Form **990-EZ**

Department of the Treasury

Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

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

OMB No. 1545-1150 2018

▶ Do not enter social security numbers on this form as it may be made public. ▶ Go to www.irs.gov/Form990EZ for instructions and the latest information. Open to Public Inspection

Α	For the 2	2018 calenda	ar year, or tax year beginning , 2018, and	dending		, ,	20
В	B Check if applicable:		C Name of organization		D Emplo	yer identific	ation number
	Address ch	ange	GladdeningLight, Inc.		30-	-0518480	
	Name char	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite E Telep					
	Initial return	n					
	Final return	/terminated	1350 College Point		(40	07)647-3	963
	Amended r	eturn	City or town, state or province, country, and ZIP or foreign postal code		F Group	Exemption	
П	Application	pending	Winter Park, FL 32789		Numbe	er ▶	
G		ng Method:	☐ Cash ☐ Accrual Other (specify) ►	Н			ganization is not
	Website	•	gladdeninglight.org			attach Sche	
			check only one) -	or 527	•	990-EZ, or	
			Corporation Trust Association Other	02.	(1 0 000)		
		-	7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or r	nore or if total	assets		
			\$500,000 or more, file Form 990 instead of Form 990-EZ			▶ \$	145,393
<u> </u>	art I		e, Expenses, and Changes in Net Assets or Fund Balar		<u> </u>	ne for Part	
•	arti		the organization used Schedule O to respond to any question in the				
	1					1	
	1		s, gifts, grants, and similar amounts received				73,613
	2	_	vice revenue including government fees and contracts			2	71,780
	3		dues and assessments			3	
	4		ncome	1		4	
			nt from sale of assets other than inventory			-	
			r other basis and sales expenses				
	С	Gain or (loss	s) from sale of assets other than inventory (Subtract line 5b from line 5a).			5c	
	6	Gaming and					
	а	Gross incom	ne from gaming (attach Schedule G if greater than				
J.		\$15,000) .					
Revenue	b	Gross incom	ne from fundraising events (not including \$	of contribution	ns		
æ		from fundrais	sing events reported on line 1) (attach Schedule G if the				
		sum of such	gross income and contributions exceeds \$15,000) 6b	,			
	С	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 subt	ract			
		line 6c.)	• • • • • • • • • • • • • • • • • • • •			6d	
	7a	Gross sales	of inventory, less returns and allowances	. [
	b	Less: cost of	f goods sold)			
	1		or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c	
	8	•	ue (describe in Schedule O)			8	
	9		ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			9	145,393
_	10		similar amounts paid (list in Schedule O)			10	2,500
	11		d to or for members			11	2,555
	12		er compensation, and employee benefits			12	
es	13		fees and other payments to independent contractors			13	1,870
Expenses			rent, utilities, and maintenance			14	
Ä	14						227
ш	15		lications, postage, and shipping			15	392
	16		ses (describe in Schedule O)			16	102,311
_	17		uses. Add lines 10 through 16			17	107,300
Ø	18		leficit) for the year (Subtract line 17 from line 9)		• • • • •	18	38,093
Net Assets	19		or fund balances at beginning of year (from line 27, column (A)) (must agree			40	
As		•	figure reported on prior year's retum)			19	(9,004)
Net		_	es in net assets or fund balances (explain in Schedule O)			20	
_	21	Net assets of	or fund balances at end of year. Combine lines 18 through 20		▶	21	29,089

	m 990-EZ (2018) GladdeningLight, Inc.			30-	05184	180 Page 2
Pa	Balance Sheets (see the instructions for Part II)					
	Check if the organization used Schedule O to res	pond to any question				<u>X</u>
			_ `	A) Beginning of year		(B) End of year
	Cash, savings, and investments			8,188		39,969
	Land and buildings			0	23	0
	Other assets (describe in Schedule O)			2,712	24	151
	Total assets			10,900	25	40,120
	Total liabilities (describe in Schedule O)			19,904		11,031
	Net assets or fund balances (line 27 of column (B) must agree	•		(9,004) 27	29,089
P	Statement of Program Service Accomplishme	•		· —		Expenses
\//b	Check if the organization used Schedule O to res	spond to any questic	on in this Part	III <u>.</u>	(Req	uired for section
vvn	at is the organization's primary exempt purpose? Education				501(c)(3) and 501(c)(4)
as r	scribe the organization's program service accomplishments for each measured by expenses. In a clear and concise manner, describe the sons benefited, and other relevant information for each program title	e services provided, the	•		orgar other	nizations; optional for
28	Explore transcendent elements of art thru	hosted				
	conferences, exhibits, public performance, re	etreat & pilgra	mage			
	- open to all faith disciplines					
	(Grants \$) If this amount inc	cludes foreign grants, cl	heck here	▶ □	28a	84,958
29						
	(Grants \$) If this amount inc	cludes foreign grants, cl	heck here	▶ □	29a	
30						
	(Grants \$) If this amount inc	cludes foreign grants, cl	neck here	▶ □	30a	
31	Other program services (describe in Schedule O)					
	· · · · · · · · · · · · · · · · · · ·	cludes foreign grants, cl			31a	
	Total program service expenses (add lines 28a through 31a).				32	84,958
Pa	Art IV List of Officers, Directors, Trustees, and Key Emplo	• ,		ensated - see the ins	struction	ns for Part IV)
	Check if the organization used Schedule O to respond to	to any question in this P	art IV		· · · ·	
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-N (if not paid, enter	· / · · · ·	nployee	(e) Estimated amount of other compensation
Rai	ndall B Robertson					
Pre	esident	30.00		o	o	0
Dar	vid Holland					
Tre	easurer	0.00		o	o	0
Pe	rry Nies					
Sec	cretary	0.00		0	0	0
Ela	aine Johnson					
Di	rector	0.00		o	0	0
Ki	rk Squires					
Di	rector	0.00		0	0	0

30-0518480 Page 3 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		X
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		X
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		X
	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule Q	35b		
С	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		X
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		X
	Enter amount of political expenditures, direct or indirect, as described in the instructions			7.7
	Did the organization file Form 1120-POL for this year?	37b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			3.5
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
	If "Yes," complete Schedule L, Part II and enter the total amount involved	_		
39	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on line 9	_		
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► ; section 4912 ► ; section 4955 ►			
h	section 4911 ►; section 4912 ►; section 4955 ► Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
, i	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year			
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part.I	40b		Х
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	700		21
·	on organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
	40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T	40e		Х
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	47-3	963	
	Located at ▶ 1350 College Point, Winter Park, FL ZIP+4 ▶ 32789			
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		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		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
44 -	Did the executation maintain any dense of fined funds during the coars If IIV-s II Forms 000 south a		Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be	44-		v
L	completed instead of Form 990-EZ	44a		X
α	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	11h		v
_	completed instead of Form 990-EZ	44b 44c		X
	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	440		Λ
u	explanation in Schedule O	44d		
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	44u 45a		Х
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the	Ja		21
J	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		Х

Form 9	990-EZ (201	8) GladdeningLight, Inc.				30-05	18480	F	Page 4
								Yes	No
46		organization engage, directly or indirectly, in					40		V
Par		idates for public office? If "Yes," complete S Section 501(c)(3) Organizations Or			••		46		X
ı aı		All section 501(c)(3) organizations		ons 47 - 49b and 52	and com	plete the t	ables for	lines	
		50 and 51.			_,	p.0100			
	(Check if the organization used Sch	edule O to respond	to any question in t	his Part VI				
								Yes	No
47		organization engage in lobbying activities or	` '	•	e tax				
	-	"Yes," complete Schedule C, Part II					47		
48		rganization a school as described in section				•	48		X
49a		organization make any transfers to an exem		=			49a 49b		
50		' was the related organization a section 527 te this table for the organization's five highest	-			s and key	490		
30		es) who each received more than \$100,000				-			
-				(c) Reportable	(d) Health b				
		(a) Name and title of each employee	(b) Average hours per week	compensation	contributions to benefit plans, a	' '	(e) Estimate other cor		
			devoted to position	(Forms W-2/1099-MISC)	compen				
NON	IE								
	Tatala		0						
f 51		umber of other employees paid over \$100,00 te this table for the organization's five highest		ent contractors who each	received mor	e than			
31		00 of compensation from the organization. If			received moi	e triair			
	-		·						
	(a)	Name and business address of each independent contract	ctor	(b) Type of service	е	(c) Compensatio	n 	
	_								
NON	IE								
	T-1-1	on home of other to do not an extra other contra							
d 52		Imber of other independent contractors each organization complete Schedule A? Note: I	•						
52		red Schedule A				•	X Yes	П	No
Unde		of perjury, I declare that I have examined this retu			and to the best	of my knowle			
true, c	correct, an	d complete. Declaration of preparer (other than of	fficer) is based on all informa	ation of which preparer has a	any knowledge.	•	_		
		Randy Robertson							
Sigr		Signature of officer			Date				
Here	e	Randy Robertson, President							
		Type or print name and title Print/Type preparer's name P	renaral signature -	Date		, 🔽	PTIN		
Paid	1		reparer signature			neck X if		17	
	a parer	David S Holland Firm's name ► Holland & Reilly	June 1. SM	06-28-201	9 Se		P002788	41	
	Only	Firm's address • 601 North Fern Creek	Ste 200		FIIIISEI	· ·			
	~···y	Orlando FL 32803	. 5.0 200		Phone no	o. 407-8	94-6803		
May	the IRS o	discuss this return with the preparer shown a	bove? See instructions			>	Yes	X	No
EEA							Form 99	0-EZ	(2018)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

2018
Open to Public

OMB No. 1545-0047

Internal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection
Name of the organization
Employer identification number

Open to Public Inspection

GladdeningLight, Inc. 30-0518480 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 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.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. **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. 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. e 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 Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of other support (see (described on lines 1-10 listed in your governing support (see above (see instructions)) document? instructions) instructions) Yes (A) (B) (C) (D) (E) Total

30-0518480 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	42,450	38,100	45,350	29,370	73,613	228,883
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	42,450	38,100	45,350	29,370	73,613	228,883
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)						199,272
6	Public support. Subtract line 5 from line 4						29,611
	tion B. Total Support ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(a) 2016	(4) 2017	(a) 2018	(f) Total
		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 8	Amounts from line 4	42,450	38,100	45,350	29,370	73,613	228,883
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10 .						228,883
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	
13	First five years. If the Form 990 is for the corganization, check this box and stop here	·					▶□
	tion C. Computation of Public Su	• •	_	`			
14	Public support percentage for 2018 (line 6, c			•			12.94 %
15	Public support percentage from 2017 Schedu						15.43 %
16a	33 1/3% support test - 2018. If the organization qualifi			•	•		
h	box and stop here. The organization qualifi 33 1/3% support test - 2017. If the organiz						
b	this box and stop here. The organization qu						► □
17a	10%-facts-and-circumstances test - 2018	•					🗀
174	10% or more, and if the organization meets	_					
	Part VI how the organization meets the "fact				-		
	organization						▶ □
b	10%-facts-and-circumstances test - 2017						,
	15 is 10% or more, and if the organization n	_					
	Explain in Part VI how the organization meet					clv	
	supported organization			-		-	▶ □
18	Private foundation. If the organization did						
	instructions						▶ 🏻

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	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						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
	endar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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						
b	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 or organization, check this box and stop here.						▶ □
Se	ction C. Computation of Public Sup	•					
15	Public support percentage for 2018 (line 8, co						%
16	Public support percentage from 2017 Schedul					16	%
	ction D. Computation of Investmen						
17	Investment income percentage for 2018 (line						%
18	Investment income percentage from 2017 Sc	·					%
19a	33 1/3% support tests - 2018. If the organiz 17 is not more than 33 1/3%, check this box	ation did not che and stop here.	eck the box on line The organization q	14, and line 15 is i ualifies as a public	more than 33 1/3% ly supported orgar	s, and line nization	▶ □
b	33 1/3% support tests - 2017. If the organiz line 18 is not more than 33 1/3%, check this						▶ □
20	Private foundation. If the organization did n	ot check a box of	on line 14, 19a, or 1	9b, check this box	and see instruction	ons	▶ □

Part IV Supportin

Supporting Organizations

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

Section A. All Supporting Organizations

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

1 2 3a 3b 3c 4a 4b 4c 4c 5a 5b 5c 6 6 7 8 8 9a 9b 9c 10a 10b			Yes	No
2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b			162	NO
2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c				
3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b		1		
3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b				
3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b		2		
3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b		32		
3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b		Ja		
3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b		3b		
4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b				
4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b		3с		
4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b		4a		
4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b				
5a 5b 5c 6 7 8 9a 9b 9c 10a 10b		4b		
5a 5b 5c 6 7 8 9a 9b 9c 10a 10b				
5b 5c 6 7 8 9a 9b 9c 10a 10b		4c		
5b 5c 6 7 8 9a 9b 9c 10a 10b				
5c 6 7 8 9a 9b 9c 10a 10b		5a		
5c 6 7 8 9a 9b 9c 10a 10b				
6 7 8 9a 9b 9c 10a 10b				
7 8 9a 9b 9c 10a 10b		3C		
9a 9b 9c 10a		6		
9a 9b 9c 10a				
9a 9b 9c 10a		7		
9a 9b 9c 10a		0		
9b 9c 10a		8		
9c 10a		9a		
9c 10a		9h		
10a		35		
10b		9с		
10b				
		10a		
		10b		
A (FOITH 990 OF 990-EZ) 2018	A (Fo		or 990-E	EZ) 2018

Sched	ule A (Form 990 or 990-E2) 2018 GladdeningLight, Inc. 30-051848	<u>) </u>	P	age
Pa	rt IV Supporting Organizations (continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		162	INC
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
u	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
_	organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part</i>			
	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 Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
<u> </u>	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	NU
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
•				
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
	the organization maintained a close and continuous working relationship with the supported organization(s).			
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations	notruo	tional	`
ı a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i The organization satisfied the Activities Test. Complete line 2 below.	nsu uc	uons	
a b				
C		(see ir	struci	tions
2	Activities Test. Answer (a) and (b) below.	(000 11	Yes	No
	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? <i>If "Yes," then in Part VI identify</i>			
	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 Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

30-0518480

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	ganiz	ations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust o	on Nov. 20, 1970 (explai	in in Part VI). See
	instructions. All other Type III non-functionally integrated supporting organization	zations	s must complete Section	ns A through E.
C	tion A. Adirected Not Income		(A) Drien Veen	(B) Current Year
Sec	tion A - Adjusted Net Income		(A) Prior Year	(optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	llection of gross income or for management, conservation, or			
	aintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
				(B) Current Year
Sec	tion B - Minimum Asset Amount		(A) Prior Year	(optional)
1	Aggregate fair market value of all non-exempt-use assets (see			(0)
	structions for short tax year or assets held for part of year):			
	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other	1.4		
	actors (explain in detail in Part VI):			
	Acquisition indebtedness applicable to non-exempt-use assets	2		
	Subtract line 2 from line 1d.	3		
	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,	+		
	e instructions).	4		
5		5		
	Multiply line 5 by .035.	6		
	Recoveries of prior-year distributions	7		
- /8	Minimum Asset Amount (add line 7 to line 6)	8		
	Millimum Asset Amount (add line 7 to line 0)	- 6		
Sec	tion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
en	nergency temporary reduction (see instructions).	6		
	Check here if the current year is the organization's first as a non-functionally	integr	ated Type III supporting	organization (see

EEA

instructions).

Schedule A (Form 99	90 or 990-EZ) 2018	GladdeningLight,	Inc.	30-05	18480 P	2age 7
Part V	Type III Non-Fu	unctionally Integrate	d 509(a)(3) Supporting Organizations (continued)		
Section D - I	Distributions				Current Yea	r

Amounts paid to supported organizations to accomplish exempt purposes 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets **5** Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI). See instructions. 7 Total annual distributions. Add lines 1 through 6.

Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.

Distributable amount for 2018 from Section C, line 6

10 Line 8 amount divided by Line 9 amount

10	Line 8 amount divided by Line 9 amount			
\$	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
_	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2014			
b	Excess from 2015			
С	Excess from 2016			
d	Excess from 2017			
е	Excess from 2018			
EEA			Sched	ule A (Form 990 or 990-EZ) 2018

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

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

Schedule of Contributors

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

2018

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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

Name of the organization
GladdeningLight, Inc.
Organization type (check one):

Employer identification number 30-0518480

organization type (erreen erre).		
Filers of:	Section:	
Form 990 or 990-EZ	∑ 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not 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	
	ered by the General Rule or a Special Rule. B), or (10) organization can check boxes for both the General Rule and a Special Rule. See	
instructions.		
General Rule		
	Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 perty) from any one contributor. Complete Parts I and II. See instructions for determining a utions.	
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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.		
contributor, during the ye contributions totaled more during the year for an exception of the contributions and the contributions of the contribution of the contribut	ibed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one sar, contributions exclusively for religious, charitable, etc., purposes, but no such than \$1,000. If this box is checked, enter here the total contributions that were received clusively religious, charitable, etc., purpose. Don't complete any of the parts unless the this organization because it received nonexclusively religious, charitable, etc., contributions uring the year	
Caution: An organization that ion	at covered by the Coperal Pule and/or the Special Pules deep t file Schedule B (Form 000	

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

Name of organization Employer identification number 30-0518480

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (d) (a) (b) (c) Νo. **Total contributions** Type of contribution Name, address, and ZIP + 4 Person 1 Randall B Robertson Payroll Noncash 70,000 1350 College Point (Complete Part II for noncash contributions.) Winter Park, FL 32789 (d) (b) (c) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** No. Type of contribution Person Pavroll Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Pavroll Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.)

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.

GladdeningLight, Inc. 30-0518480

01. List of grants and similar amounts paid (Part I, line 10)			
Activity	Program support		
Grantee	Bach Festival		
Street	1000 Holt Avenue		
City, State, Zip	Winter Park, FL 32789		
Relationship	None		
Amount	2,500		
02. Description of other expenses	(Part I, line 16)		
Description	Amount		
Depreciation from 4562	61		
Advertising	28,120		
Bank and merchant fees	1,791		
Event activities	64,993		
Dues and subscriptions	175		
Licenses and permits	136		
Meals and entertainment	718		
Supplies	899		
Telephone	2,703		
Technology	2,565		
Travel and meetings	150		
03. Description of other assets (Part II, line 24)			
Category	Beginning of Year End of Year		

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

Business or activity to which this form relates

Department of the Treasury Internal Revenue Service (99)

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

Attachment Sequence No. 179

OMB No. 1545-0172

FORM 990EZ - 1 30-0518480 GladdeningLight, Inc. **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 1 1 2 Total cost of section 179 property placed in service (see instructions) 2 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 3 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing 6 (a) Description of property (b) Cost (business use only) 7 Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 9 9 10 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 11 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 Carryover of disallowed deduction to 2019. Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions 15 Property subject to section 168(f)(1) election 15 Other depreciation (including ACRS) 16 MACRS Depreciation (Don't include listed property. See instructions.) 17 MACRS deductions for assets placed in service in tax years beginning before 2018 61 If you are electing to group any assets placed in service during the tax year into one or more general Section B - Assets Placed in Service During 2018 Tax Year Using the General Depreciation System (c) Basis for depreciation (b) Month and year (business/investment use (a) Classification of property placed in (e) Convention (f) Method (g) Depreciation deduction service only-see instructions) 19a 3-year property b 5-year property С 7-year property d 10-year property e 15-year property 20-year property 25-year property 25 yrs. Residential rental S/I 27.5 yrs. MM property 27.5 yrs. MM S/I 39 yrs. MM S/L Nonresidential real MM property Section C - Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System 20a Class life S/L 12-year 12 yrs. S/L 30-year 30 yrs. MM S/L С d 40-year MM S/L Part IV Summary (See instructions.) Listed property. Enter amount from line 28 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions 61 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs 23