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DLN: 93492258002321

OMB No 1545-1150

Open to Public Inspection

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 black lung benefit trust or private foundation) Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

▶ The organization may have to use a copy of this return to satisfy state reporting requirements For the 2010 calendar year, or tax year beginning 01-01-2010 and ending 12-31-2010 Check if applicable **C** Name of organization D Employer identification number Innerlight Biological Research Address change 31-1816384 Name change Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number 16390 Dia Del Sol Initial return Terminated City or town, state or country, and ZIP + 4 F Group Exemption Amended return Valley Center, CA 92082 Number 🕨 Application pending I Website:▶ H Check ► If the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Check ▶ If the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return

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 (Part II, line 25, column (B) below) are \$500,000 or

Pa	rt I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the Ins	structions fo	
	1	Check if the organization used Schedule O to respond to any question in this Part I	· · ·	
	2	Program service revenue including government fees and contracts	2	<u>, , , , , , , , , , , , , , , , , , , </u>
	3	Membership dues and assessments	3	
	4	Investment income	. 4	
	5a	Gross amount from sale of assets other than inventory	-	
<u>o</u>	ь	Less cost or other basis and sales expenses 5b		
Revenue		Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
Š	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)		
	ь	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 exceed \$15,000)		
	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 subtract line 6c	:) 6d	
	7a	Gross sales of inventory, less returns and allowances		
	b	Less cost of goods sold		
	С	Gross profit or (loss) from sales of inventory (Subtract line 7 b from line 7 a)	. 7c	
	8	Other revenue (describe in Schedule O)	8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	10,000
	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	
Š.	13	Professional fees and other payments to independent contractors	. 13	
Expenses	14	Occupancy, rent, utilities, and maintenance	. 14	3,000
÷	15	Printing, publications, postage, and shipping	15	2,463
	16	Other expenses (describe in Schedule O)	16	4,537
	17	Total expenses. Add lines 10 through 16	17	10,000
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	. 18	
NetAssets	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with		
ą,		end-of-year figure reported on prior year's return)	19	
Š	20	Other changes in net assets or fund balances (explain in Schedule O)	. 20	
	21	Net assets or fund balances at end of year Combine lines 18 through 20	21	

Part II Balance Sheets Check if the organization us	ed Schedule O to respond to	any question in t	:hıs Pa	rt II		
	uctions for Part II)	, ,		Beginning of year	I	(B) End of year
·	actions for Fare II ,		۱۹,		22	(B) Elia or year
22 Cash, savings, and investments 23 Land and buildings					23	
24 Other assets (describe in Schedule	0,				24	
25 Total assets	0)	•			25	
26 Total liabilities (describe in Schedu					26	
•	,	th line 21)			27	
27 Net assets or fund balances (line 27 Part III Statement of Program	n Service Accomplish	•	<u> </u>		7 27	Expenses
	ed Schedule O to respond to		this Pa	rt III .	(Re	quired for section 501
What is the organization's primary exem				•		(3) and 501(c)(4)
Nutritional Research and Education					- 494	anızatıons and sectıon 47(a)(1) trusts,
Describe what was achieved in carrying describe the services provided, the num						ional for others)
program title	ber of persons benefited, and	other relevant in	TOTTILAL	ion for each		
28 Provided Nutritional Education to Ger						
(Grants \$) If	this amount includes foreign	grants, check he	re .	▶┌	28a	0
29						
(Grants \$)	this amount includes foreign	grants, check he	re .	▶ ┌	29a	
30						
(Grants \$) If	this amount includes foreign	grants, check he	re .	▶ ┌	30a	
31 O ther program services (describe in 5				· · ·		
	this amount includes foreign				31a	
32 Total program service expenses (add Part IV List of Officers, Directors, 1	lines 28a through 31a) . Frustees, and Key Employees.				32	os for Part TV)
	ed Schedule O to respond to				-	
	(b) Title and average	(c) Compensa		(d) Contribution	s to	(e) Expense
(a) Name and address	hours per week	(If not paid	-	employee benefit p		
Robert O Vounz	devoted to position	enter -0))	deferred compens	ation	other allowances
Robert O Young 16390 Dia Del Sol			_		_	
Valley Center, CA 92082	President 1		0		0	0
GL III B.V						
Shelley R Young 16390 Dia Del Sol						
Valley Center, CA 92082	Vice President 0		0		0	0

Pa		her Information (Note the statement requirements in the instructions for eck if the organization used Schedule O to respond to any question in this Part V .	· —			
	CIR	eck if the organization used Schedule O to respond to any question in this Part V			Yes	No
33		anization engage in any activity not previously reported to the IRS? If "Yes," provide and of each activity in Schedule O	a detailed	33		No
34	Were any s of the ame	ignificant changes made to the organizing or governing documents? If "Yes," attach a nded documents if they reflect a change to the organization's name Otherwise, explain O (see instructions)		34		No
35	others), bu	nization had income from business activities, such as those reported on lines 2, 6a, an t not reported on Form 990-T, explain in Schedule O why the organization did not repo T				
а	_	anization have unrelated business gross income of \$1,000 or more or was it a section 01(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requ		35a		No
b	If "Yes," ha	as it filed a tax return on Form 990-T for this year? (see instructions)		35b		
36		anization undergo a liquidation, dissolution, termination, or significant disposition of ne f "Yes," complete applicable parts of Schedule N		36		No
37a	Enter amount	t of political expenditures, direct or indirect, as described in the instructions 🕨 📗 37a				
b	Did the org	anization file Form 1120-POL for this year?		37b		No
38a	Did the org	anization borrow from, or make any loans to, any officer, director, trustee, or key emplo	oyee or were			
	any such lo	pans made in a prior year and still outstanding at the end of the tax year covered by thi	ıs return?	38a		No
b	If "Yes," co	omplete Schedule L, Part II and enter the total amount involved . 38b				
39	Section 501	(c)(7) organizations. Enter				
а	Initiation fe	ees and capital contributions included on line 9				
b	Gross rece	ipts, included on line 9, for public use of club facilities 39b				
40a	Section 501	(c)(3) organizations. Enter amount of tax imposed on the organization during the year u	nder			
	section 4911	▶, section 4912 ▶, section 4955 ▶				
	transactior reported or	E(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 exc in during the year or did it engage in an excess benefit transaction in a prior year that he in any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	as not been • •	40b		No
_		d persons during the year under sections 4912, 4955, and 4958	_			
d		1(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the	1e			
	transaction	tions. At any time during the tax year, was the organization a party to a prohibited tax in Pif"Yes," complete Form 8886-T		40e		No
41		s with which a copy of this return is filed 🕨 <u>CA</u>				
42a	The organ	ızatıon's books are ın care of ▶ Robert O Young	Telephone no 🕨	• <u>(76</u>	0)751	-8321
	Located at	16390 Dia Del Sol Valley Center, CA	ZIP + 4 🕨	► _ 92	2082	
Ь	At any time	e during the calendar year, did the organization have an interest in or a signature or oth	ner authority			
		ncial account in a foreign country (such as a bank account, securities account, or othe	r financial 🕞	42b	Yes	No No
		nter the name of the foreign country 🕒				
	See the ins	structions for exceptions and filing requirements for Form TD F 90-22.1, Report of Forei	gn Bank and			
c		e during the calendar year, did the organization maintain an office outside of the U S ?		42c		No
	If "Yes," en	nter the name of the foreign country				
		47(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041— Check l ne amount of tax-exempt interest received or accrued during the tax year	here	•		▶ 「
44a	Dıd the org	anızatıon maıntaın any donor advısed funds? <i>If "Yes", Form 990 must be completed ınst</i> o	ead of		Yes	No
	Form 990-E	Z.	Γ	44a		No
b	_	anization operate one or more hospital facilities during the year? <i>If 'Yes,' Form 990 mus</i> Form990-EZ	, i	44b		No
c	Dıd the org	anization receive any payments for indoor tanning services during the year?		110		N -
d	If 'Yes' to l	line 44c, has the organization filed a Form 720 to report these payments? <i>If 'No,' provid</i>	-	44c		No

Form 990-EZ (2010)						Page
					Yes	No
Is any related organization a controlle 'Yes,' Form 990 and Schedule R must be	•	_	section 512(b)(13)? <i>If</i>	45		Νo
5a Did the organization receive any payr meaning of section 512(b)(13)? <i>If</i> 'Ye	•	45a		No		
Did the organization engage, directly candidates for public office? If "Yes,"	ehalf of or in opposition to	46		No		
Part VI Section 501(c)(3) orga	nizations and section	n 4947(a)(1) non	exempt charitable tr		nlv.	NO
All section 501(c)(3) organ 47-49b and 52.			-		-	stion
Check if the organization used	1 Schedule O to respond to	o any question in this P	art V I	<u></u>	. Yes	No
17 Did the organization engage in lobbyii	ng activities? If "Yes." cor	mplete Schedule C. Par	t II	47		No
18 Is the organization a school describe	_	48		Νo		
49a Did the organization make any transfe				49a		Νo
b If "Yes," was the related organization	a section 527 organizatio	on?		49b		
50 Complete this table for the organization employees) who each received more to						
	(b) Title and average	sation from the organiza	(d) Contributions to) Exper	ns e
(a) Name and address of each employee paid more than \$100,000	hours per week devoted to position	(c) Compensation	employee benefit plans & deferred compensation	ac	count a rallowa	and
NONE						
50(f) Total number of other employees pa	ııd over \$100,000			<u> </u>		
					+10	
51 Complete this table for the organization of compensation from the organization			actors who each received r	nore tha	an \$100	0,000
(a) Name and address of each indepe	ndent contractor paid more	e than \$100,000	(b) Type of service	(c) C	ompen	sation
NONE						
51(d) Total number of other independent of	-	·				
52 Did the organization complete Sche must attach a completed Schedule		1 501(c)(3 • • •				
Jnder penalties of perjury, I declare that I have	e evamined this return incl	iding acco				
mowledge and belief, it is true, correct, and co						
5						

Signature of officer						
Sign Signature of officer						
Sign Here Robert O Young President Type or print name and title Preparer's	Dat					
Sign Here Signature of officer Robert O Young President Type or print name and title Preparer's signature June Asisi		te 11-09-15				
Preparer's signature (or yours Card and C of self-employed), Signature of officer Robert O Young President Type or print name and title Preparer's signature June Asisi Card and C of self-employed),						
Signature of officer Robert O Young President Type or print name and title Preparer's signature June Asisi Preparer's Firm's name (or yours & Card and C	Company Financial LLC					

Employer identification number

OMB No 1545-0047

Open to Public Inspection

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

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

Public Charity Status and Public Support

Attach to Form 990 or Form 990-EZ. See separate instructions.

Name of the organization Innerlight Biological Research

31-1816384

	rt I			ıblic Charity Sta						nstruct	ions		
The	organı	ızatıon ıs	not a priva	te foundation becaus	eıtıs (Forl	ınes 1 thro	ugh 11, check	only one l	box)				
1	Γ	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).											
2	Γ	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)											
3	Γ	A hosp	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).										
4	Γ	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											
5	Γ			erated for the benefit (A)(iv). (Complete P		or univers	ity owned or o	perated by	a governmen	ıtal unıt	describe	ed in	
6	_			· local government or		al unit dec	cribed in secti	on 170(h)/	(1)(A)(y)				
7	<u>'</u>			at normally receives	-					from the	general	nublic	
	'	describ	ed ın	(A)(vi) (Complete P		ar part or its	s support from	a governii	ientar unit or	irom the	general	public	•
8	Γ	A comn	nunity trust	: described in section	170(b)(1)(A)(vi) (Co	mplete Part II	:)					
9	V	An orga	anızatıon th	at normally receives	(1) more th	an 331/3%	of its support	from cont	rıbutıons, mer	mbership	fees, a	nd gro	SS
		receipt	s from activ	rities related to its ex	cempt functi	ons—subje	ct to certain e	xceptions,	and (2) no m	ore than	3 3 1/3%	of	
		ıts supp	ort from gr	oss investment inco	me and unre	lated busin	ess taxable ın	come (less	s section 511	tax) fro	m busın	esses	
		acquire	d by the or	ganızatıon after June	30,1975 S	ee section	509(a)(2). (C	omplete Pa	art III)				
10	Г	An orga	anızatıon or	ganızed and operated	l exclusively	to test for	public safety	See sectio	n 509(a)(4).				
11 e	, _	one or r the box a [more public that descr Type I cking this b	ganized and operated ly supported organizations lbes the type of supp b Type II ox, I certify that the	ations descr orting organ I c organization	ibed in sec ization and Type II is not con	tion 509(a)(1) complete line II - Functional trolled directly) or section s 11e thro ly integrat or indirec	n 509(a)(2) S ugh 11h ed tly by one or	d more dis	i on 509(Type III qualified	a)(3). I - Oth d perse	Check her ons
f		section	509(a)(2) rganızatıon	ion managers and oth		·		_					
g				2006, has the organi	zation accep	oted any gif	ft or contributi	on from an	y of the				'
			g persons?										
				rectly or indirectly c				persons de	escribed in (ii))		Yes	No
			•	governing body of th		-	zation?				11g(i)		
			-	er of a person descri							11g(ii)		
				lled entity of a persoi							11g(iii)		
h		Provide	the followi	ng information about	the supporte	ed organiza	ition(s)						
(i) Name suppo organiz		ne of (ii) orted EIN		ed EIN lines 1-9 above your governing		e Ion In ted In Erning	(v) Did you notify the organization in col (i) of your support?		Is t organıza col (ı) or	(vi) Is the organization in col (i) organized in the US?		A mo	/ii) unt of port
				instructions))	Yes	No	Yes	No	Yes	No			
Tota	ı												

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

(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.)

	ander Fart III. If the	or garnzadon i	ans to quanty t	maci the tests	naced below, pie	ase complete	1 411111./
	ection A. Public Support	1	1	1	, , , , , , , , , , , , , , , , , , , 		
Cale	endar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual						
_	grants ")		-	-	+		
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			1	+		
3	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3			1			
	The portion of total contributions by				+		
5	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)						
6	Public Support. Subtract line 5 from						
-	line 4						
Se	ection B. Total Support	•	•	•			
	endar year (or fiscal year beginning	() 2225	(1) 2225	/ > > > > > >	/ D 2222	() 2242	/e> = · ·
	in) 🟲	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	A mounts from line 4						
-	Gross income from interest,						
-	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
	sources						
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 IV)						
11	Total support (Add lines 7						
	through 10)						
12	Gross receipts from related activities	es, etc (See inst	ructions)			12	
13	First Five Years If the Form 990 is f	or the organization	on's first, second	, third, fourth, or	fifth tax year as a	501(c)(3) organi	ızatıon,
	check this box and stop here						▶ ┌
	ection C. Computation of Pub						
14	Public Support Percentage for 2010	(line 6 column (f) dıvıded by lıne	11 column (f))		14	
15	Public Support Percentage for 2009	Schedule A, Pai	t II, line 14			15	
	33 1/3% support test—2010. If the	,	,	von line 13 and	lina 14 is 33 1/20/		this hov
_va	and stop here. The organization qua	_			mic 17 13 33 1/370	or more, check	tills box ▶□
b	33 1/3% support test—2009. If the	•			Sa. and line 15 is 3	3.3.1/3% or more	
	box and stop here. The organization				, and inic 15 is a	2 1/3/0 OI IIIOI e,	, check this ▶□
17a	10%-facts-and-circumstances test-				ne 13.16a.or16h	and line 14	- 1
	is 10% or more, and if the organizat						
	in Part IV how the organization mee						rted
	organization			Jigaiii		,, ouppor	▶ □
ь	10%-facts-and-circumstances test-	- 2009. If the ora	nızatıon dıd not	check a box on lii	ne 13, 16a, 16b. o	r 17a and line	•
_	15 is 10% or more, and if the organ	_					
	Explain in Part IV how the organizat						у
	supported organization					•	▶ □
18	Private Foundation If the organizati	on dıd not check	a box on line 13,	16a, 16b, 17a o	r 17b, check this	box and see	•
	instructions		•				▶ □

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

(Complete only if you checked the box on line 9 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	ection A. Public Support						
Cale	ndar year (or fiscal year beginnin	g (a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do no	ot				10,000	10,00
	include any "unusual grants ")				-		
2	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities furnished	ın İ					
	any activity that is related to the						
	organization's tax-exempt						
_	purpose						
3	Gross receipts from activities that are not an unrelated trade or	it					
	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						
	the organization without charge						
6	Total. Add lines 1 through 5					10,000	10,000
7a	A mounts included on lines 1, 2,						
	and 3 received from disqualified persons						
b	A mounts included on lines 2 and	3					
_	received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of th	ie					
_	amount on line 13 for the year Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	from line 6)						10,00
	ection B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	A mounts from line 6					10,000	10,00
L0a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
b							
	ıncome (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975						
C	Add lines 10a and 10b Net income from unrelated						
11	business activities not included						
	ın lıne 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						
	IV)						
13	Total support (Add lines 9, 10c,	0		0		10,000	10,00
1/1	11 and 12) First Five Years If the Form 990 i	s for the organization	n's first sacans	third fourth or	fifth tax year ac s		organization
14	check this box and stop here	s for the organization	on s mist, second	i, cima, iourtii, or	ा । । । । । वर प्रवेश वेड वे	i section501(c)(3)	organization,
<u>Se</u> 15	ection C. Computation of Pu Public Support Percentage for 20			13 column (f)		15	100.000.00
				15 Column (1))		15	100 000 %
16	Public support percentage from 2	009 Schedule A, P	art 111, line 15			16	100 000 %
Se	ection D. Computation of In	vestment Inco	me Percenta	ae			
17	Investment income percentage fo				n (f))	17	0 %
18	Investment income percentage fr	•				18	
	33 1/3% support tests—2010. If t				d line 15 is more		ine 17 is not
± 7 a	more than 33 1/3% check this ho	-		•		בר 1/370 allu	e 1/ 13 110t

organization

33 1/3% support tests—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV
Supplemental Information. Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts	And	Circums	stances	Test

Schedule A (Form 990 or 990-EZ) 2010

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93492258002321

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 to provide any additional information.

Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

Open to Public

Inspection

Name of the organization	Employer identification number
Innerlight Biological Research	
	31-1816384

ldentifier	Return Reference	Explanation			
		Description Amount Bank Charges 95 Automobile and Fuel 662 Food for test subjects 3780			