enter the name of the foreign country:			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
	Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		X
	If "Yes," enter the name of the foreign country:			_
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here	•••	►	
	and enter the amount of tax-exempt interest received or accrued during the tax year			
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	44b	<u> </u>	X
	Did the organization receive any payments for indoor tanning services during the year?	44c		Х
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
	explanation in Schedule O	44d		
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			
	Form 990-EZ (see instructions)	45b		X

Form 9	90-EZ (20	15) GladdeningLight	, Inc.			30-0518	8480	F	Page 4
								Yes	No
46		organization engage, directly or indirectly,		ities on behalf of or in op	position				37
Par		lidates for public office? If "Yes," complete				• • • • • •	46		Х
Par		Section 501(c)(3) organizations All section 501(c)(3) organizations		ions 17-10h and 52	and comple	to the table	as for li	noc	
		50 and 51.		10113 47 -430 and 32	, and comple		53 101 11	1103	
		Check if the organization used Sc	hedule O to respond	to any question in	this Part VI				
		oneek in the organization used of				• • • • • •		Yes	· 🗌 No
47	Did the	organization engage in lobbying activities	or have a section 501(h)	election in effect during the	ne tax			163	NO
				-			47		
48	•	organization a school as described in section					48		Х
49a		organization make any transfers to an exe		•			49a		- 21
b		" was the related organization a section 52		· · · · · · · · · · · · · · · ·			49b		
50		ete this table for the organization's five highe	-						L
		ees) who each received more than \$100,00				-			
					(d) Health ben				
		(a) Name and title of each employee	(b) Average hours per week	(c) Reportable compensation	contributions to e	mployee (e	e) Estimate		
			devoted to position	(Forms W-2/1099-MISC)	benefit plans, and compensat		other co	mpensat	lon
NONE	2								
									-
f	Total n	umber of other employees paid over \$100,0	000►						
51	Comple	ete this table for the organization's five highe	st compensated independ	ent contractors who eacl	n received more	than			
	\$100,0	00 of compensation from the organization.	If there is none, enter "Nor	ne."					
	(2)	Name and business address of each independent contr	actor	(b) Type of servi	20	(c) (c)	ompensatio	n	
	(4)					(0) 00	Shipensatio		
NONE	3								
		umber of other independent contractors eac	0 , ,						
52		organization complete Schedule A? Note.	()()				57		
		ted Schedule A					X Yes		No
	-	s of perjury, I declare that I have examined this re		-		my knowledge	and belie	f, it is	
true, c	orrect, ar	nd complete. Declaration of preparer (other than	officer) is based on all inform	ation of which preparer has	any knowledge.				
<b>C</b> :	_	Randall B Robertson           Signature of officer			Date	05-09-20	016		
Sigr					Date				
Here	e	Randall B Robertson, Pre	sident						
		Print/Type preparer's name	Preparer's signature	Date			PTIN		
			Preparer's signature		Chec				
Paid		David Holland		05-06-2	010		XXXXXX	XX	
Prepa		Firm's name  Holland and Rei			Firm's EIN	•			
Use (	Only	Firm's address <b>601 North Fern</b>							
		Orlando FL 3280			Phone no.	407-894	_		
May	the IRS	discuss this return with the preparer shown	above? See instructions				Yes		No
EEA							Form <b>99</b>	90-EZ	(2015

### **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section

(Form 990 or 990-EZ) 2015 4947(a)(1) nonexempt charitable trust. Open to Public Attach to Form 990 or Form 990-EZ. Department of the Treasury Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Inspection Internal Revenue Service Name of the organization Employer identification number GladdeningLight, Inc. 30-0518480 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the 4 hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 Χ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 11 one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving а the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. **b Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d 🗌 Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. е 🗌 Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . . . . . . . f . . . . . . . . . . . . . . . . . Provide the following information about the supported organization(s). a (vi) Amount of (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (described on lines 1-9 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D)

OMB No. 1545-0047

(E)

Total

Sched	ule A (Form 990 or 990-EZ) 2015 Glad	deningLight,	Inc.			30-0518480	Page <b>2</b>
Pa	rt II Support Schedule for Org						
	(Complete only if you chec	ked the box on	line 5, 7, or 8 c	of Part I or if the	e organization f	failed to qualify	under
	Part III. If the organization	ails to qualify u	nder the tests	listed below, pl	ease complete	Part III.)	
	tion A. Public Support		1	1	1	1	
Caler	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2011	<b>(b)</b> 2012	(c) 2013	<b>(d)</b> 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	12,550	27,420	24,748	42,450	38,100	145,268
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	12,550	27,420	24,748	42,450	38,100	145,268
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						123,945
6	Public support. Subtract line 5 from line 4						21,323
	tion B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	<b>(f)</b> Total
7 8	Amounts from line 4	12,550	27,420	24,748	42,450	38,100	145,268
9	Net income from unrelated business activities, whether or not the business is regularly carried on			5			
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10 .						145,268
12	Gross receipts from related activities, etc. (s	see instructions) .			•••••	12	
13	First five years. If the Form 990 is for the o organization, check this box and stop here						▶□
Sec	tion C. Computation of Public Su				1	1	
14	Public support percentage for 2015 (line 6, o				F		4.68 %
15	Public support percentage from 2014 Sched				-		0.00 %
16a	33 1/3% support test - 2015. If the organiz						
_	box and stop here. The organization qualifier						▶⊔
b	33 1/3% support test - 2014. If the organiz						E T
	check this box and <b>stop here.</b> The organiza					. <b></b> .	▶ 🛛
17a		•					
	10% or more, and if the organization meets				• •		
	Part VI how the organization meets the "fac		-	•			
h	organization						••••
b	15 is 10% or more, and if the organization n	-					
	Explain in Part VI how the organization mee				-	lv.	
	supported organization			-			
18	Private foundation. If the organization did						••••
	instructions						▶□
EEA						Schedule A (Form 9	
						•	•

		deningLight,				30-0518480	Page 3
Pa	art III Support Schedule for Org						
	(Complete only if you check			•			art II.
	If the organization fails to q	ualify under the	e tests listed b	elow, please c	omplete Part II.		
	ction A. Public Support		[	[	1		
Cale	endar year (or fiscal year beginning in) ►	<b>(a)</b> 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513 .						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support.         (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6						()
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b		•				
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the orgonization, check this box and stop here			•			
Sec	ction C. Computation of Public Su						
15	Public support percentage for 2015 (line 8, co	.,		))		15	%
16	Public support percentage from 2014 Schedu					16	%
-	ction D. Computation of Investmen						
17	Investment income percentage for 2015 (line	.,	•	( ) )		17	%
18	Investment income percentage from 2014 Scl					18	%
19a	<b>33 1/3% support tests - 2015.</b> If the organiz 17 is not more than 33 1/3%, check this box a						► 🗌
b	<b>33 1/3% support tests - 2014.</b> If the organiz line 18 is not more than 33 1/3%, check this b	oox and stop here.	. The organization	qualifies as a publ	icly supported orgar		► 🔲
20	Private foundation. If the organization did no	ot check a box on l	line 14, 19a, or 19b	, check this box a	nd see instructions		▶ 📋

	e A (Form 990 or 990-EZ) 2015     GladdeningLight, Inc.     30-05       t IV     Supporting Organizations	18480	Р	age
	(Complete only if you checked a box in line 11 of Part I. If you checked 11a of Part I, complete and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete	, complet	е	
ecti	ion A. All Supporting Organizations		X	
1	Are all of the organization's supported organizations listed by name in the organization's governing		Yes	N
•	documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported	1		
	organization was described in section 509(a)(1) or (2).	2		
a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answe	r		
	(b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and	k		
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(E			
	purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
la	Was any supported organization not organized in the United States ("foreign supported organization")? If	4-		
h	"Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
с	Did the organization support any foreign supported organization that does not have an IRS determination	40		
Č	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section $170(c)(2)(B)$			
	purposes.	4c		
a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;			
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action	n		
	was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
5	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited			
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
,	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI.</b>	6		
,	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section $4958(c)(3)(C)$ ), a family member of a substantial contributor, or a 35% controlled entity with			
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
3	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
,	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
a	Was the organization controlled directly or indirectly at any time during the tax year by one or more	Ū		
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b		
с	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
0a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			
	determine whether the organization had excess business holdings.)	10b		

	Ile A (Form 990 or 990-EZ) 2015         GladdeningLight, Inc.         30-051848	0	F	Page 5
Pa	t IV Supporting Organizations (continued)		-	-
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> . tion <b>B. Type I Supporting Organizations</b>	11c		
Jec	ion B. Type Toupporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		103	
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
000			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		100	
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
		-		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
800	supported organizations played in this regard. tion E. Type III Functionally-Integrated Supporting Organizations	3		
<u>3ec</u> 1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstruct	tions	
a	The organization satisfied the Activities Test. Complete <b>line 2</b> below.	1011 00	lionoj	
b	The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity	(see in	struct	ions)
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
_	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	0Ŀ		
2	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <b>Answer (a) and (b) below.</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	trustees of each of the supported organizations? Provide details in <b>Part VI.</b>	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
b	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		
FEA	Schedule & /		- 000 E7	7) 2015

Page 5

0 Page	30-0518			ichedule A (Form 990 or 990-EZ) 2015 GladdeningLight, Inc.
				Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org
uctions. All	1970. See in:	n Nov. 20, 1	ust o	1 Check here if the organization satisfied the Integral Part Test as a qualifying the
	through E.	Sections A th	lete S	other Type III non-functionally integrated supporting organizations must comp
(B) Current Year (optional)	ior Year	(A) Pric		Section A - Adjusted Net Income
			1	1 Net short-term capital gain
			2	2 Recoveries of prior-year distributions
			3	3 Other gross income (see instructions)
			4	4 Add lines 1 through 3
			5	5 Depreciation and depletion
				6 Portion of operating expenses paid or incurred for production or
				collection of gross income or for management, conservation, or
			6	maintenance of property held for production of income (see instructions)
			7	7 Other expenses (see instructions)
			8	8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)
(B) Current Year (optional)	ior Year	(A) Pric		ection B - Minimum Asset Amount
				1 Aggregate fair market value of all non-exempt-use assets (see
				instructions for short tax year or assets held for part of year):
			1a	a Average monthly value of securities
			1b	b Average monthly cash balances
			1c	c Fair market value of other non-exempt-use assets
			1d	d Total (add lines 1a, 1b, and 1c)
				e Discount claimed for blockage or other
				factors (explain in detail in Part VI):
			2	2 Acquisition indebtedness applicable to non-exempt-use assets
	-		3	3 Subtract line 2 from line 1d
				4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,
			4	see instructions).
			5	5 Net value of non-exempt-use assets (subtract line 4 from line 3)
			6	6 Multiply line 5 by .035
			7	7 Recoveries of prior-year distributions
			8	8 Minimum Asset Amount (add line 7 to line 6)
Current Year				ection C - Distributable Amount
			1	
			2	
			3	
			4	5
			5	
			6	
anization (see	III supporting	ated Type II	ntegr	7 Check here if the current year is the organization's first as a non-functionally-in
	III supporting	ated Type II	1 2 3 4 5 6	<ul> <li>Section C - Distributable Amount</li> <li>1 Adjusted net income for prior year (from Section A, line 8, Column A)</li> <li>2 Enter 85% of line 1</li> <li>3 Minimum asset amount for prior year (from Section B, line 8, Column A)</li> <li>4 Enter greater of line 2 or line 3</li> <li>5 Income tax imposed in prior year</li> <li>6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)</li> </ul>

	t V Type III Non-Functionally Integrated 509(a)(3 tion D - Distributions	, supporting organi		Current Year
		Current rear		
1 2				
2	Amounts paid to perform activity that directly furthers exempt	pulposes of supported		
2	organizations, in excess of income from activity	a of automorted argonizat	iono	
3	Administrative expenses paid to accomplish exempt purposes	s of supported organizat	IONS	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	Total annual distributions. Add lines 1 through 6.	· ,· ·	•	
8	Distributions to attentive supported organizations to which the	e organization is respons	sive	
_	(provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount	1		
S	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
а				
b				
С				
d	From 2013			
	From 2014			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
-	Applied to 2015 distributable amount			
	Carryover from 2010 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section			
•	D, line 7: \$			
а	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if			
5	any. Subtract lines 3g and 4a from line 2 (if amount			
6	greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
_	instructions).			
7	Excess distributions carryover to 2016. Add lines 3j			
~	and 4c.			
8	Breakdown of line 7:			
a				
b				
	Excess from 2013			
d	Excess from 2014			
е	Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015 Page 8 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part Part VI III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) EEA Schedule A (Form 990 or 990-EZ) 2015

#### Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

# **Schedule of Contributors**

OMB No. 1545-0047

2015

Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

Na	me	of	the	org	anizati	ion
<b>a</b> 1	- 4	4.		- ~T	i aht	-

Employer identification numbe
30-0518480

Graddenringhrgne,	THC	• •
Organization type (check	one)	):

Filers of:	Section:
Form 990 or 990-EZ	501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	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. Do not 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 is not covered by the General Rule and/or the Special Rules does not 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 does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. EEA

Schedule B (Form 990,	990-EZ, (	or 990-PF)	(2015)
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Name of organization

Page 2 Employer identification number

GladdeningLight, Inc.

30-0518480

Part I	Contributors (see instructions). Use duplicate copies of	Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>   1    </u>	Randall B Robertson 1350 College Point Winter Park, FL 32789	\$38,000	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) 	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

SCHEDULE L		т	ransactio	ns With In	tereste	ed Pers	ons			L	OMB N	o. 1545-	0047
(Form 990 or 990-EZ)	► Comp	blete if the org	anization answe 28b, or 28c,	ered "Yes" on F of Form 990-E				27, 28a	l,		2	015	)
Department of the Treasury	► Inform	ation about S		tach to Form 99			ic of your ire	aovifo	rm00(		Open Inspe	To Pu	ıblic
Internal Revenue Service Name of the organization			chedule L (Forn	11 990 01 990-E2	.) and its ii			/er ident				clion	
GladdeningLight	Inc.						30-0	5184	80				
		ransactions	s (section 501(	c)(3), section 5	501(c)(4),	and 501(				).			
			nswered "Yes"	, , , ,		•			• •		line 4	l0b.	
1 (a) Name of disc			(b) Relationship bet	ween disqualified per	son and				-41			(d) Cor	rected?
1 (a) Name of disc	qualified person		0	rganization			(c) Description	of transa	ction			Yes	No
(1)													
(2)													
(2)													
(3)													
2 Enter the amoun	t of tax incu	rred by the orga	anization manage	ers or disqualifie	d persons o	during the y	ear						
under section 49									▶ \$	6			
3 Enter the amoun	t of tax, if an	ıy, on line 2, ab	ove, reimbursed	by the organizat	ion				► \$	6			
			sted Persons.			1 1		Devit	N7 15-	- 00			
			nswered "Yes" Int on Form 99				a or Form 990,	Part	IV, III	ie 26;	OF IT I	ne	
										a			
(a) Name of interested p		(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the	(e) Or principal		(f) Balance due	(g) In c	default?		proved ard or	(i) W	ritten ment?
			loan	organization?							nittee?	-9.00	
				To From				Yes	No	Yes	No	Yes	No
-			General										
(1) Randall Rob	pertsonP	resident	operations	X		20,000	5,077	7	X	X			Х
(2)													
(2)													
(3)													
(4)													
(5)	•												
Total				<u> </u>		. ► \$	5,077	7					
			iting Intereste										
Compl	lete if the c	organization a	answered "Yes	on Form 990	, Part IV,	line 27.							
(a) Name of interested	d person		nip between interested	d (c) Amount o	f assistance	(d) T	ype of assistance		(€	e) Purpos	se of ass	sistance	
		person a	nd the organization										
(1)													
(2)													
(3)													
(4)													
(5)													
(5) For Paperwork Reduc	tion Act No	tice see the l	nstructions for	Form 900 or 00	0-F7				Schedul	e L (For	m 900 ~	r 000-E	7) 2015
EEA								-	Jinouul	- (i'0l	330 0	. 555-64	_, _013

Schedule L (Form 990 or 990-EZ) 2015 GladdeningLight, I	nc
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	rm 990 or 990-EZ) 2015 GladdeningLig			30-0518480	F	Page 2
Part IV	Business Transactions Involv					
	Complete if the organization an (a) Name of interested person	(b) Relationship between interested person and the organization	0, Part IV, line 28a (c) Amount of transaction	, 28D, OF 28C. (d) Description of transaction	<b>(e)</b> Sha organiza reven	ation's
		organization			Yes	No
(1)						
(2)						
(3)						
(4)						
(5)						
Part V	Supplemental Information Provide additional information for	or responses to questions	on Schedule L (see	e instructions).		

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

## Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

2015 Open to Public Inspection

OMB No. 1545-0047

30-0518480

#### Name of the organization GladdeningLight, Inc.

01. List of grants and similar amounts paid (Part I, line 10)					
Activity	Exhibit underwriting				
Grantee	Cornell Fine Arts Museum				
Street	1000 Holt Avenue				
City, State, Zip	Winter Park, FL 32789				
Relationship	None				
Amount	5,000				
02. Description of other expen	ases (Part I, line 16)				
Description	Amount				
Depreciation from 4562	378				
Advertising	15,339				
Bank charges	750				
Event activities	52,584				
Dues and subscriptions	917				
Licenses and permits	136				
Meals and entertainment	1,643				
Supplies	876				
Telephone	1,028				
Travel and meetings	8,064				
03. Description of other asset	s (Part II, line 24)				
Category	Beginning of Year End	of Year			
Furniture and equipment	794	416			

Schedule O (Form 990 or 990-EZ) (2015)		Page 2
Name of the organization		Employer identification number
GladdeningLight, Inc.		30-0518480
04. Description of total liabili	ties (Part II, line 26)	
Category	Beginning of Year	End of Year
	begimning of feat	End of Teat
Loan from officer	5,077	5,077
Credit card payable	846	3,784
	010	5,761

Form	4562				nd Amorti				OMB No. 1545-0172
			(Including	Information	n on Listed I	Property)			2015
Departr	nent of the Treasury			Attach to y	our tax return.				Attachment
	Revenue Service (99)	<ul> <li>Information al</li> </ul>	oout Form 456	2 and its separa	te instructions is	at www.irs.go	v/form45	62.	Sequence No. 179
Name(s	s) shown on return			Bu	siness or activity to whi	ch this form relates			Identifying number
Gla	ddeningLi	ght, Inc.			FORM 990	EZ - 1			30-0518480
Par	t I Election	To Expense	Certain Pro	perty Under	Section 179				
	Note: If y	ou have any listed	property, comp	olete Part V befor	e you complete P	art I.			
1	Maximum amount (	see instructions)						1	
2	Total cost of sectio	n 179 property pla	ced in service (	see instructions)				2	
3	Threshold cost of s	ection 179 propert	y before reduct	ion in limitation (s	ee instructions)			3	
4	Reduction in limitat	ion. Subtract line 3	from line 2. If z	ero or less, enter	-0			4	
5	Dollar limitation for	tax year. Subtract	line 4 from line	1. If zero or less,	enter -0 If marrie	ed filing			
	separately, see ins	ructions		<u></u>		<u></u>		5	
6		(a) Description of prope	erty	(b)	Cost (business use on	ly) (c) Ele	ected cost		
7	Listed property. En	ter the amount fron	n line 29			7			
8	Total elected cost	of section 179 prop	erty. Add amou	unts in column (c)	, lines 6 and 7			8	
9	Tentative deductio	n. Enter the <b>small</b>	<b>er</b> of line 5 or li	ne8				9	
10	Carryover of disalle	owed deduction fro	m line 13 of you	ur 2014 Form 456	2		•••	10	
11	Business income li						· · -	11	
12	Section 179 expen	se deduction. Add	ines 9 and 10,	but do not enter r	nore than line 11		•••	12	
13	Carryover of disalle					13			
	Do not use Part II								
Par							listed prop	perty.	) (See instructions.)
14	Special depreciation	n allowance for qu	alified property	(other than listed	property) placed i	n service			
	during the tax year	. ,					F	14	
15	Property subject to	section 168(f)(1) e	election				•••	15	
16	Other depreciation						•••	16	
Par		6 Depreciation	1 (Do not incl			ons.)			
				Secti					200
17	MACRS deduction				-		•••	17	378
18	If you are electing								
	asset accounts, ch							0	· · · · ·
	Sec	tion B - Assets P		(c) Basis for deprecia		ne General Dep	preclation	i Sysi	lem
	(a) Classification of p		placed in	(business/investment	use (d) Recovery	(e) Convention	(f) Meth	bd	(g) Depreciation deduction
10.0	2 year property		service	only-see instruction	s) pendu				
<u>19a</u> b	3-year property 5-year property								
	, , , ,								
 d	7-year property 10-year property								
e	15-year property								
f	20-year property		-						
	25-year property				25 yrs.		S/L		
	Residential rental		, 		27.5 yrs	MM	S/L		
	property				27.5 yrs		S/L		
i	Nonresidential real				39 yrs.	MM	S/L		
•	property				00 910.	MM	S/L		
	, , ,	ion C - Assets Pla	aced in Servic	e During 2015 T	ax Year Using th		1		/stem
20a	Class life			- 2010 T			S/L		
<u>20a</u> b	12-year				12 yrs.		S/L		
	40-year				40 yrs.	MM	S/L		
Par		ary (See instruction	ons.)		10 913.		0/1		1
21	Listed property. Er							21	
22	Total. Add amount			7. lines 19 and 2	0 in column (a) a	nd line 21. Ente	er		
-	here and on the ap		-					22	378
23	For assets shown a							-	
-	portion of the basis					23			
									Form <b>4E62</b> (2015)

Form	8879-	ΕO
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### **IRS e-file Signature Authorization** for an Exempt Organization

OMB No. 1545-1878

	For calendar year 2015, or fiscal year beginning	, and ending our records.	2015
Department of the Treasury Internal Revenue Service	Information about Form 8879-EO and its instructions i	s at www.irs.gov/form8879eo.	
Name of exempt organization		Employer identifi	cation number
GladdeningLight,	Inc.	30-051848	0
Name and title of officer			
Randall B Roberts	on, President		
Part I Type of R	eturn and Return Information (Whole Dollars Onl	y)	
Check the box for the return	n for which you are using this Form 8879-EO and enter the applic	cable amount, if any, from the return. I	lf you
check the box on line 1a, 2	a, 3a, 4a, or 5a, below, and the amount on that line for the return I	being filed with this form was blank, th	nen
leave line 1b, 2b, 3b, 4b, o	<b>5b</b> , whichever is applicable, blank (do not enter -0-). But, if you	entered -0- on the return, then enter -	·0- on
the applicable line below.	o not complete more than 1 line in Part I.		

	Form 990 check here <b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12)	
2a	Form 990-EZ check here <b>b</b> Total revenue, if any (Form 990-EZ, line 9)	<b>99,</b> 354
3a	Form 1120-POL check here <b>b</b> Total tax (Form 1120-POL, line 22)	
4a	Form 990-PF check here <b>b</b> Tax based on investment income (Form 990-PF, Part VI, line 5) 4b	
5a	Form 8868 check here <b>b</b> Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	

#### **Declaration and Signature Authorization of Officer** Part II

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2015 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the retum or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this retum, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal. Officer's PIN: check one box only

X I authorize Holland and Reilly ERO firm name	to enter my PIN _55455 as my signature Enter five numbers, but do not enter all zeros
<ul> <li>on the organization's tax year 2015 electronically filed return. If I have being filed with a state agency(ies) regulating charities as part of the ERO to enter my PIN on the return's disclosure consent screen.</li> <li>As an officer of the organization, I will enter my PIN as my signature of the indicated within this return that a copy of the return is being filed within this return that a copy of the return is being filed within the state agency (ies) regulating charities as part of the organization.</li> </ul>	the IRS Fed/State program, I also authorize the aforementioned re on the organization's tax year 2015 electronically filed return.
the IRS Fed/State program, I will enter my PIN on the return's disc	
Officer's signature	Date > 05-09-2016
Part III Certification and Authentication	
ERO's EFIN/PIN. Enter your six-digit electronic filing identification	
number (EFIN) followed by your five-digit self-selected PIN.	XXXXXX 55455
	do not enter all zeros
I certify that the above numeric entry is my PIN, which is my signature on the indicated above. I confirm that I am submitting this return in accordance with Information for Authorized IRS e-file Providers for Business Returns.	
ERO's signature	Date ► 05-06-2016

#### ERO Must Retain This Form - See Instructions Do Not Submit This Form To the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see instructions.

Form 8879-EO (2015)

EEA

Form 990	Schec	Schedule A, Line 5 - Excess 2% Limitation Contributors	- Excess 2%	Limitation Col	ntributors			
Worksheet								2015
			(Keep for your records)	cords)				
Name of the organization			•				Employer identification number	tion number
GladdeningLight, Inc.	• 0						30-0518480	
2% of the amount on Schedule A, Part II, line 11, column (f)	Part II, line 11, column (f)	• • • • • •				• • • • • •		2,905
	(a)	(q)		(c)	(d)	(e)	(J)	(6)
Name	2011	2012		2013	2014	2015	Total	Excess contributions
								(col. (f) minus
								the 2% limitation)
Randall B Robertson			25,600	22,000	41,250	38,000	126,850	123,945
Total		2,						123,945