

Form **990**

**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. 1545-0047

**2020**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A** For the 2020 calendar year, or tax year beginning **JUL 1, 2020** and ending **JUN 30, 2021**

|  |   |   |
|--|---|---|
| <b>B</b> Check if applicable:<br><br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return/terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization<br><b>FIRELIGHT FOUNDATION</b><br>Doing business as<br>Number and street (or P.O. box if mail is not delivered to street address) Room/suite<br><b>903 PACIFIC AVENUE</b><br>City or town, state or province, country, and ZIP or foreign postal code<br><b>SANTA CRUZ, CA 95060</b><br><b>F</b> Name and address of principal officer: <b>NINA BLACKWELL</b><br><b>SAME AS C ABOVE</b> | <b>D</b> Employer identification number<br><b>27-2795006</b><br><b>E</b> Telephone number<br><b>831-429-8750</b><br><b>G</b> Gross receipts \$ <b>2,126,849.</b><br><b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list. See instructions<br><b>H(c)</b> Group exemption number ▶ |
| <b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527   |   |   |
| <b>J</b> Website: ▶ <b>WWW.FIRELIGHTFOUNDATION.ORG</b>   |   |   |
| <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶  |   | <b>L</b> Year of formation: <b>2010</b> <b>M</b> State of legal domicile: <b>CA</b>   |

**Part I Summary**

|            |  |   |                                   |
|------------|--|---|-----------------------------------|
| <b>1</b>   | Briefly describe the organization's mission or most significant activities: <b>FUND AND BUILD CAPACITY OF AFRICAN COMMUNITY-BASED ORGANIZATIONS THAT IMPROVE CHILDREN'S LIVES.</b> |   |                                   |
| <b>2</b>   | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.  |   |                                   |
| <b>3</b>   | Number of voting members of the governing body (Part VI, line 1a)  | <b>3</b>  | <b>9</b>                          |
| <b>4</b>   | Number of independent voting members of the governing body (Part VI, line 1b)  | <b>4</b>  | <b>9</b>                          |
| <b>5</b>   | Total number of individuals employed in calendar year 2020 (Part V, line 2a)   | <b>5</b>  | <b>6</b>                          |
| <b>6</b>   | Total number of volunteers (estimate if necessary)   | <b>6</b>  | <b>9</b>                          |
| <b>7 a</b> | Total unrelated business revenue from Part VIII, column (C), line 12   | <b>7a</b>                                       | <b>0.</b>                         |
| <b>b</b>   | Net unrelated business taxable income from Form 990-T, Part I, line 11   | <b>7b</b>                                       | <b>0.</b>                         |
| <b>8</b>   | Contributions and grants (Part VIII, line 1h)  | <b>Prior Year</b><br>6,221,849.                 | <b>Current Year</b><br>1,529,785. |
| <b>9</b>   | Program service revenue (Part VIII, line 2g)   | 7,500.  | 0.                                |
| <b>10</b>  | Investment income (Part VIII, column (A), lines 3, 4, and 7d)  | 36,087.   | 139,930.                          |
| <b>11</b>  | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)   | 27,994.   | 6,190.                            |
| <b>12</b>  | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)   | 6,293,430.                                      | 1,675,905.                        |
| <b>13</b>  | Grants and similar amounts paid (Part IX, column (A), lines 1-3)   | 940,914.  | 1,527,393.                        |
| <b>14</b>  | Benefits paid to or for members (Part IX, column (A), line 4)  | 0.  | 0.                                |
| <b>15</b>  | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  | 814,762.  | 793,471.                          |
| <b>16a</b> | Professional fundraising fees (Part IX, column (A), line 11e)  | 0.  | 0.                                |
| <b>b</b>   | Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>117,286.</b>  |   |                                   |
| <b>17</b>  | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)   | 2,104,783.                                      | 1,567,123.                        |
| <b>18</b>  | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  | 3,860,459.                                      | 3,887,987.                        |
| <b>19</b>  | Revenue less expenses. Subtract line 18 from line 12   | 2,432,971.                                      | -2,212,082.                       |
| <b>20</b>  | Total assets (Part X, line 16)   | <b>Beginning of Current Year</b><br>10,298,929. | <b>End of Year</b><br>8,314,589.  |
| <b>21</b>  | Total liabilities (Part X, line 26)  | 277,121.  | 160,956.                          |
| <b>22</b>  | Net assets or fund balances. Subtract line 21 from line 20   | 10,021,808.                                     | 8,153,633.                        |

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

|                               |   |   |                                 |   |                          |
|-------------------------------|---|---|---------------------------------|---|--------------------------|
| <b>Sign Here</b>              | Signature of officer<br><b>ELISA DE MARTEL, TREASURER</b><br>Type or print name and title | Date<br>_____                                 |                                 |   |                          |
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name<br><b>FRANK H. SMITH</b>                                       | Preparer's signature<br><i>Frank H. Smith</i> | Date<br><b>11/04/21</b>         | Check <input type="checkbox"/> if self-employed | PTIN<br><b>P00639053</b> |
|                               | Firm's name ▶ <b>MARCUM LLP</b>   | Firm's EIN ▶ <b>11-1986323</b>                |                                 |   |                          |
|                               | Firm's address ▶ <b>1899 L STREET, NW, SUITE 850 WASHINGTON, DC 20036</b>                 |   | Phone no. (202) <b>227-4000</b> |   |                          |

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: TO IMPROVE THE WELL-BEING OF CHILDREN MADE VULNERABLE BY HIV, AIDS, AND POVERTY IN SUB-SAHARAN AFRICA. FIRELIGHT FOUNDATION (FIRELIGHT) SUPPORTS GRASSROOTS ORGANIZATIONS THAT HELP FAMILIES AND COMMUNITIES MEET THE NEEDS OF THEIR CHILDREN.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 1,759,402. including grants of \$ 838,147. ) (Revenue \$ ) CHILD RIGHTS AND CHILD PROTECTION

INITIATIVE SUMMARY

FIRELIGHT FACILITATES A COMMUNITY-INVOLVED MAPPING TO UNDERSTAND AREAS OF VULNERABILITY AND OPPORTUNITY IN UP TO 3 COUNTRIES, LEADING TO 2 NEW CLUSTERS OF CBO GRANTEEES WITH WHOM TO REALIZE AND TEST OUR APPROACH TO COMMUNITY-DRIVEN SYSTEMS CHANGE FOR CHILDREN'S RIGHTS.

FIRELIGHT WILL SEEK TO IDENTIFY UP TO TWO NEW CLUSTERS OF CBO GRANTEE PARTNERS TO WORK WITH FOR UP TO FIVE YEARS IN REALIZING LONG-TERM COMMUNITY ACTION FOR CHILD RIGHTS AND PROTECTION. FIRELIGHT WILL BUILD ON OUR EMERGING PARTICIPATORY ENGAGEMENT AND ACTION PRACTICES AND

4b (Code: ) (Expenses \$ 914,766. including grants of \$ 245,789. ) (Revenue \$ ) CHILDHOOD DEVELOPMENT AND EDUCATION

FIRELIGHT HAS ESTABLISHED TWO CLUSTERS OF COMMUNITY-BASED ORGANIZATION GRANTEEES IN MALAWI AND ZAMBIA WHO WILL BE SUPPORTED OVER A 3 TO 5-YEAR PERIOD TO ENGAGE THEIR COMMUNITIES IN BUILDING, ENACTING OR ENHANCING POSITIVE COMMUNITY-DRIVEN EARLY CHILDHOOD NURTURING, EDUCATION AND CARE SYSTEMS.

OBJECTIVES

- CBOS UNDERSTAND AND USE GLOBAL AND LOCAL KNOWLEDGE OF WHAT CHILDREN NEED TO DEVELOP TO THEIR FULL POTENTIAL TO VALUE AND BUILD ON LOCAL KNOWLEDGE, PRACTICES, INITIATIVES AND SYSTEMS THAT ARE SUPPORTIVE OF

4c (Code: ) (Expenses \$ 498,354. including grants of \$ 443,457. ) (Revenue \$ ) COVID-19 EMERGENCY REPONSE

IN EARLY MARCH 2020, FIRELIGHT BEGAN TO ENGAGE INTENSIVELY WITH OUR GRANTEE PARTNERS ACROSS TANZANIA, RWANDA, ZAMBIA, MALAWI AND ZIMBABWE TO ESTABLISH WHAT THE IMMEDIATE, MEDIUM-TERM AND POTENTIALLY LONG-TERM IMPACT MIGHT BE OF COVID-19.

SINCE THAT TIME, FIRELIGHT HAS

- RAISED OVER USD \$700K FOR COVID-19 RAPID GRANTS
- MADE EMERGENCY/RAPID-RESPONSE GRANTS TO 66 ORGANIZATIONS ACROSS TANZANIA, RWANDA, ZAMBIA AND MALAWI
- ESTABLISHED COUNTRY-WIDE NETWORKING CALLS AND WHATSAPP GROUPS FOR ALL GRANTEEES IN EACH COUNTRY TO ASSIST WITH INTER-GRANTEE CONNECTION,

4d Other program services (Describe on Schedule O.) (Expenses \$ 52,005. including grants of \$ ) (Revenue \$ )

4e Total program service expenses 3,224,527.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, tax-exempt bonds, and controlled entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 1b Enter the number of voting members included... 2 Did any officer, director, trustee, or key employee have a family relationship... 3 Did the organization delegate control over management duties... 4 Did the organization make any significant changes to its governing documents... 5 Did the organization become aware during the year of a significant diversion of the organization's assets... 6 Did the organization have members or stockholders... 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body... 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body? 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [ ] Another's website [X] Upon request [ ] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records JANE STOKES - 831-429-8750 903 PACIFIC AVENUE, SANTA CRUZ, CA 95060

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

| (A)<br>Name and title                          | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |          | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|----------|--|---|---|
|  |   | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former   |  |   |   |
| (1) NINA BLACKWELL<br>EXECUTIVE DIRECTOR       | 40.00   |   |                       | X       |              |                              | 174,836. | 0.   | 567.  |   |
| (2) JANE STOKES<br>DIRECTOR OF FINANCE         | 40.00   |   |                       |         |              | X                            | 125,713. | 0.   | 46,624.   |   |
| (3) GLORIA JOHNSON-CUSACK<br>CHAIR/CONSULTANT  | 5.00  | X   |                       | X       |              |                              | 0.       | 0.   | 0.  |   |
| (4) MARK LOREY<br>VICE CHAIR/SECRETARY         | 1.00  | X   |                       | X       |              |                              | 0.       | 0.   | 0.  |   |
| (5) ELISA DE MARTEL<br>TREASURER               | 1.00  | X   |                       | X       |              |                              | 0.       | 0.   | 0.  |   |
| (6) JIMMY KOLKER<br>BOARD MEMBER               | 1.00  | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (7) JOYCE MALOMBE<br>BOARD MEMBER              | 1.00  | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (8) ROSE MARURU<br>BOARD MEMBER                | 1.00  | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (9) SIBONGILE (BONGI) MKHABELA<br>BOARD MEMBER | 1.00  | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (10) PAULA NIMPUNO-PARENTE<br>BOARD MEMBER     | 1.00  | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (11) GERRY SALOLE<br>BOARD MEMBER              | 1.00  | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
|  |   |   |                       |         |              |                              |          |  |   |   |
|  |   |   |                       |         |              |                              |          |  |   |   |
|  |   |   |                       |         |              |                              |          |  |   |   |
|  |   |   |                       |         |              |                              |          |  |   |   |
|  |   |   |                       |         |              |                              |          |  |   |   |
|  |   |   |                       |         |              |                              |          |  |   |   |
|  |   |   |                       |         |              |                              |          |  |   |   |
|  |   |   |                       |         |              |                              |          |  |   |   |
|  |   |   |                       |         |              |                              |          |  |   |   |
|  |   |   |                       |         |              |                              |          |  |   |   |

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |          | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|----------|--|---|---|
|  |   | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former   |  |   |   |
|  |   |   |                       |         |              |                              |          |  |   |   |
|  |   |   |                       |         |              |                              |          |  |   |   |
|  |   |   |                       |         |              |                              |          |  |   |   |
|  |   |   |                       |         |              |                              |          |  |   |   |
|  |   |   |                       |         |              |                              |          |  |   |   |
|  |   |   |                       |         |              |                              |          |  |   |   |
|  |   |   |                       |         |              |                              |          |  |   |   |
|  |   |   |                       |         |              |                              |          |  |   |   |
|  |   |   |                       |         |              |                              |          |  |   |   |
|  |   |   |                       |         |              |                              |          |  |   |   |
|  |   |   |                       |         |              |                              |          |  |   |   |
|  |   |   |                       |         |              |                              |          |  |   |   |
|  |   |   |                       |         |              |                              |          |  |   |   |
|  |   |   |                       |         |              |                              |          |  |   |   |
| <b>1b Subtotal</b> .....   |   |   |                       |         |              |                              | 300,549. | 0.   | 47,191.   |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> ..... |   |   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| <b>d Total (add lines 1b and 1c)</b> .....                           |   |   |                       |         |              |                              | 300,549. | 0.   | 47,191.   |   |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 2

|   | Yes | No |
|---|-----|----|
| 3 Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....  |     | X  |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> ..... | X   |    |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> .....                       |     | X  |

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A)<br>Name and business address   | (B)<br>Description of services | (C)<br>Compensation |
|--|--------------------------------|---------------------|
| FASSIL WOLDEMARRIAM KIDANE<br>P.O. BOX 32387, KAMPALA, UGANDA                  | PROGRAM MANAGEMENT             | 160,080.            |
| SADAF SHALLWANI, 135 WYNFORD DR., #306,<br>NORTH YORK, ONTARIO, CANADA M3C 0J4 | PROGRAM MANAGEMENT             | 100,511.            |
|  |                                |                     |
|  |                                |                     |
|  |                                |                     |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 2



**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

|  |  |  | (A)                  | (B)                                | (C)                        | (D)  |  |
|--|--|--|----------------------|------------------------------------|----------------------------|--|--|
|  |  |  | Total revenue        | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 |  |
| Contributions, Gifts, Grants and Other Similar Amounts | 1 a  | Federated campaigns  | 1a                   |                                    |                            |  |  |
|  | b  | Membership dues  | 1b                   |                                    |                            |  |  |
|  | c  | Fundraising events   | 1c                   |                                    |                            |  |  |
|  | d  | Related organizations  | 1d                   |                                    |                            |  |  |
|  | e  | Government grants (contributions)  | 1e                   | 123,202.                           |                            |  |  |
|  | f  | All other contributions, gifts, grants, and similar amounts not included above | 1f                   | 1,406,583.                         |                            |  |  |
|  | g  | Noncash contributions included in lines 1a-1f                                  | 1g                   | \$                                 |                            |  |  |
|  | <b>h Total.</b> Add lines 1a-1f  |  |                      | <b>1,529,785.</b>                  |                            |  |  |
| Program Service Revenue                                |  |  | <b>Business Code</b> |                                    |                            |  |  |
|  | 2 a  |  |                      |                                    |                            |  |  |
|  | b  |  |                      |                                    |                            |  |  |
|  | c  |  |                      |                                    |                            |  |  |
|  | d  |  |                      |                                    |                            |  |  |
|  | e  |  |                      |                                    |                            |  |  |
|  | <b>g Total.</b> Add lines 2a-2f  |  |                      |                                    |                            |  |  |
| Other Revenue  | 3  | Investment income (including dividends, interest, and other similar amounts)   |                      | 79,275.                            |                            | 79,275.  |  |
|  | 4  | Income from investment of tax-exempt bond proceeds                             |                      |                                    |                            |  |  |
|  | 5  | Royalties  |                      |                                    |                            |  |  |
|  | 6 a  | Gross rents  | 6a                   | (i) Real                           |                            |  |  |
|  |  |  |                      | (ii) Personal                      |                            |  |  |
|  |  |  |                      |                                    |                            |  |  |
|  | b  | Less: rental expenses  | 6b                   |                                    |                            |  |  |
|  | c  | Rental income or (loss)  | 6c                   |                                    |                            |  |  |
|  | d  | Net rental income or (loss)  |                      |                                    |                            |  |  |
|  | 7 a  | Gross amount from sales of assets other than inventory                         | 7a                   | (i) Securities                     | 511,599.                   |  |  |
|  |  |  |                      | (ii) Other                         |                            |  |  |
|  |  |  |                      |                                    |                            |  |  |
|  | b  | Less: cost or other basis and sales expenses                                   | 7b                   | 450,944.                           |                            |  |  |
|  | c  | Gain or (loss)   | 7c                   | 60,655.                            |                            |  |  |
| d  | Net gain or (loss)   |  | 60,655.              |                                    | 60,655.                    |  |  |
| 8 a  | Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 | 8a   |                      |                                    |                            |  |  |
| b  | Less: direct expenses  | 8b   |                      |                                    |                            |  |  |
| c  | Net income or (loss) from fundraising events   |  |                      |                                    |                            |  |  |
| 9 a  | Gross income from gaming activities. See Part IV, line 19  | 9a   |                      |                                    |                            |  |  |
| b  | Less: direct expenses  | 9b   |                      |                                    |                            |  |  |
| c  | Net income or (loss) from gaming activities  |  |                      |                                    |                            |  |  |
| 10 a   | Gross sales of inventory, less returns and allowances  | 10a  |                      |                                    |                            |  |  |
| b  | Less: cost of goods sold   | 10b  |                      |                                    |                            |  |  |
| c  | Net income or (loss) from sales of inventory   |  |                      |                                    |                            |  |  |
| Miscellaneous Revenue                                  |  |  | <b>Business Code</b> |                                    |                            |  |  |
|  | 11 a   | REFUNDS & REWARDS  | 900099               | 2,790.                             |                            | 2,790.   |  |
|  | b  | INSURANCE PROCEEDS   | 900099               | 1,819.                             |                            | 1,819.   |  |
|  | c  | FISCAL AGENT FEE   | 900099               | 1,565.                             |                            | 1,565.   |  |
|  | d  | All other revenue  | 900099               | 16.                                |                            | 16.  |  |
|  | <b>e Total.</b> Add lines 11a-11d  |  |                      | <b>6,190.</b>                      |                            |  |  |
| <b>12 Total revenue.</b> See instructions              |  |  | <b>1,675,905.</b>    | <b>0.</b>                          | <b>0.</b>                  | <b>146,120.</b>                                    |  |

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX  X

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.  | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...   |                       |                                 |  |                             |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....  |                       |                                 |  |                             |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....   | 1,527,393.            | 1,527,393.                      |  |                             |
| <b>4</b> Benefits paid to or for members .....  |                       |                                 |  |                             |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees .....   | 189,287.              | 75,715.                         | 28,393.                                | 85,179.                     |
| <b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....   |                       |                                 |  |                             |
| <b>7</b> Other salaries and wages .....   | 370,320.              | 311,015.                        | 59,085.                                | 220.                        |
| <b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)   | 11,215.               |                                 | 11,215.                                |                             |
| <b>9</b> Other employee benefits .....  | 180,358.              | 773.                            | 179,443.                               | 142.                        |
| <b>10</b> Payroll taxes .....   | 42,291.               |                                 | 37,132.                                | 5,159.                      |
| <b>11</b> Fees for services (nonemployees):   |                       |                                 |  |                             |
| <b>a</b> Management .....   |                       |                                 |  |                             |
| <b>b</b> Legal .....  | 17,248.               | 817.                            | 16,431.                                |                             |
| <b>c</b> Accounting .....   | 17,377.               |                                 | 17,377.                                |                             |
| <b>d</b> Lobbying .....   |                       |                                 |  |                             |
| <b>e</b> Professional fundraising services. See Part IV, line 17  |                       |                                 |  |                             |
| <b>f</b> Investment management fees .....   | 27,194.               |                                 | 27,194.                                |                             |
| <b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)  | 1,158,997.            | 1,097,210.                      | 61,787.                                |                             |
| <b>12</b> Advertising and promotion .....   |                       |                                 |  |                             |
| <b>13</b> Office expenses .....   | 77,658.               | 53,213.                         | 23,084.                                | 1,361.                      |
| <b>14</b> Information technology .....  | 48,501.               | 2,919.                          | 37,003.                                | 8,579.                      |
| <b>15</b> Royalties .....   |                       |                                 |  |                             |
| <b>16</b> Occupancy .....   | 14,998.               |                                 | 13,646.                                | 1,352.                      |
| <b>17</b> Travel .....  | 60,375.               | 60,348.                         | 27.                                    |                             |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...  |                       |                                 |  |                             |
| <b>19</b> Conferences, conventions, and meetings .....  | 94,053.               | 93,073.                         | 510.                                   | 470.                        |
| <b>20</b> Interest .....  |                       |                                 |  |                             |
| <b>21</b> Payments to affiliates .....  |                       |                                 |  |                             |
| <b>22</b> Depreciation, depletion, and amortization .....   | 6,827.                |                                 | 6,213.                                 | 614.                        |
| <b>23</b> Insurance .....   | 17,847.               |                                 | 16,241.                                | 1,606.                      |
| <b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) |                       |                                 |  |                             |
| <b>a DUES &amp; SUBSCRIPTIONS</b>   | 24,153.               | 486.                            | 11,063.                                | 12,604.                     |
| <b>b ADMINISTRATIVE</b>   | 1,565.                | 1,565.                          |  |                             |
| <b>c CURRENCY TRANSLATION</b>   | 330.                  |                                 | 330.                                   |                             |
| <b>d</b> _____  |                       |                                 |  |                             |
| <b>e</b> All other expenses _____   |                       |                                 |  |                             |
| <b>25 Total functional expenses.</b> Add lines 1 through 24e  | 3,887,987.            | 3,224,527.                      | 546,174.                               | 117,286.                    |
| <b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.                                    |                       |                                 |  |                             |

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X

|   |  | (A)                |            | (B)         |
|---|--|--------------------|------------|-------------|
|   |  | Beginning of year  |            | End of year |
| <b>Assets</b>   | <b>1</b> Cash - non-interest-bearing .....   | 774,761.           | <b>1</b>   | 1,139,741.  |
|   | <b>2</b> Savings and temporary cash investments .....  | 1,220,761.         | <b>2</b>   | 1,039,476.  |
|   | <b>3</b> Pledges and grants receivable, net .....  | 4,957,562.         | <b>3</b>   | 2,341,772.  |
|   | <b>4</b> Accounts receivable, net .....  |                    | <b>4</b>   | 1,028.      |
|   | <b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons ..... |                    | <b>5</b>   |             |
|   | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....   |                    | <b>6</b>   |             |
|   | <b>7</b> Notes and loans receivable, net .....   |                    | <b>7</b>   |             |
|   | <b>8</b> Inventories for sale or use .....   |                    | <b>8</b>   |             |
|   | <b>9</b> Prepaid expenses and deferred charges .....   | 78,380.            | <b>9</b>   | 35,189.     |
|   | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....   | <b>10a</b> 28,382. |            |             |
|   | <b>b</b> Less: accumulated depreciation .....  | <b>10b</b> 21,036. | <b>10c</b> | 7,346.      |
|   | <b>11</b> Investments - publicly traded securities .....   | 3,251,841.         | <b>11</b>  | 3,746,892.  |
|   | <b>12</b> Investments - other securities. See Part IV, line 11 .....   |                    | <b>12</b>  |             |
|   | <b>13</b> Investments - program-related. See Part IV, line 11 .....  |                    | <b>13</b>  |             |
|   | <b>14</b> Intangible assets .....  |                    | <b>14</b>  |             |
|   | <b>15</b> Other assets. See Part IV, line 11 .....   | 3,145.             | <b>15</b>  | 3,145.      |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) ..... | 10,298,929.  | <b>16</b>          | 8,314,589. |             |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses .....  | 121,154.           | <b>17</b>  | 120,835.    |
|   | <b>18</b> Grants payable .....   | 32,765.            | <b>18</b>  | 40,121.     |
|   | <b>19</b> Deferred revenue .....   |                    | <b>19</b>  |             |
|   | <b>20</b> Tax-exempt bond liabilities .....  |                    | <b>20</b>  |             |
|   | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....  |                    | <b>21</b>  |             |
|   | <b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....     |                    | <b>22</b>  |             |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties .....   |                    | <b>23</b>  |             |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties .....   | 123,202.           | <b>24</b>  | 0.          |
|   | <b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....  |                    | <b>25</b>  |             |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25 .....   | 277,121.           | <b>26</b>  | 160,956.    |
| <b>Net Assets or Fund Balances</b>  | <b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>  |                    |            |             |
|   | <b>27</b> Net assets without donor restrictions .....  | 2,935,658.         | <b>27</b>  | 3,597,043.  |
|   | <b>28</b> Net assets with donor restrictions .....   | 7,086,150.         | <b>28</b>  | 4,556,590.  |
|   | <b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>   |                    |            |             |
|   | <b>29</b> Capital stock or trust principal, or current funds .....   |                    | <b>29</b>  |             |
|   | <b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....   |                    | <b>30</b>  |             |
|   | <b>31</b> Retained earnings, endowment, accumulated income, or other funds .....   |                    | <b>31</b>  |             |
|   | <b>32</b> Total net assets or fund balances .....  | 10,021,808.        | <b>32</b>  | 8,153,633.  |
|   | <b>33</b> Total liabilities and net assets/fund balances .....   | 10,298,929.        | <b>33</b>  | 8,314,589.  |

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

|    |  |    |             |
|----|--|----|-------------|
| 1  | Total revenue (must equal Part VIII, column (A), line 12)  | 1  | 1,675,905.  |
| 2  | Total expenses (must equal Part IX, column (A), line 25)   | 2  | 3,887,987.  |
| 3  | Revenue less expenses. Subtract line 2 from line 1   | 3  | -2,212,082. |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                      | 4  | 10,021,808. |
| 5  | Net unrealized gains (losses) on investments   | 5  | 655,495.    |
| 6  | Donated services and use of facilities   | 6  |             |
| 7  | Investment expenses  | 7  |             |
| 8  | Prior period adjustments   | 8  |             |
| 9  | Other changes in net assets or fund balances (explain on Schedule O)   | 9  | -311,588.   |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 8,153,633.  |

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

- 1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....  
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits .....

|    | Yes | No |
|----|-----|----|
| 2a |     | X  |
| 2b | X   |    |
| 2c | X   |    |
| 3a |     | X  |
| 3b |     |    |

Form 990 (2020)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

Open to Public Inspection

Name of the organization **FIRELIGHT FOUNDATION** Employer identification number **27-2795006**

**Part I 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.)

- 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).**
- 4  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  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  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.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college 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.
  - a  **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.**
  - 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.
  - f Enter the number of supported organizations .....
  - g Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-10 above (see instructions)) | (iv) Is the organization listed in your governing document? |    | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|---|---|----|---|---|
|                                    |          |   | Yes   | No |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
| <b>Total</b>                       |          |   |   |    |   |   |

**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.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....  | 1664255. | 5641023. | 4617785. | 6221849. | 1529785. | 19674697. |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....   |          |          |          |          |          |           |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....   |          |          |          |          |          |           |
| <b>4 Total.</b> Add lines 1 through 3 .....  | 1664255. | 5641023. | 4617785. | 6221849. | 1529785. | 19674697. |
| <b>5</b> 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) ..... |          |          |          |          |          | 11452375. |
| <b>6 Public support.</b> Subtract line 5 from line 4.  |          |          |          |          |          | 8222322.  |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total                |
|---|----------|----------|----------|----------|----------|--------------------------|
| <b>7</b> Amounts from line 4 .....  | 1664255. | 5641023. | 4617785. | 6221849. | 1529785. | 19674697.                |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....  | 165,934. | 122,624. | 132,481. | 98,426.  | 79,275.  | 598,740.                 |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....   |          |          |          |          |          |                          |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....   | 6,550.   | 9.       |          | 27,994.  | 1,565.   | 36,118.                  |
| <b>11 Total support.</b> Add lines 7 through 10   |          |          |          |          |          | 20309555.                |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) .....   |          |          |          |          | 12       | 582,999.                 |
| <b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ..... |          |          |          |          |          | <input type="checkbox"/> |

**Section C. Computation of Public Support Percentage**

|   |           |                                     |
|---|-----------|-------------------------------------|
| <b>14</b> Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) .....   | <b>14</b> | 40.48 %                             |
| <b>15</b> Public support percentage from 2019 Schedule A, Part II, line 14 .....  | <b>15</b> | 38.73 %                             |
| <b>16a 33 1/3% support test - 2020.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....  |           | <input checked="" type="checkbox"/> |
| <b>b 33 1/3% support test - 2019.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....   |           | <input type="checkbox"/>            |
| <b>17a 10% -facts-and-circumstances test - 2020.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....    |           | <input type="checkbox"/>            |
| <b>b 10% -facts-and-circumstances test - 2019.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ..... |           | <input type="checkbox"/>            |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....  |           | <input type="checkbox"/>            |

**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.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ►   | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....   |          |          |          |          |          |           |
| <b>2</b> 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 ..... |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5 .....   |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....  |          |          |          |          |          |           |
| <b>b</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 .....           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b .....  |          |          |          |          |          |           |
| <b>8 Public support.</b> (Subtract line 7c from line 6.)  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►  | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6 .....   |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ..... |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....                           |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b .....   |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....      |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....                                  |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)   |          |          |          |          |          |           |

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** .....

**Section C. Computation of Public Support Percentage**

|   |           |   |
|---|-----------|---|
| <b>15</b> Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) ..... | <b>15</b> | % |
| <b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15 .....                       | <b>16</b> | % |

**Section D. Computation of Investment Income Percentage**

|  |           |   |
|--|-----------|---|
| <b>17</b> Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) ..... | <b>17</b> | % |
| <b>18</b> Investment income percentage from 2019 Schedule A, Part III, line 17 .....                         | <b>18</b> | % |

**19a 33 1/3% support tests - 2020.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

**b 33 1/3% support tests - 2019.** 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 .....

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions .....

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

|  | Yes | No |
|--|-----|----|
| <b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>  |     |    |
| <b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>   |     |    |
| <b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>   |     |    |
| <b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>   |     |    |
| <b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>  |     |    |
| <b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>  |     |    |
| <b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>  |     |    |
| <b>c</b> 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)? <i>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.</i>   |     |    |
| <b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c 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).</i> |     |    |
| <b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?   |     |    |
| <b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?  |     |    |
| <b>6</b> 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? <i>If "Yes," provide detail in Part VI.</i>  |     |    |
| <b>7</b> 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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>  |     |    |
| <b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>  |     |    |
| <b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>   |     |    |
| <b>b</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? <i>If "Yes," provide detail in Part VI.</i>  |     |    |
| <b>c</b> 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? <i>If "Yes," provide detail in Part VI.</i>   |     |    |
| <b>10a</b> 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)? <i>If "Yes," answer line 10b below.</i>  |     |    |
| <b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>   |     |    |



**Part IV Supporting Organizations** (continued)

|  | Yes | No |
|--|-----|----|
| <b>11</b> Has the organization accepted a gift or contribution from any of the following persons?  |     |    |
| <b>a</b> A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization? |     |    |
| <b>b</b> A family member of a person described in line 11a above?  |     |    |
| <b>c</b> A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>                              |     |    |

**Section B. Type I Supporting Organizations**

|   | Yes | No |
|---|-----|----|
| <b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i> |     |    |
| <b>2</b> 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 VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>   |     |    |

**Section C. Type II Supporting Organizations**

|  | Yes | No |
|--|-----|----|
| <b>1</b> 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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i> |     |    |

**Section D. All Type III Supporting Organizations**

|   | Yes | No |
|---|-----|----|
| <b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the 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? |     |    |
| <b>2</b> 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>   |     |    |
| <b>3</b> By reason of the relationship described in line 2, above, 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>  |     |    |

**Section E. Type III Functionally Integrated Supporting Organizations**

|   |     |    |
|---|-----|----|
| <b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).  |     |    |
| <b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.  |     |    |
| <b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.   |     |    |
| <b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).   |     |    |
| <b>2</b> Activities Test. Answer lines 2a and 2b below.   |     |    |
| <b>a</b> 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 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.</i> | Yes | No |
| <b>b</b> Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>  |     |    |
| <b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.   |     |    |
| <b>a</b> 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? <i>If "Yes" or "No" provide details in Part VI.</i>   |     |    |
| <b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>   |     |    |

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( *explain in Part VI*). **See instructions.**  
 All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| <b>Section A - Adjusted Net Income</b> |  | (A) Prior Year | (B) Current 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 collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6              |                             |
| 7                                      | Other expenses (see instructions)  | 7              |                             |
| 8                                      | <b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)  | 8              |                             |

| <b>Section B - Minimum Asset Amount</b> |   | (A) Prior Year | (B) Current Year (optional) |
|---|---|----------------|-----------------------------|
| 1                                       | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): |                |                             |
| a                                       | Average monthly value of securities   | 1a             |                             |
| b                                       | Average monthly cash balances   | 1b             |                             |
| c                                       | Fair market value of other non-exempt-use assets  | 1c             |                             |
| d                                       | <b>Total</b> (add lines 1a, 1b, and 1c)   | 1d             |                             |
| e                                       | <b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):                                  |                |                             |
| 2                                       | Acquisition indebtedness applicable to non-exempt-use assets  | 2              |                             |
| 3                                       | Subtract line 2 from line 1d.   | 3              |                             |
| 4                                       | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).                                  | 4              |                             |
| 5                                       | Net value of non-exempt-use assets (subtract line 4 from line 3)  | 5              |                             |
| 6                                       | Multiply line 5 by 0.035.   | 6              |                             |
| 7                                       | Recoveries of prior-year distributions  | 7              |                             |
| 8                                       | <b>Minimum Asset Amount</b> (add line 7 to line 6)  | 8              |                             |

| <b>Section C - Distributable Amount</b> |   |   | Current Year |
|---|---|---|--------------|
| 1                                       | Adjusted net income for prior year (from Section A, line 8, column A)   | 1 |              |
| 2                                       | Enter 0.85 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                                       | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).   | 6 |              |
| 7                                       | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). |   |              |

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

| <b>Section D - Distributions</b> |   | <b>Current Year</b> |
|----------------------------------|---|---------------------|
| <b>1</b>                         | Amounts paid to supported organizations to accomplish exempt purposes   | <b>1</b>            |
| <b>2</b>                         | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity               | <b>2</b>            |
| <b>3</b>                         | Administrative expenses paid to accomplish exempt purposes of supported organizations   | <b>3</b>            |
| <b>4</b>                         | Amounts paid to acquire exempt-use assets   | <b>4</b>            |
| <b>5</b>                         | Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )  | <b>5</b>            |
| <b>6</b>                         | Other distributions ( <i>describe in Part VI</i> ). See instructions.   | <b>6</b>            |
| <b>7</b>                         | <b>Total annual distributions.</b> Add lines 1 through 6.   | <b>7</b>            |
| <b>8</b>                         | Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions. | <b>8</b>            |
| <b>9</b>                         | Distributable amount for 2020 from Section C, line 6  | <b>9</b>            |
| <b>10</b>                        | Line 8 amount divided by line 9 amount  | <b>10</b>           |

| <b>Section E - Distribution Allocations</b> (see instructions)   | <b>(i)<br/>Excess Distributions</b> | <b>(ii)<br/>Underdistributions<br/>Pre-2020</b> | <b>(iii)<br/>Distributable<br/>Amount for 2020</b> |
|--|-------------------------------------|---|--|
| <b>1</b> Distributable amount for 2020 from Section C, line 6  |                                     |   |  |
| <b>2</b> Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.   |                                     |   |  |
| <b>3</b> Excess distributions carryover, if any, to 2020   |                                     |   |  |
| <b>a</b> From 2015   |                                     |   |  |
| <b>b</b> From 2016   |                                     |   |  |
| <b>c</b> From 2017   |                                     |   |  |
| <b>d</b> From 2018   |                                     |   |  |
| <b>e</b> From 2019   |                                     |   |  |
| <b>f</b> <b>Total</b> of lines 3a through 3e   |                                     |   |  |
| <b>g</b> Applied to underdistributions of prior years  |                                     |   |  |
| <b>h</b> Applied to 2020 distributable amount  |                                     |   |  |
| <b>i</b> Carryover from 2015 not applied (see instructions)  |                                     |   |  |
| <b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.  |                                     |   |  |
| <b>4</b> Distributions for 2020 from Section D, line 7: \$   |                                     |   |  |
| <b>a</b> Applied to underdistributions of prior years  |                                     |   |  |
| <b>b</b> Applied to 2020 distributable amount  |                                     |   |  |
| <b>c</b> Remainder. Subtract lines 4a and 4b from line 4.  |                                     |   |  |
| <b>5</b> Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions. |                                     |   |  |
| <b>6</b> Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.                        |                                     |   |  |
| <b>7</b> <b>Excess distributions carryover to 2021.</b> Add lines 3j and 4c.   |                                     |   |  |
| <b>8</b> Breakdown of line 7:  |                                     |   |  |
| <b>a</b> Excess from 2016  |                                     |   |  |
| <b>b</b> Excess from 2017  |                                     |   |  |
| <b>c</b> Excess from 2018  |                                     |   |  |
| <b>d</b> Excess from 2019  |                                     |   |  |
| <b>e</b> Excess from 2020  |                                     |   |  |

Schedule A (Form 990 or 990-EZ) 2020

**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 A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

FISCAL AGENT FEE

2019 AMOUNT: \$ 27,178.

2020 AMOUNT: \$ 1,565.

OTHER INCOME

2017 AMOUNT: \$ 9.

2019 AMOUNT: \$ 816.

CRADLE PROJECT SALES

2016 AMOUNT: \$ 550.

RENT DEPOSIT REFUND

2016 AMOUNT: \$ 6,000.

**Schedule B**

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2020**

Name of the organization

**FIRELIGHT FOUNDATION**

Employer identification number

**27-2795006**

Organization type (check one):

**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

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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

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

|   |   |
|---|---|
| Name of organization<br><br><b>FIRELIGHT FOUNDATION</b> | Employer identification number<br><br><b>27-2795006</b> |
|---|---|

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

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 1          | _____<br>_____<br>_____           | \$ <u>1,126,118.</u>       | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 2          | _____<br>_____<br>_____           | \$ <u>123,202.</u>         | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 3          | _____<br>_____<br>_____           | \$ <u>100,000.</u>         | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 4          | _____<br>_____<br>_____           | \$ <u>78,000.</u>          | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| _____      | _____<br>_____<br>_____           | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| _____      | _____<br>_____<br>_____           | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |

|   |   |
|---|---|
| Name of organization<br><br><b>FIRELIGHT FOUNDATION</b> | Employer identification number<br><br><b>27-2795006</b> |
|---|---|

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

| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|------------------------------|--|---|----------------------|
|                              |  | \$ _____  | _____                |
|                              |  | \$ _____  | _____                |
|                              |  | \$ _____  | _____                |
|                              |  | \$ _____  | _____                |
|                              |  | \$ _____  | _____                |
|                              |  | \$ _____  | _____                |
|                              |  | \$ _____  | _____                |

|   |   |
|---|---|
| Name of organization<br><br><b>FIRELIGHT FOUNDATION</b> | Employer identification number<br><br><b>27-2795006</b> |
|---|---|

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

| (a) No. from Part I                     | (b) Purpose of gift | (c) Use of gift                          | (d) Description of how gift is held |
|---|---------------------|--|-------------------------------------|
|   |                     |  |                                     |
| <b>(e) Transfer of gift</b>             |                     |  |                                     |
| Transferee's name, address, and ZIP + 4 |                     | Relationship of transferor to transferee |                                     |
|   |                     |  |                                     |
|   |                     |  |                                     |
| <b>(e) Transfer of gift</b>             |                     |  |                                     |
| Transferee's name, address, and ZIP + 4 |                     | Relationship of transferor to transferee |                                     |
|   |                     |  |                                     |
|   |                     |  |                                     |
| <b>(e) Transfer of gift</b>             |                     |  |                                     |
| Transferee's name, address, and ZIP + 4 |                     | Relationship of transferor to transferee |                                     |
|   |                     |  |                                     |
|   |                     |  |                                     |
| <b>(e) Transfer of gift</b>             |                     |  |                                     |
| Transferee's name, address, and ZIP + 4 |                     | Relationship of transferor to transferee |                                     |
|   |                     |  |                                     |
|   |                     |  |                                     |
| <b>(e) Transfer of gift</b>             |                     |  |                                     |
| Transferee's name, address, and ZIP + 4 |                     | Relationship of transferor to transferee |                                     |
|   |                     |  |                                     |
|   |                     |  |                                     |



SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization FIRELIGHT FOUNDATION Employer identification number 27-2795006

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two questions about donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, a table for lines 2a-2d, and questions about monitoring, expenses, and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures.

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**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

|  | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance                     | 3,413,309.       | 3,498,273.     | 3,653,976.         | 3,449,078.           | 3,310,424.          |
| b Contributions                                  |                  |                |                    |                      |                     |
| c Net investment earnings, gains, and losses     | 795,279.         | 91,106.        | 131,316.           | 233,712.             | 363,985.            |
| d Grants or scholarships                         |                  |                |                    |                      |                     |
| e Other expenditures for facilities and programs | 276,000.         | 150,000.       | 260,865.           |                      | 200,000.            |
| f Administrative expenses                        | 27,194.          | 26,070.        | 26,154.            | 28,814.              | 25,331.             |
| g End of year balance                            | 3,905,394.       | 3,413,309.     | 3,498,273.         | 3,653,976.           | 3,449,078.          |

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  100 %
  - b Permanent endowment  .0000 %
  - c Term endowment  .0000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes | No |
|---|-----|----|
| (i) Unrelated organizations   |     | X  |
| (ii) Related organizations  |     | X  |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b  |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property  | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land  |                                      |                                 |                              |                |
| b Buildings  |                                      |                                 |                              |                |
| c Leasehold improvements   |                                      |                                 |                              |                |
| d Equipment  |                                      | 21,239.                         | 15,464.                      | 5,775.         |
| e Other  |                                      | 7,143.                          | 5,572.                       | 1,571.         |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) |                                      |                                 |                              | 7,346.         |

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include (1) Financial derivatives, (2) Closely held equity interests, (3) Other (A-H), and Total.

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation. Rows (1) through (9) and Total.

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

Table with 2 columns: (a) Description, (b) Book value. Rows (1) through (9) and Total.

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

Table with 2 columns: (a) Description of liability, (b) Book value. Section 1 includes (1) Federal income taxes, rows (2) through (9), and Total.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... [X]

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

|   |   |    |            |            |
|---|---|----|------------|------------|
| 1 | Total revenue, gains, and other support per audited financial statements        |    | 1          | 2,304,206. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12:             |    |            |            |
| a | Net unrealized gains (losses) on investments                                    | 2a | 655,495.   |            |
| b | Donated services and use of facilities  | 2b |            |            |
| c | Recoveries of prior year grants   | 2c |            |            |
| d | Other (Describe in Part XIII.)  | 2d |            |            |
| e | Add lines 2a through 2d   | 2e | 655,495.   |            |
| 3 | Subtract line 2e from line 1  | 3  | 1,648,711. |            |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1:            |    |            |            |
| a | Investment expenses not included on Form 990, Part VIII, line 7b                | 4a | 27,194.    |            |
| b | Other (Describe in Part XIII.)  | 4b |            |            |
| c | Add lines 4a and 4b   | 4c | 27,194.    |            |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | 5  | 1,675,905. |            |

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

|   |  |    |            |            |
|---|--|----|------------|------------|
| 1 | Total expenses and losses per audited financial statements                       |    | 1          | 3,860,793. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25:                |    |            |            |
| a | Donated services and use of facilities   | 2a |            |            |
| b | Prior year adjustments   | 2b |            |            |
| c | Other losses   | 2c |            |            |
| d | Other (Describe in Part XIII.)   | 2d |            |            |
| e | Add lines 2a through 2d  | 2e | 0.         |            |
| 3 | Subtract line 2e from line 1   | 3  | 3,860,793. |            |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1:               |    |            |            |
| a | Investment expenses not included on Form 990, Part VIII, line 7b                 | 4a | 27,194.    |            |
| b | Other (Describe in Part XIII.)   | 4b |            |            |
| c | Add lines 4a and 4b  | 4c | 27,194.    |            |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5  | 3,887,987. |            |

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART V, LINE 4:**

FIRELIGHT'S POLICY IS TO MAKE AVAILABLE ON JULY 1 OF EACH YEAR, AS EXPENDABLE INCOME, AN AMOUNT EQUAL TO THE GREATER OF THE YEARLY RETURN OF THE PREVIOUS FISCAL YEAR OR FOUR PERCENT OF THE AVERAGE OF THE LONG-TERM RESERVE FUNDS' TOTAL MARKET VALUE FOR THE FOUR QUARTERS ENDING MARCH 31 OF THE PREVIOUS FISCAL YEAR. THE BOARD OF DIRECTORS MAY ALSO AUTHORIZE WITHDRAWAL OF THE PRINCIPAL OF THE QUASI-ENDOWMENT SHOULD IT BE DETERMINED TO BE IN THE BEST INTEREST OF FIRELIGHT.

**PART X, LINE 2:**

FIRELIGHT EVALUATED ITS UNCERTAINTY IN INCOME TAXES FOR THE YEARS ENDED JUNE 30, 2021 AND 2020, AND DETERMINED THAT THERE WERE NO MATTERS THAT

**Part XIII** Supplemental Information *(continued)*

WOULD REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS OR THAT MAY HAVE ANY EFFECT ON ITS TAX-EXEMPT STATUS.

Multiple horizontal lines for supplemental information.

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization

Employer identification number

**FIRELIGHT FOUNDATION**

27-2795006

**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  **Yes**  **No**

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

| (a) Region  | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in the region | (d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in the region | (f) Total expenditures for and investments in the region |
|---|-------------------------------------|--|--|--|--|
| SUB-SAHARAN AFRICA                                      | 0                                   | 0  | GRANTMAKING  |  | 1,527,393.   |
| SUB-SAHARAN AFRICA                                      | 0                                   | 4  | PROGRAM SERVICES   | PROGRAM SUPPORT, CAPACITY BUILDING AND MENTORING   | 906,523.   |
| SUB-SAHARAN AFRICA                                      | 0                                   | 1  | PROGRAM SERVICES   | MONITORING, LEARNING AND EVALUATION  | 269,149.   |
|   |                                     |  |  |  |  |
|   |                                     |  |  |  |  |
|   |                                     |  |  |  |  |
|   |                                     |  |  |  |  |
|   |                                     |  |  |  |  |
|   |                                     |  |  |  |  |
|   |                                     |  |  |  |  |
| <b>3 a Subtotal</b> .....                               | 0                                   | 5  |  |  | 2,703,065.   |
| <b>b Total from continuation sheets to Part I</b> ..... | 0                                   | 0  |  |  | 0.   |
| <b>c Totals</b> (add lines 3a and 3b) .....             | 0                                   | 5  |  |  | 2,703,065.   |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2020

**Part II** Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1<br>(a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region  | (d) Purpose of grant                  | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|-------------------------------|--|---|---------------------------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|
|                               |  | SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | CHILD PROTECTION / CHILD RIGHTS       | 89,627.                  | WIRE TRANSFER                   | 0.                               |                                       |   |
|                               |  | SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | CHILD PROTECTION / CHILD RIGHTS       | 85,050.                  | WIRE TRANSFER                   | 0.                               |                                       |   |
|                               |  | SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | CHILD PROTECTION / CHILD RIGHTS       | 75,000.                  | WIRE TRANSFER                   | 0.                               |                                       |   |
|                               |  | SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | CHILD PROTECTION / CHILD RIGHTS       | 73,578.                  | WIRE TRANSFER                   | 0.                               |                                       |   |
|                               |  | SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | CHILD PROTECTION / CHILD RIGHTS       | 70,000.                  | WIRE TRANSFER                   | 0.                               |                                       |   |
|                               |  | SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | CHILD PROTECTION / CHILD RIGHTS       | 64,653.                  | WIRE TRANSFER                   | 0.                               |                                       |   |
|                               |  | SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | EARLY CHILDHOOD EDUCATION/DEVELOPMENT | 64,000.                  | WIRE TRANSFER                   | 0.                               |                                       |   |
|                               |  | SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | CHILD PROTECTION / CHILD RIGHTS       | 60,456.                  | WIRE TRANSFER                   | 0.                               |                                       |   |

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ..... **38**

3 Enter total number of other organizations or entities ..... **4**

| <b>Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States.</b> (Schedule F (Form 990), Part II, line 1) |   |  |  |                                 |  |  |   |  |
|---|---|--|--|---------------------------------|--|--|---|--|
| <b>1</b><br><b>(a)</b> Name of organization   | <b>(b)</b> IRS code section and EIN (if applicable) | <b>(c)</b> Region  | <b>(d)</b> Purpose of grant                                      | <b>(e)</b> Amount of cash grant | <b>(f)</b> Manner of cash disbursement | <b>(g)</b> Amount of non-cash assistance | <b>(h)</b> Description of non-cash assistance | <b>(i)</b> Method of valuation (book, FMV, appraisal, other) |
|   |   | SUB-SAHARAN<br>AFRICA - ANGOLA,<br>BENIN, BOTSWANA,<br>BURKINA FASO, | EARLY CHILDHOOD<br>EDUCATION/DEVELOPMENT,<br>SECONDARY EDUCATION | 56,081.                         | WIRE TRANSFER                          | 0.                                       |   |  |
|   |   | SUB-SAHARAN<br>AFRICA - ANGOLA,<br>BENIN, BOTSWANA,<br>BURKINA FASO, | CHILD PROTECTION /<br>CHILD RIGHTS                               | 52,850.                         | WIRE TRANSFER                          | 0.                                       |   |  |
|   |   | SUB-SAHARAN<br>AFRICA - ANGOLA,<br>BENIN, BOTSWANA,<br>BURKINA FASO, | CHILD PROTECTION /<br>CHILD RIGHTS                               | 50,850.                         | WIRE TRANSFER                          | 0.                                       |   |  |
|   |   | SUB-SAHARAN<br>AFRICA - ANGOLA,<br>BENIN, BOTSWANA,<br>BURKINA FASO, | SECONDARY EDUCATION  | 50,000.                         | WIRE TRANSFER                          | 0.                                       |   |  |
|   |   | SUB-SAHARAN<br>AFRICA - ANGOLA,<br>BENIN, BOTSWANA,<br>BURKINA FASO, | CHILD PROTECTION /<br>CHILD RIGHTS                               | 40,850.                         | WIRE TRANSFER                          | 0.                                       |   |  |
|   |   | SUB-SAHARAN<br>AFRICA - ANGOLA,<br>BENIN, BOTSWANA,<br>BURKINA FASO, | CHILD PROTECTION /<br>CHILD RIGHTS                               | 40,850.                         | WIRE TRANSFER                          | 0.                                       |   |  |
|   |   | SUB-SAHARAN<br>AFRICA - ANGOLA,<br>BENIN, BOTSWANA,<br>BURKINA FASO, | CHILD PROTECTION /<br>CHILD RIGHTS                               | 40,850.                         | WIRE TRANSFER                          | 0.                                       |   |  |
|   |   | SUB-SAHARAN<br>AFRICA - ANGOLA,<br>BENIN, BOTSWANA,<br>BURKINA FASO, | CHILD PROTECTION /<br>CHILD RIGHTS                               | 29,132.                         | WIRE TRANSFER                          | 0.                                       |   |  |
|   |   | SUB-SAHARAN<br>AFRICA - ANGOLA,<br>BENIN, BOTSWANA,<br>BURKINA FASO, | CHILD PROTECTION /<br>CHILD RIGHTS                               | 25,982.                         | WIRE TRANSFER                          | 0.                                       |   |  |



| <b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) |   |  |  |                                 |  |  |   |  |
|---|---|--|--|---------------------------------|--|--|---|--|
| <b>1</b><br><b>(a)</b> Name of organization   | <b>(b)</b> IRS code section and EIN (if applicable) | <b>(c)</b> Region  | <b>(d)</b> Purpose of grant              | <b>(e)</b> Amount of cash grant | <b>(f)</b> Manner of cash disbursement | <b>(g)</b> Amount of non-cash assistance | <b>(h)</b> Description of non-cash assistance | <b>(i)</b> Method of valuation (book, FMV, appraisal, other) |
|   |   | SUB-SAHARAN<br>AFRICA - ANGOLA,<br>BENIN, BOTSWANA,<br>BURKINA FASO, | CHILD PROTECTION /<br>CHILD RIGHTS       | 25,020.                         | WIRE TRANSFER                          | 0.                                       |   |  |
|   |   | SUB-SAHARAN<br>AFRICA - ANGOLA,<br>BENIN, BOTSWANA,<br>BURKINA FASO, | CHILD PROTECTION /<br>CHILD RIGHTS       | 25,000.                         | WIRE TRANSFER                          | 0.                                       |   |  |
|   |   | SUB-SAHARAN<br>AFRICA - ANGOLA,<br>BENIN, BOTSWANA,<br>BURKINA FASO, | CHILD PROTECTION /<br>CHILD RIGHTS       | 25,000.                         | WIRE TRANSFER                          | 0.                                       |   |  |
|   |   | SUB-SAHARAN<br>AFRICA - ANGOLA,<br>BENIN, BOTSWANA,<br>BURKINA FASO, | EARLY CHILDHOOD<br>EDUCATION/DEVELOPMENT | 24,751.                         | WIRE TRANSFER                          | 0.                                       |   |  |
|   |   | SUB-SAHARAN<br>AFRICA - ANGOLA,<br>BENIN, BOTSWANA,<br>BURKINA FASO, | EARLY CHILDHOOD<br>EDUCATION/DEVELOPMENT | 24,500.                         | WIRE TRANSFER                          | 0.                                       |   |  |
|   |   | SUB-SAHARAN<br>AFRICA - ANGOLA,<br>BENIN, BOTSWANA,<br>BURKINA FASO, | EARLY CHILDHOOD<br>EDUCATION/DEVELOPMENT | 24,500.                         | WIRE TRANSFER                          | 0.                                       |   |  |
|   |   | SUB-SAHARAN<br>AFRICA - ANGOLA,<br>BENIN, BOTSWANA,<br>BURKINA FASO, | CHILD PROTECTION /<br>CHILD RIGHTS       | 20,000.                         | WIRE TRANSFER                          | 0.                                       |   |  |
|   |   | SUB-SAHARAN<br>AFRICA - ANGOLA,<br>BENIN, BOTSWANA,<br>BURKINA FASO, | EARLY CHILDHOOD<br>EDUCATION/DEVELOPMENT | 19,800.                         | WIRE TRANSFER                          | 0.                                       |   |  |
|   |   | SUB-SAHARAN<br>AFRICA - ANGOLA,<br>BENIN, BOTSWANA,<br>BURKINA FASO, | EARLY CHILDHOOD<br>EDUCATION/DEVELOPMENT | 19,761.                         | WIRE TRANSFER                          | 0.                                       |   |  |

| Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) |  |  |   |                          |                                 |                                   |  |   |
|--|--|--|---|--------------------------|---------------------------------|-----------------------------------|--|---|
| 1<br>(a) Name of organization  | (b) IRS code section and EIN (if applicable) | (c) Region   | (d) Purpose of grant  | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|  |  | SUB-SAHARAN<br>AFRICA - ANGOLA,<br>BENIN, BOTSWANA,<br>BURKINA FASO, | EARLY CHILDHOOD<br>EDUCATION/DEVELOPMENT  | 18,800.                  | WIRE TRANSFER                   | 0.                                |  |   |
|  |  | SUB-SAHARAN<br>AFRICA - ANGOLA,<br>BENIN, BOTSWANA,<br>BURKINA FASO, | EARLY CHILDHOOD<br>EDUCATION/DEVELOPMENT  | 18,231.                  | WIRE TRANSFER                   | 0.                                |  |   |
|  |  | SUB-SAHARAN<br>AFRICA - ANGOLA,<br>BENIN, BOTSWANA,<br>BURKINA FASO, | EARLY CHILDHOOD<br>EDUCATION/DEVELOPMENT  | 17,000.                  | WIRE TRANSFER                   | 0.                                |  |   |
|  |  | SUB-SAHARAN<br>AFRICA - ANGOLA,<br>BENIN, BOTSWANA,<br>BURKINA FASO, | CHILD PROTECTION /<br>CHILD RIGHTS  | 15,000.                  | WIRE TRANSFER                   | 0.                                |  |   |
|  |  | SUB-SAHARAN<br>AFRICA - ANGOLA,<br>BENIN, BOTSWANA,<br>BURKINA FASO, | EARLY CHILDHOOD<br>EDUCATION/DEVELOPMENT  | 15,000.                  | WIRE TRANSFER                   | 0.                                |  |   |
|  |  | SUB-SAHARAN<br>AFRICA - ANGOLA,<br>BENIN, BOTSWANA,<br>BURKINA FASO, | CHILD PROTECTION /<br>CHILD RIGHTS, EARLY<br>CHILDHOOD<br>EDUCATION/DEVELOPMENT | 15,000.                  | WIRE TRANSFER                   | 0.                                |  |   |
|  |  | SUB-SAHARAN<br>AFRICA - ANGOLA,<br>BENIN, BOTSWANA,<br>BURKINA FASO, | EARLY CHILDHOOD<br>EDUCATION/DEVELOPMENT  | 15,000.                  | WIRE TRANSFER                   | 0.                                |  |   |
|  |  | SUB-SAHARAN<br>AFRICA - ANGOLA,<br>BENIN, BOTSWANA,<br>BURKINA FASO, | EARLY CHILDHOOD<br>EDUCATION/DEVELOPMENT  | 14,000.                  | WIRE TRANSFER                   | 0.                                |  |   |
|  |  | SUB-SAHARAN<br>AFRICA - ANGOLA,<br>BENIN, BOTSWANA,<br>BURKINA FASO, | EARLY CHILDHOOD<br>EDUCATION/DEVELOPMENT  | 14,000.                  | WIRE TRANSFER                   | 0.                                |  |   |

| <b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) |   |   |                                       |                                 |  |  |   |  |
|---|---|---|---------------------------------------|---------------------------------|--|--|---|--|
| <b>1</b><br><b>(a)</b> Name of organization   | <b>(b)</b> IRS code section and EIN (if applicable) | <b>(c)</b> Region   | <b>(d)</b> Purpose of grant           | <b>(e)</b> Amount of cash grant | <b>(f)</b> Manner of cash disbursement | <b>(g)</b> Amount of non-cash assistance | <b>(h)</b> Description of non-cash assistance | <b>(i)</b> Method of valuation (book, FMV, appraisal, other) |
|   |   | SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | EARLY CHILDHOOD EDUCATION/DEVELOPMENT | 14,000.                         | WIRE TRANSFER                          | 0.                                       |   |  |
|   |   | SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | EARLY CHILDHOOD EDUCATION/DEVELOPMENT | 13,221.                         | WIRE TRANSFER                          | 0.                                       |   |  |
|   |   | SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | EARLY CHILDHOOD EDUCATION/DEVELOPMENT | 13,000.                         | WIRE TRANSFER                          | 0.                                       |   |  |
|   |   | SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | CHILD PROTECTION / CHILD RIGHTS       | 12,000.                         | WIRE TRANSFER                          | 0.                                       |   |  |
|   |   | SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | CHILD PROTECTION / CHILD RIGHTS       | 10,000.                         | WIRE TRANSFER                          | 0.                                       |   |  |
|   |   | SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | CHILD PROTECTION / CHILD RIGHTS       | 10,000.                         | WIRE TRANSFER                          | 0.                                       |   |  |
|   |   | SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | CHILD PROTECTION / CHILD RIGHTS       | 8,500.                          | WIRE TRANSFER                          | 0.                                       |   |  |
|   |   |   |                                       |                                 |  |  |   |  |
|   |   |   |                                       |                                 |  |  |   |  |

**Part III Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Region | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of noncash assistance | (g) Description of noncash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
|---------------------------------|------------|--------------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|
|                                 |            |                          |                          |                                 |                                  |                                       |   |
|                                 |            |                          |                          |                                 |                                  |                                       |   |
|                                 |            |                          |                          |                                 |                                  |                                       |   |
|                                 |            |                          |                          |                                 |                                  |                                       |   |
|                                 |            |                          |                          |                                 |                                  |                                       |   |
|                                 |            |                          |                          |                                 |                                  |                                       |   |
|                                 |            |                          |                          |                                 |                                  |                                       |   |
|                                 |            |                          |                          |                                 |                                  |                                       |   |
|                                 |            |                          |                          |                                 |                                  |                                       |   |
|                                 |            |                          |                          |                                 |                                  |                                       |   |
|                                 |            |                          |                          |                                 |                                  |                                       |   |
|                                 |            |                          |                          |                                 |                                  |                                       |   |
|                                 |            |                          |                          |                                 |                                  |                                       |   |
|                                 |            |                          |                          |                                 |                                  |                                       |   |
|                                 |            |                          |                          |                                 |                                  |                                       |   |
|                                 |            |                          |                          |                                 |                                  |                                       |   |

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* .....  Yes  No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* .....  Yes  No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* .....  Yes  No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* .....  Yes  No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* .....  Yes  No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* .....  Yes  No

Schedule F (Form 990) 2020

**Part V Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

**PART I, LINE 2:**

**FIRELIGHT USES MULTIPLE STRATEGIES TO MONITOR USE OF FUNDS:**

- GRANTEES PROVIDE ANNUAL REPORT, BOTH NARRATIVE AND FINANCIAL, AS WELL AS BENEFICIARY DATA, WHICH IS ANALYZED AGAINST WHAT THEY PROPOSED. STAFF ALSO ANALYZE BUDGETS AND FINANCIAL REPORTS FOR REASONABLE EXPENDITURE. ANY CHANGES OVER 10% OF BUDGET MUST BE APPROVED WITH A RATIONALE. BUDGET CHANGES BELOW 10% MUST BE EXPLAINED IN THE FINANCIAL REPORT.

- FIRELIGHT HAS CONSULTANT PROGRAM OFFICERS CONDUCT ONGOING VISITS FOR SUPPORT AND MONITORING OF GRANTEE ACTIVITIES. THESE INCLUDE BOTH PLANNED AND UNPLANNED MONITORING AND SUPPORT VISITS.

- FIRELIGHT STAFF CONDUCT ANNUAL SITE VISITS WHERE THEY CONDUCT IN-DEPTH REVIEW OF ORGANIZATION'S GOALS, PROGRAMS, ACCOMPLISHMENTS, AS WELL AS OPERATIONAL SYSTEMS, SUCH AS FINANCIAL MANAGEMENT SYSTEMS.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2020**

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization

**FIRELIGHT FOUNDATION**

Employer identification number

**27-2795006**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee          | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant        | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....
- c** Participate in or receive payment from an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

|           | Yes | No       |
|-----------|-----|----------|
| <b>1b</b> |     |          |
| <b>2</b>  |     |          |
| <b>4a</b> |     | <b>X</b> |
| <b>4b</b> |     | <b>X</b> |
| <b>4c</b> |     | <b>X</b> |
| <b>5a</b> |     | <b>X</b> |
| <b>5b</b> |     | <b>X</b> |
| <b>6a</b> |     | <b>X</b> |
| <b>6b</b> |     | <b>X</b> |
| <b>7</b>  |     | <b>X</b> |
| <b>8</b>  |     | <b>X</b> |
| <b>9</b>  |     |          |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2020

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

| (A) Name and Title                       |      | (B) Breakdown of W-2 and/or 1099-MISC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|--|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
|  |      | (i) Base compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |  |                         |                                 |   |
| (1) NINA BLACKWELL<br>EXECUTIVE DIRECTOR | (i)  | 174,836.   | 0.                                  | 0.                                  | 0.   | 567.                    | 175,403.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (2) JANE STOKES<br>DIRECTOR OF FINANCE   | (i)  | 125,713.   | 0.                                  | 0.                                  | 3,771.   | 42,853.                 | 172,337.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |



**Part III** Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

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**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization

FIRELIGHT FOUNDATION

Employer identification number

27-2795006

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

FRAMEWORKS TO HELP EXPLORE AND EMBRACE THE COMMUNITY'S MOST PRESSING  
AREAS OF CONCERN OR MOST PRESSING CHALLENGES FROM A CHILDREN'S RIGHTS  
PERSPECTIVE. WE WILL THEN SUPPORT CLUSTERS OF CBOS TO ALSO UTILIZE  
THESE HIGHLY PARTICIPATORY PRACTICES SO THAT THEY, ALONG WITH THEIR  
COMMUNITIES - INCLUDING CHILDREN THEMSELVES - CAN ALSO DETERMINE THE  
COMMUNITY ACTION THEY TOGETHER BELIEVE IS THE MOST IMPORTANT TO TAKE  
FOR THEIR CHILDREN.

FIRELIGHT BUILDS, DOCUMENTS AND SHARES CRITICAL EVIDENCE THAT WILL BE  
NECESSARY TO ENCOURAGE MORE DONORS AND DONOR INSTITUTIONS TO ENCOURAGE  
THEM TO VALUE AND SUPPORT COMMUNITY-LED AGENDA SETTING AND ACTION FOR  
CHILDREN'S RIGHTS.

WE SEEK THE FOLLOWING OUTCOMES

- FIRELIGHT, OUR CURRENT CBO LEADERS AND OTHER AFRICAN COMMUNITY-DRIVEN  
SYSTEMS CHANGE EXPERTS HELP US CO-CREATE A CONCEPT, FRAMEWORK, TOOLS,  
AND APPROACH FOR CBO-FACILITATED COMMUNITY-DRIVEN SYSTEMS CHANGE WHICH  
IS DOCUMENTED AND CAN BE USED AS A FRAMING FOR OUR FUTURE CBO GRANTEEES.

- A DETAILED, USEABLE AND COMMUNICABLE COMMUNITY-INFORMED MAPPING OF  
WHAT COMMUNITIES IN UP TO THREE COUNTRIES BELIEVE ARE THE CHALLENGES  
THAT ARE THE GREATEST FOR THEIR CHILDREN'S RIGHTS AND WHERE THEIR OWN  
ACTIONS MIGHT BE POWERFUL.

- FIRELIGHT'S CBO GRANTEE-PARTNERS EFFECTIVELY EXPLORE WITH THEIR  
COMMUNITIES (INCLUDING CHILDREN THEMSELVES) WHAT ACTION MIGHT BE NEEDED  
FOR COMMUNITY REALIZATION OF CHILDREN'S RIGHTS AND THEN ENGAGE IN

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

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

|   |   |
|---|---|
| Name of the organization<br><b>FIRELIGHT FOUNDATION</b> | Employer identification number<br><b>27-2795006</b> |
|---|---|

PARTICIPATORY PROCESSES WITH COMMUNITIES, CHILDREN THEMSELVES AND OTHER CRITICAL STAKEHOLDERS SUCH AS LOCAL GOVERNMENT TO RECOGNIZE AND BUILD ON EXISTING KNOWLEDGE, SKILLS AND COMMUNITY ASSETS, TO JOINTLY IDENTIFY AND PRIORITIZE NEEDS AND TO DEVELOP AND TEST COMMUNITY-DRIVEN ACTIONS/SOLUTIONS THAT WILL IMPROVE/CREATE ENABLING ENVIRONMENTS THAT SUPPORT RIGHTS REALIZATION FOR CHILDREN.

FIRELIGHT BUILDS EVIDENCE TO ANSWER THE FOLLOWING QUESTIONS

- IS COMMUNITY-DRIVEN ACTION AN EFFECTIVE AND SUSTAINABLE RESPONSE TO ADDRESSING THE KEY RIGHTS OF CHILDREN AND ADOLESCENTS IN SUB-SAHARAN AFRICA? (I.E., DOES THIS MODEL WORK?)

- HOW CAN CBOS BE EFFECTIVELY SUPPORTED TO EMPOWER, MOBILIZE, AND COLLABORATE WITH COMMUNITY LEADERS, LOCAL AUTHORITIES, EXISTING COMMUNITY STRUCTURES, GOVERNMENT, AND BENEFICIARIES IN THE CONCEPTUALIZATION, DESIGN, IMPLEMENTATION, AND EVALUATION OF COMMUNITY ACTION PLANS FOR CHILDREN RIGHTS? (I.E., HOW CAN WE BEST SUPPORT CBOS TO PARTNER WITH COMMUNITIES ON CHILD RIGHTS?)

- CAN CBO PARTNERS, WITH FUNDS, TIME, AND SUPPORT, CREATE MEANINGFUL CHANGE IN THE CAPACITY AND ENGAGEMENT OF COMMUNITIES TO MAP OUT, PRIORITIZE, AND RESPOND TO KEY ISSUES AFFECTING YOUNG CHILDREN IN THEIR COMMUNITIES? (I.E., DO WE SEE CHANGES IN COMMUNITY CAPACITY FOR CHILDREN'S RIGHTS?)

- WHAT ARE THE KEY COMPONENTS AND PROCESSES IMPORTANT TO THE SUCCESS OF CBO-COMMUNITY PARTNERSHIPS FOR EFFECTIVE AND SUSTAINABLE COMMUNITY RESPONSES/SOLUTIONS FOR CHILDREN'S RIGHTS? (I.E., WHAT DOES IT TAKE TO SUPPORT CBOS AND COMMUNITIES TO DO THIS EFFECTIVELY WITH AND WITHOUT DONOR SUPPORT?)

|   |   |
|---|---|
| Name of the organization<br><b>FIRELIGHT FOUNDATION</b> | Employer identification number<br><b>27-2795006</b> |
|---|---|

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

WHAT YOUNG CHILDREN NEED TO GROW AND DEVELOP TO THEIR FULL POTENTIAL.

- CBOS HAVE THE CAPACITIES AND RESOURCES TO WORK WITH COMMUNITIES AND LOCAL GOVERNMENT TO JOINTLY ASSESS AND IMPROVE/CREATE ENABLING ENVIRONMENTS WHICH SUPPORT NURTURING CARE FOR CHILDREN.

- CBOS ENGAGE IN LEARNING, NETWORKING AND POLICY INFLUENCE AND HAVE STRONGER ORGANIZATIONAL SYSTEMS AND PROCESSES.

- EVIDENCE, LEARNINGS, AND KNOWLEDGE ARE SYNTHESIZED AND SHARED LOCALLY, REGIONALLY, AND GLOBALLY TO IMPROVE UNDERSTANDING OF HOW CBO-COMMUNITY-GOVERNMENT COLLABORATIONS CAN IMPROVE/CREATE ENABLING ENVIRONMENTS THAT SUPPORT NURTURING CARE FOR CHILDREN.

APPROACH

BASED ON OUR EVALUATION AND LEARNINGS, OUR APPROACH WILL EMPHASIZE THE FOLLOWING:

- STARTING WITH THE END IN MIND - CONCEPTUALIZING EACH PHASE AND EACH ACTIVITY TOWARDS THE ULTIMATE END OF STRENGTHENING CBO AND COMMUNITY CAPACITY TO CONTINUE TO IDENTIFY, PRIORITIZE, RESPOND/ACT, LEARN AND IMPROVE - LONG AFTER THE PROJECT CYCLE HAS ENDED;

- A LONGER PROJECT CYCLE, WITH SECURE AND FLEXIBLE FUNDING, AND ONGOING AND RESPONSIVE PROCESSES OF CAPACITY BUILDING, PEER LEARNING, AND EVALUATION AND REFLECTION;

- A MEANINGFUL PERIOD OF TIME AT THE START OF THE CYCLE FOR CBOS TO UNDERSTAND WHAT CHILDREN NEED TO DEVELOP TO THEIR FULL POTENTIAL AND THEN ENGAGE IN PARTICIPATORY PROCESSES WITH COMMUNITIES AND LOCAL GOVERNMENT TO RECOGNIZE AND BUILD ON EXISTING KNOWLEDGE, SKILLS AND COMMUNITY ASSETS; IDENTIFY AND PRIORITIZE NEEDS; AND JOINTLY DEVELOP AND TEST ACTIONS/SOLUTIONS THAT WILL IMPROVE NURTURING CARE FOR

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CHILDREN.

- ITERATIVE CYCLES OF LEARNING AND ACTION, WITH MEANINGFUL PERIODS OF TIME (AND CAPACITY) FOR CBOS, COMMUNITIES AND LOCAL GOVERNMENT TO PILOT/IMPLEMENT, MONITOR IMPLEMENTATION, AND REFINE THEIR MODELS, INTERSPERSED WITH MEANINGFUL TIME (AND CAPACITY) TO ENGAGE IN DEEPER AND MORE SYSTEMATIC EVALUATION AND LEARNING PROCESSES - TO IMPROVE THEIR LOCAL STRATEGIES AS WELL AS GENERATE KNOWLEDGE FOR THE REGIONAL AND GLOBAL ECD COMMUNITY.

- A FOCUS ON SUPPORTING CBOS TO MAKE DECISIONS THAT ARE GROUNDED IN A DEEP UNDERSTANDING OF WHAT CHILDREN NEED AS WELL AS LOCAL PRIORITIES, REALITIES, AND OPPORTUNITIES. WE BELIEVE THIS APPROACH WILL HELP US MOVE AT THE PACE OF THE CBOS AND THE COMMUNITIES SUPPORTING THEM TO DO WHAT THEY CAN IN A MANNER THAT IS SUSTAINABLE AND CONTEXTUALLY-RELEVANT.

PROGRAMS AND OPERATIONS GRANTS

IN YEAR 1, CBO GRANTEE-PARTNERS WILL RECEIVE SMALL LEARNING AND PLANNING GRANTS TO FACILITATE THEIR PARTICIPATORY LEARNING AND ACTION PLANNING PROCESSES WITH THEIR COMMUNITIES. CBO GRANTEE-PARTNERS WILL SPEND MEANINGFUL TIME WITH COMMUNITY MEMBERS AND KEY STAKEHOLDERS IN PARTICIPATORY PROCESSES OF MAPPING/IDENTIFICATION OF NEEDS AND ASSETS, UNDERSTANDING SYSTEMIC/ROOT CAUSES, PRIORITIZE ISSUE AREAS TO FOCUS ON, GENERATE ACTIONS/SOLUTIONS, AND DEVELOP ACTION PLANS. THESE FOUNDATIONAL PROCESSES WILL FORM THE BASIS OF CBO GRANTEE-PARTNERS' GRANT PROPOSALS FOR IMPLEMENTATION GRANTS IN YEARS 2 AND 3.

IN YEARS 2 AND 3, CBO GRANTEE-PARTNERS WILL RECEIVE GRANTS TO SUPPORT THEIR PROGRAMS AND OPERATIONS UNDER THIS INITIATIVE. PROPOSALS/PLANS WILL BE EXPECTED TO SHOW HOW THE PROPOSED COMMUNITY ACTIONS/SOLUTIONS

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IMPROVE/CREATE ENABLING ENVIRONMENTS WHICH SUPPORT NURTURING CARE FOR CHILDREN, PARTICULARLY FOR VULNERABLE CHILDREN, AND ESPECIALLY RESPONSIVE CAREGIVING. CBO GRANTEE-PARTNERS AND COMMUNITY LEADERS WILL BE EXPECTED TO LEVERAGE AND BUILD ON EXISTING KNOWLEDGE, PRACTICES AND SYSTEMS AS WELL AS AVAILABLE RESOURCES INCLUDING GOVERNMENT FUNDS OR COMMUNITY CONTRIBUTIONS. PARTNERS' PROPOSALS, WORKPLANS, AND BUDGETS WILL ALSO BE EXPECTED TO INCLUDE ONGOING PARTICIPATORY PROCESSES FOR PLANNING, IMPLEMENTING, MONITORING AND EVALUATING, AND LEARNING AND ADAPTATION DURING THE IMPLEMENTATION PHASE. FINALLY, ONGOING ATTENTION WILL BE GIVEN TO COMMUNITY / LOCAL STAKEHOLDER OWNERSHIP OF THE PROJECT, WITH AN EYE TO CONTINUED COMMUNITY ACTION AFTER THE END OF THE PROJECT CYCLE.

#### LEARNING AND EVALUATION

PARTICIPATORY LEARNING AND EVALUATION: THESE PROCESSES ARE INTEGRATED THROUGHOUT THE PROJECT CYCLE, WITH MORE SYSTEMATIC AND INTENTIONAL LEARNING AT THREE KEY POINTS - AT THE START - DURING PARTICIPATORY MAPPING OF ISSUES AND ROOT CAUSES, AT THE YEAR 3 MARK - WITH A MORE IN-DEPTH EVALUATION AND LEARNING PHASE, AND NEAR THE END OF THE PROJECT AS WE EVALUATE IMPACT AND CONSOLIDATE LEARNINGS. CBO GRANTEE-PARTNERS WILL BE SUPPORTED TO INTENTIONALLY CAPTURE AND DOCUMENT LEARNINGS AT THESE KEY THREE POINTS, BUT ALSO THROUGHOUT THE PROJECT, TO UNDERSTAND WHAT HAS BEEN WORKING WELL, WHAT HAS NOT, AND LESSONS TO CARRY FORWARD. CBO GRANTEE-PARTNERS WILL BE SUPPORTED TO SHARE THEIR LEARNINGS IN KEY WITHIN-CLUSTER AND BEYOND-CLUSTER CONVENINGS/FORA. IN ADDITION, CBO GRANTEE-PARTNERS WILL BE SUPPORTED TO WORK WITH COMMUNITY STRUCTURES IN USING INDIGENOUS METHODOLOGIES THAT WILL REFLECT THE PROGRESS MADE AND MEASURES TO BE TAKEN WITHIN THEIR OWN COMMUNITIES FOR CHILDREN'S

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DEVELOPMENT. PARTICULARLY PROMISING PROCESSES AND MODELS WILL BE DOCUMENTED AS CASE STUDIES FOR WIDER SHARING.

IN ADDITION, FIRELIGHT'S OVERALL LEARNING AGENDA IN THIS INITIATIVE WILL BE GUIDED BY THE FOLLOWING KEY QUESTIONS:

- HOW CAN CBOS BE EFFECTIVELY SUPPORTED TO EMPOWER, MOBILIZE, AND COLLABORATE WITH COMMUNITY LEADERS, LOCAL AUTHORITIES, EXISTING COMMUNITY STRUCTURES, GOVERNMENT, AND BENEFICIARIES IN THE CONCEPTUALIZATION, DESIGN, IMPLEMENTATION, AND EVALUATION OF COMMUNITY ACTION PLANS FOR IMPROVED EARLY CHILDHOOD DEVELOPMENT? (I.E., HOW CAN WE BEST SUPPORT CBOS TO PARTNER WITH COMMUNITIES TO ACHIEVE OPTIMAL ECD?)

- CAN CBO PARTNERS - WITH FUNDS, TIME, AND SUPPORT - CREATE MEANINGFUL CHANGE IN THE CAPACITY AND ENGAGEMENT OF COMMUNITIES TO MAP OUT, PRIORITIZE, AND RESPOND TO KEY ISSUES AFFECTING YOUNG CHILDREN IN THEIR COMMUNITIES? (I.E., DO WE SEE CHANGES IN COMMUNITY CAPACITY FOR PROVIDING NURTURING CARE?)

- IS COMMUNITY-DRIVEN ACTION AN EFFECTIVE AND SUSTAINABLE RESPONSE TO ADDRESSING THE KEY NEEDS AND ISSUES OF YOUNG VULNERABLE CHILDREN IN SUB-SAHARAN AFRICA? (I.E., DOES THIS MODEL WORK?)

- WHAT ARE THE KEY COMPONENTS AND PROCESSES IMPORTANT TO THE SUCCESS OF CBO-COMMUNITY PARTNERSHIPS FOR EFFECTIVE AND SUSTAINABLE COMMUNITY RESPONSES/SOLUTIONS FOR EARLY CHILDHOOD DEVELOPMENT? (I.E., WHAT IS A REPLICABLE 'MODEL' OR APPROACH FOR COMMUNITY-DRIVEN ECD?)

BY INDIGENOUS METHODOLOGIES WE MEAN LOCAL TECHNIQUES THAT ARE RESPONSIVE TO THE LOCAL NEEDS AND CONTEXT AND ARE USED BY LOCAL PEOPLE FOR INQUIRY, DATA COLLECTION, ANALYSIS, SHARING AND USAGE.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

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CONNECTION TO OTHER CIVIL SOCIETY ORGANIZATIONS, KNOWLEDGE SHARING AND INFORMATION GATHERING

- ESTABLISHED A REGULAR MONTHLY CHECK IN FOR ALL GRANTEEES WITH FIRELIGHT STAFF TO THEY CAN SHARE ONGOING OR NEW CONCERNS, DEVELOPMENTS AND NEEDS

WE CONTINUE TO ASSESS THE SITUATION(S) IN EACH COUNTRY AND WILL CONTINUALLY UPDATE BOTH THE INDIVIDUAL GRANTEE/COUNTRY/ISSUE NEEDS ANALYSIS AS WELL AS THE OVERALL SITUATION TO DETERMINE OUR COLLECTIVE NEXT STEPS.

FORM 990, PART VI, SECTION A, LINE 8B:

THERE ARE NO OTHER COMMITTEES THAT CAN ACT ON BEHALF OF THE FULL BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FEDERAL FORM 990 IS REVIEWED IN DETAIL BY THE TREASURER, THE FINANCE COMMITTEE AND THE EXECUTIVE DIRECTOR. IT IS THEN SHARED WITH THE ENTIRE BOARD OF DIRECTORS FOR THEIR REVIEW PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C:

THE BOARD MEMBERS SIGN A CONFLICT OF INTEREST POLICY ON AN ANNUAL BASIS. ALL BOARD MEMBERS AND ADVISORY COUNCIL MEMBERS ARE ASKED AT EACH MEETING TO DECLARE ANY CONFLICTS OF INTEREST THEY MAY HAVE. IF ANY CONFLICTS OF INTEREST ARISE, THE BOARD MEMBERS WILL DISCUSS THE NEXT STEPS AND DOCUMENT HOW TO RECTIFY THE SITUATION.

THE CONFLICT OF INTEREST POLICY FOR EMPLOYEES IS INCORPORATED INTO THE



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**EMPLOYEE HANDBOOK, WHICH ALL EMPLOYEES SIGN WHEN THEY ARE FIRST EMPLOYED AND WHEN THERE IS A SIGNIFICANT REVISION TO THE HANDBOOK. IF A CONFLICT OF INTEREST SHOULD ARISE, THE CONFLICT AND THE RESOLUTION OF THE CONFLICT ARE DOCUMENTED IN A MEMO REVIEWED BY THE EXECUTIVE DIRECTOR AND/OR THE DIRECTOR OF FINANCE AND ADMINISTRATION.**

**FORM 990, PART VI, SECTION B, LINE 15A:**

**THE EXECUTIVE DIRECTOR'S SALARY IS SET BY THE BOARD OF DIRECTORS, BY REVIEWING OTHER EXEMPT ORGANIZATIONS FEDERAL FORM 990 AND A COMPENSATION SURVEY OR STUDY. OTHER EMPLOYEES' SALARIES ARE SET ACCORDING TO A SALARY SCHEDULE WHERE JOBS ARE RANKED AND THERE IS A PREDETERMINED SALARY RANGE FOR EACH RANKING. THESE RANGES ARE BENCHMARKED AGAINST OTHER SIMILAR ORGANIZATIONS, SO THAT THE SALARIES ARE BOTH REASONABLE AND COMPETITIVE. THE LAST COMPENSATION STUDY WAS CONDUCTED IN APRIL 2020.**

**FORM 990, PART VI, SECTION C, LINE 19:**

**THE ARTICLES OF INCORPORATION, BYLAWS, AND CONFLICT OF INTEREST POLICY ARE AVAILABLE ON REQUEST. THE AUDIT REPORT AND FEDERAL FORM 990 ARE POSTED ON FIRELIGHT'S WEBSITE.**

**FORM 990, PART IX, LINE 11G, OTHER FEES:**

**FISCAL SPONSORSHIP CONSULTANTS:**

|  |                 |
|--|-----------------|
| <b>PROGRAM SERVICE EXPENSES</b>        | <b>303,442.</b> |
| <b>MANAGEMENT AND GENERAL EXPENSES</b> | <b>0.</b>       |
| <b>FUNDRAISING EXPENSES</b>            | <b>0.</b>       |
| <b>TOTAL EXPENSES</b>                  | <b>303,442.</b> |

**AFRICA BASED PROGRAM SUPPORT:**

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| <b>PROGRAM SERVICE EXPENSES</b>        | <b>271,022.</b> |
| <b>MANAGEMENT AND GENERAL EXPENSES</b> | <b>23,265.</b>  |
| <b>FUNDRAISING EXPENSES</b>            | <b>0.</b>       |
| <b>TOTAL EXPENSES</b>                  | <b>294,287.</b> |

**LEARNING & EVALUATION FIRELIGHT TEAM:**

|  |                 |
|--|-----------------|
| <b>PROGRAM SERVICE EXPENSES</b>        | <b>204,078.</b> |
| <b>MANAGEMENT AND GENERAL EXPENSES</b> | <b>17,533.</b>  |
| <b>FUNDRAISING EXPENSES</b>            | <b>0.</b>       |
| <b>TOTAL EXPENSES</b>                  | <b>221,611.</b> |

**LEARNING & EVALUATION CONSULTANTS:**

|  |                 |
|--|-----------------|
| <b>PROGRAM SERVICE EXPENSES</b>        | <b>182,833.</b> |
| <b>MANAGEMENT AND GENERAL EXPENSES</b> | <b>0.</b>       |
| <b>FUNDRAISING EXPENSES</b>            | <b>0.</b>       |
| <b>TOTAL EXPENSES</b>                  | <b>182,833.</b> |

**CAPACITY BUILDING:**

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|--|-----------------|
| <b>PROGRAM SERVICE EXPENSES</b>        | <b>135,835.</b> |
| <b>MANAGEMENT AND GENERAL EXPENSES</b> | <b>0.</b>       |
| <b>FUNDRAISING EXPENSES</b>            | <b>0.</b>       |
| <b>TOTAL EXPENSES</b>                  | <b>135,835.</b> |

**MANAGEMENT CONSULTANT:**

|  |                |
|--|----------------|
| <b>PROGRAM SERVICE EXPENSES</b>        | <b>0.</b>      |
| <b>MANAGEMENT AND GENERAL EXPENSES</b> | <b>20,989.</b> |
| <b>FUNDRAISING EXPENSES</b>            | <b>0.</b>      |
| <b>TOTAL EXPENSES</b>                  | <b>20,989.</b> |

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TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 1,158,997.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

TRANSFER OF FISCAL SPONSORSHIP -311,588.