

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

OMB No. 1545-0047

2018

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning **JUL 1, 2018** and ending **JUN 30, 2019**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization FIRELIGHT FOUNDATION Doing business as		D Employer identification number 27-2795006
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 903 PACIFIC AVENUE		E Telephone number 831-429-8750
	City or town, state or province, country, and ZIP or foreign postal code SANTA CRUZ, CA 95060		G Gross receipts \$ 6,301,934.
	F Name and address of principal officer: NINA BLACKWELL SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
	I 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		H(c) Group exemption number ▶

J Website: ▶ **WWW.FIRELIGHTFOUNDATION.ORG**

K Form of organization: Corporation Trust Association Other ▶ **L** Year of formation: **2010** **M** State of legal domicile: **CA**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: FUND AND BUILD CAPACITY OF AFRICAN COMMUNITY-BASED ORGANIZATIONS THAT IMPROVE CHILDREN'S LIVES.	
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3 Number of voting members of the governing body (Part VI, line 1a)	3 7
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 6
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5 10
	6 Total number of volunteers (estimate if necessary)	6 14
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a 0.
b Net unrelated business taxable income from Form 990-T, line 38	7b 0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 5,641,023. Current Year 4,617,785.
	9 Program service revenue (Part VIII, line 2g)	223,429. 126,212.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	305,992. 323,319.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	73,594. 2,229.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,244,038. 5,069,545.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)
14 Benefits paid to or for members (Part IX, column (A), line 4)		0. 0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,086,423. 853,193.
16a Professional fundraising fees (Part IX, column (A), line 11e)		0. 0.
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 155,149.		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,942,538. 2,010,348.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,907,157. 4,391,712.	
19 Revenue less expenses. Subtract line 18 from line 12	1,336,881. 677,833.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 7,234,265. End of Year 7,684,459.
	21 Total liabilities (Part X, line 26)	190,343. 150,821.
	22 Net assets or fund balances. Subtract line 21 from line 20	7,043,922. 7,533,638.

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.

Sign Here	Signature of officer		Date		
	ELISA DE MARTEL, TREASURER Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	FRANK H. SMITH	<i>Frank H. Smith</i>	11/10/19	<input type="checkbox"/>	P00639053
	Firm's name ▶ MARCUM LLP	Firm's EIN ▶ 11-1986323			
	Firm's address ▶ 1899 L STREET, NW, SUITE 850 WASHINGTON, DC 20036			Phone no. (202) 227-4000	

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

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 \$ 2,007,251. including grants of \$ 953,946.) (Revenue \$) CHILD PROTECTION AND ENDING CHILD MARRIAGE

WITH FUNDING FROM THE OAK FOUNDATION, DOROTHEA HAUS ROSS FOUNDATION, AND AN ANONYMOUS DONOR, FIRELIGHT HAS BEEN SUPPORTING A CLUSTER OF 10 COMMUNITY-BASED ORGANIZATIONS AND 2 LEAD PARTNERS THAT ARE FIGHTING TO SYSTEMATICALLY ELIMINATE CHILD MARRIAGE IN THE SHINYANGA REGION OF TANZANIA, WHERE 59% OF GIRLS UNDER 18 ARE STILL FORCED INTO MARRIAGE.

OUR GRANTEE-PARTNERS ARE DEPLOYING A VARIETY OF HOLISTIC APPROACHES TO END CHILD MARRIAGE IN THE REGION. THEIR APPROACHES INCLUDE ECONOMIC STRENGTHENING FOR FAMILIES, PSYCHOSOCIAL SUPPORT FOR CHILDREN RESCUED FROM CHILD MARRIAGE, EDUCATIONAL SUPPORT FOR CHILDREN RESCUED FROM OR

4b (Code:) (Expenses \$ 1,284,122. including grants of \$ 325,833.) (Revenue \$) SUPPORTING EARLY CHILDHOOD DEVELOPMENT SYSTEMS AND STRENGTHENING PRIMARY EDUCATION

WITH THE SUPPORT OF COMIC RELIEF, THE CONRAD N. HILTON FOUNDATION AND THE BAINUM FAMILY FOUNDATION, FIRELIGHT HAS BEEN SUPPORTING 18 COMMUNITY-BASED ORGANIZATIONS IN MALAWI, TANZANIA, AND ZAMBIA TO STRENGTHEN EARLY CHILDHOOD DEVELOPMENT (ECD) CENTERS AND FAMILY-BASED TRAINING PROGRAMS THAT PROMOTE CHILDREN'S HOLISTIC DEVELOPMENT, ESPECIALLY IN AREAS THAT ARE AFFECTED BY HIV. ECD IS CRITICAL TO CHILDREN'S ABILITY TO THRIVE IN THEIR EARLY YEARS AND ALSO IMPACTS THEIR ABILITY TO SUCCEED IN SCHOOL, BUT ONLY 12% OF CHILDREN IN SUB-SAHARAN AFRICA CURRENTLY HAVE ACCESS TO QUALITY EARLY CHILDHOOD

4c (Code:) (Expenses \$ 293,737. including grants of \$ 248,392.) (Revenue \$ 126,212.) IMPROVING ACCESS TO GIRLS' SECONDARY EDUCATION IN MALAWI

FIRELIGHT IS FUNDED BY THE MASTERCARD FOUNDATION, DUBAI CARES, AND THE FLORA FAMILY FOUNDATION TO SUPPORT FOUR LOCAL ORGANIZATIONS IN MALAWI TO DEVELOP COMMUNITY-DRIVEN IDEAS THAT IMPROVE THE TRANSITION, PERSISTENCE, AND EXAM PASS RATES FOR VULNERABLE GIRLS IN MALAWI'S PUBLIC COMMUNITY DAY SECONDARY SCHOOL (CDSS) SYSTEM. TODAY, CDSSS FACE SIGNIFICANT CHALLENGES, FROM POORLY TRAINED TEACHERS, TO LIMITED TEACHING AND LEARNING MATERIALS, TO AN OUTDATED CURRICULUM. PARENTS, STUDENTS AND COMMUNITIES ARE SKEPTICAL OF THE VALUE OF SCHOOLING AT THE CDSSS, AND THUS EARLY MARRIAGE FOR GIRLS IS OFTEN PRIORITIZED OVER SECONDARY SCHOOL ENROLLMENT.

4d Other program services (Describe in Schedule O.) (Expenses \$ 16,900. including grants of \$) (Revenue \$)

4e Total program service expenses 3,602,010.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

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, Yes, No. Rows 1a-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, 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 in 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... 2 Did any officer, director, trustee... 3 Did the organization delegate control... 4 Did the organization make any significant changes... 5 Did the organization become aware... 6 Did the organization have members... 7a Did the organization have members... 7b Are any governance decisions... 8 Did the organization contemporaneously document... 8a The governing body? 8b Each committee... 9 Is there any officer, director, trustee...

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... 10b If "Yes," did the organization have written policies... 11a Has the organization provided a complete copy... 11b Describe in Schedule O the process... 12a Did the organization have a written conflict of interest policy... 12b Were officers, directors, or trustees... 12c Did the organization regularly and consistently monitor... 13 Did the organization have a written whistleblower policy... 14 Did the organization have a written document retention... 15 Did the process for determining compensation... 15a The organization's CEO... 15b Other officers or key employees... 16a Did the organization invest in, contribute assets to... 16b If "Yes," did the organization follow a written policy...

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 in Schedule O)
19 Describe in 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) 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) GLORIA JOHNSON-CLARK CHAIR/CONSULTANT	5.00	X		X			45,630.	0.	0.	
(2) MOLLY EFRUSY VICE CHAIR	1.00	X		X			0.	0.	0.	
(3) DAVE KATZ SECRETARY - UNTIL 06/2019	1.00	X		X			0.	0.	0.	
(4) ELISA DE MARTEL TREASURER	1.00	X		X			0.	0.	0.	
(5) GEOFF FOSTER BOARD MEMBER - UNTIL 06/2019	1.00	X					0.	0.	0.	
(6) MARK LOREY BOARD MEMBER	1.00	X					0.	0.	0.	
(7) JIMMY KOLKER BOARD MEMBER	1.00	X					0.	0.	0.	
(8) KERRY OLSON BOARD MEMBER - UNTIL 06/2019	1.00	X					0.	0.	0.	
(9) GERRY SALOLE BOARD MEMBER	1.00	X					0.	0.	0.	
(10) PARU YUSUF BOARD MEMBER	1.00	X					0.	0.	0.	
(11) NINA BLACKWELL EXECUTIVE DIRECTOR	40.00			X			169,649.	0.	567.	
(12) JANE STOKES DIRECTOR OF FINANCE	40.00				X		106,911.	0.	44,974.	

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) 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					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	4,617,785.				
	g Noncash contributions included in lines 1a-1f: \$		335,360.				
	h Total. Add lines 1a-1f		4,617,785.				
Program Service Revenue	2 a <u>CONTRACT SERVICES</u>	Business Code 90099	126,212.	126,212.			
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f		126,212.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		132,481.			132,481.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		1422097.	1,130.				
		b Less: cost or other basis and sales expenses					
		1232389.	0.				
	c Gain or (loss)	189,708.	1,130.				
	d Net gain or (loss)			190,838.		190,838.	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
		b Less: direct expenses	b				
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a <u>REFUNDS & REWARDS</u>	90099	1,497.			1,497.		
b <u>INSURANCE PROCEEDS</u>	90099	732.			732.		
c _____							
d All other revenue							
e Total. Add lines 11a-11d		2,229.					
12 Total revenue. See instructions		5,069,545.	126,212.	0.	325,548.		

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) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	1,528,171.	1,528,171.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	183,757.	88,686.	43,215.	51,856.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	454,807.	231,824.	173,759.	49,224.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	12,436.	3,521.	8,018.	897.
9 Other employee benefits	153,733.	43,144.	106,163.	4,426.
10 Payroll taxes	48,460.	16,443.	24,557.	7,460.
11 Fees for services (non-employees):				
a Management				
b Legal	27,484.	13,792.	13,692.	
c Accounting	38,661.	14,211.	24,450.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	26,217.		26,217.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	1,102,590.	1,059,560.	26,130.	16,900.
12 Advertising and promotion				
13 Office expenses	80,810.	70,107.	7,411.	3,292.
14 Information technology	113,317.	57,118.	49,488.	6,711.
15 Royalties				
16 Occupancy	19,162.	9,055.	6,363.	3,744.
17 Travel	313,859.	289,162.	22,716.	1,981.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	10,403.	3,514.	4,041.	2,848.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	4,954.	1,840.	2,694.	420.
23 Insurance	22,647.	11,082.	9,543.	2,022.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a WORKSHOPS AND TRAINING	144,708.	144,708.		
b BAD DEBT	67,000.		67,000.	
c FISCAL SPONSOR FEE	18,049.	15,424.	2,625.	
d MEMBERSHIP DUES	14,450.	648.	10,434.	3,368.
e All other expenses _____	6,037.		6,037.	
25 Total functional expenses. Add lines 1 through 24e	4,391,712.	3,602,010.	634,553.	155,149.
26 Joint costs. 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) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,285,083.	1	984,563.
	2 Savings and temporary cash investments	595,147.	2	1,197,734.
	3 Pledges and grants receivable, net	2,050,387.	3	2,065,409.
	4 Accounts receivable, net	2,650.	4	143.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	19,644.	9	54,833.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 32,835.		
	b Less: accumulated depreciation	10b 16,598.	10c	16,237.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	3,268,046.	12	3,362,540.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	2,111.	15	3,000.
16 Total assets. Add lines 1 through 15 (must equal line 34)	7,234,265.	16	7,684,459.	
Liabilities	17 Accounts payable and accrued expenses	134,090.	17	143,321.
	18 Grants payable	50,000.	18	0.
	19 Deferred revenue	6,253.	19	7,500.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 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		25	
	26 Total liabilities. Add lines 17 through 25	190,343.	26	150,821.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	3,141,984.	27	3,211,888.
	28 Temporarily restricted net assets	3,901,938.	28	4,321,750.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	7,043,922.	33	7,533,638.	
34 Total liabilities and net assets/fund balances	7,234,265.	34	7,684,459.	

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	5,069,545.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,391,712.
3	Revenue less expenses. Subtract line 2 from line 1	3	677,833.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7,043,922.
5	Net unrealized gains (losses) on investments	5	-188,117.
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 in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	7,533,638.

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 in 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 in Schedule O and describe any steps taken to undergo such audits

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

Form 990 (2018)

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 for instructions and the latest information.

OMB No. 1545-0047

2018

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		
Total						

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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4645482.	3635498.	1664255.	5641023.	4617785.	20204043.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	4645482.	3635498.	1664255.	5641023.	4617785.	20204043.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						8901673.
6 Public support. Subtract line 5 from line 4.						11302370.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	4645482.	3635498.	1664255.	5641023.	4617785.	20204043.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	170,749.	207,227.	165,934.	122,624.	132,481.	799,015.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	8,682.	14,153.	6,550.	9.		29,394.
11 Total support. Add lines 7 through 10						21032452.
12 Gross receipts from related activities, etc. (see instructions)					12	755,423.
13 First five 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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	53.74 %
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	59.14 %
16a 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2017. 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 stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2018. 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 stop here. 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 10% -facts-and-circumstances test - 2017. 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 stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the 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

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2018. 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 - 2017. 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 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 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>		
2 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>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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>		
c 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>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
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>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <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>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 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>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 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>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
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>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
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
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <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 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>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part 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
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <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
1 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?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <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

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a 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>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <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>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a 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>Provide details in Part VI.</i>		
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.

Section A - Adjusted Net Income		(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	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(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	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
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 1-1/2% 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 .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to 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).		

Schedule A (Form 990 or 990-EZ) 2018

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

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

Schedule A (Form 990 or 990-EZ) 2018

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

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

FISCAL AGENT FEE

2014 AMOUNT: \$ 6,027.

2015 AMOUNT: \$ 11,984.

2016 AMOUNT: \$ 0.

2017 AMOUNT: \$ 0.

2018 AMOUNT: \$ 0.

OTHER INCOME

2014 AMOUNT: \$ 1,845.

2015 AMOUNT: \$ 1,669.

2016 AMOUNT: \$ 0.

2017 AMOUNT: \$ 9.

2018 AMOUNT: \$ 0.

CRADLE PROJECT SALES

2014 AMOUNT: \$ 810.

2015 AMOUNT: \$ 500.

2016 AMOUNT: \$ 550.

2017 AMOUNT: \$ 0.

2018 AMOUNT: \$ 0.

RENT DEPOSIT REFUND

2014 AMOUNT: \$ 0.

2015 AMOUNT: \$ 0.

2016 AMOUNT: \$ 6,000.

2017 AMOUNT: \$ 0.

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.)

2018 AMOUNT: \$ 0.

Multiple horizontal lines for supplemental information.

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 for the latest information.

OMB No. 1545-0047

2018

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 FIRELIGHT FOUNDATION	Employer identification number 27-2795006
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	<hr/> <hr/> <hr/>	\$ <u>1,806,609.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	<hr/> <hr/> <hr/>	\$ <u>1,250,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	<hr/> <hr/> <hr/>	\$ <u>410,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>	<hr/> <hr/> <hr/>	\$ <u>236,595.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>	<hr/> <hr/> <hr/>	\$ <u>150,727.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>	<hr/> <hr/> <hr/>	\$ <u>134,992.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization FIRELIGHT FOUNDATION	Employer identification number 27-2795006
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ <u>117,210.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
4	SEE STATEMENT 1 _____ _____ _____	\$ 236,595.	04/12/19
5	SEE STATEMENT 2 _____ _____ _____	\$ 98,765.	06/07/19
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

Name of organization FIRELIGHT FOUNDATION	Employer identification number 27-2795006
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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
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

439 SHARES PIMCO ALL ASSET ALL AUTHORITY CL C, 352 SHARES PIONEER HIGH YIELD FUND CL A, 388 SHARES AMERICAN FD INCOME FUND OF AMERICA CL F1, 120 SHARES AMERICAN FD INCOME FUND OF AMERICA CL A, 505 SHARES BLACKROCK ADVANTAGE SM CAP GWTH A, 367 SHARES TEMPLETON GLOBAL BOND FUND CL C, 621 SHARES FRANKLIN HIGH YIELD TF INCM FD CL C, 213 SHARES FRANKLIN UTILITIES FD CL A1, 42 SHARES FRANKLIN RISING DIV FD CL A, 664 SHARES FRANKLIN MI TAX FREE INCM FD CL A1, 121 SHARES TEMPLETON GLOBAL BOND FUND CL A, 101 SHARES FRANKLIN FEDERAL TAX FREE INCM CL A1, 1200 SHARES WOODWARD INC, 60 SHARES KRAFT HEINZ CO, 202 SHARES JUNIPER NETWORKS INC, 400 SHARES BLACKROCK MUNIY MICHIGAN, 54 SHARES DUKE ENERGY CORP, 762 SHARES CISCO SYSTEMS INC, 130 SHARES CMS ENERGY CORP AND 29 SHARES COMCAST CORP CLASS A

297 SHARES BLACKROCK NATIONAL MUNI INV A, 164 SHARES TEMPLETON GLOBAL BOND FUND CL A, 550 SHARES FRANKLIN UTILITIES FD CL A1, 150 SHARES NORTHERN TRUST CORP, 202 SHARES JUNIPER NETWORKS INC, 1037 SHARES CISCO SYSTEMS INC, 118 SHARES COMCAST CORP CLASS A

COPY

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

2018 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, lines 2a-2d, number of modified easements, states where located, monitoring policy, staff hours, expenses, and requirements of section 170(h)(4)(B)(i).

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 1a) reporting requirements, 1b) amounts for art collection, and 2) amounts for financial gain.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2018

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 are a 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 programs
 - 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	3,653,976.	3,449,078.	3,310,424.	3,706,716.	4,487,718.
b Contributions					
c Net investment earnings, gains, and losses	131,316.	233,712.	363,985.	-73,818.	-254,427.
d Grants or scholarships					
e Other expenditures for facilities and programs	260,865.		200,000.	289,047.	490,309.
f Administrative expenses	26,154.	28,814.	25,331.	33,427.	36,266.
g End of year balance	3,498,273.	3,653,976.	3,449,078.	3,310,424.	3,706,716.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 100.00 %
 - b Permanent endowment .00 %
 - c Temporarily restricted endowment .00 %
- 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 | | <input checked="" type="checkbox"/> |
| (ii) related organizations | | <input checked="" type="checkbox"/> |
| 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		22,908.	10,756.	12,152.
e Other		9,927.	5,842.	4,085.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				16,237.

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.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) PUBLICLY TRADED		
(B) SECURITIES	3,362,540.	COST
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	3,362,540.	

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.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

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.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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	4,855,211.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-188,117.	
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	-188,117.	
3	Subtract line 2e from line 1	3	5,043,328.	
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	26,217.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	26,217.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	5,069,545.	

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	4,365,495.
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	4,365,495.	
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	26,217.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	26,217.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	4,391,712.	

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 YEAR ENDED JUNE 30, 2019, AND DETERMINED THAT THERE WERE NO MATTERS THAT WOULD

Part XIII Supplemental Information *(continued)*

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 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization: **FIRELIGHT FOUNDATION** Employer identification number: **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		1,528,171.
SUB-SAHARAN AFRICA	2	0	PROGRAM SERVICES	PROGRAM SUPPORT, CAPACITY BUILDING AND MENTORING	851,834.
SUB-SAHARAN AFRICA	1	0	PROGRAM SERVICES	MONITORING, LEARNING AND EVALUATION	383,638.
3 a Subtotal	3	0			2,763,643.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	3	0			2,763,643.

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 (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	CHILD PROTECTION / CHILD RIGHTS	130,220.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	CHILD PROTECTION / CHILD RIGHTS	92,047.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	EARLY CHILDHOOD EDUCATION/DEVELOPMENT	68,675.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	ORG. CAPACITY BUILDING	55,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	CHILD PROTECTION / CHILD RIGHTS	50,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	CHILD PROTECTION / CHILD RIGHTS	48,813.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	CHILD PROTECTION / CHILD RIGHTS	47,857.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	CHILD PROTECTION / CHILD RIGHTS	47,440.	WIRE TRANSFER	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter **33**

3 Enter total number of other organizations or entities **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 (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 AFRICA	ORG. CAPACITY BUILDING	42,325.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	CHILD PROTECTION / CHILD RIGHTS	40,720.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	CHILD PROTECTION / CHILD RIGHTS	40,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	CHILD PROTECTION / CHILD RIGHTS	36,814.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	CHILD PROTECTION / CHILD RIGHTS	36,565.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	CHILD PROTECTION / CHILD RIGHTS	36,535.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	CHILD PROTECTION / CHILD RIGHTS	36,532.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	CHILD PROTECTION / CHILD RIGHTS	36,520.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	CHILD PROTECTION / CHILD RIGHTS	36,519.	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 (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 AFRICA	LEARNING SUPPORT	36,140.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	CHILD PROTECTION / CHILD RIGHTS	30,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	CHILD PROTECTION / CHILD RIGHTS	30,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	CHILD PROTECTION / CHILD RIGHTS	30,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	SECONDARY EDUCATION	27,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	SECONDARY EDUCATION	27,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	SECONDARY EDUCATION	27,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	SECONDARY EDUCATION	27,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	CHILD PROTECTION / CHILD RIGHTS	25,000.	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 (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 AFRICA	CHILD PROTECTION / CHILD RIGHTS	25,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	SECONDARY EDUCATION	23,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	SECONDARY EDUCATION	23,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	SECONDARY EDUCATION	23,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	SECONDARY EDUCATION	23,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	CHILD PROTECTION / CHILD RIGHTS	20,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	CHILD PROTECTION / CHILD RIGHTS	20,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	CHILD PROTECTION / CHILD RIGHTS	15,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	EARLY CHILDHOOD EDUCATION/DEVELOPMENT	12,666.	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 (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 AFRICA	ECONOMIC STRENGTHENING	12,235.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	EARLY CHILDHOOD EDUCATION/DEVELOPMENT	12,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	EARLY CHILDHOOD EDUCATION/DEVELOPMENT	11,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	EARLY CHILDHOOD EDUCATION/DEVELOPMENT	11,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	EARLY CHILDHOOD EDUCATION/DEVELOPMENT	11,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	EARLY CHILDHOOD EDUCATION/DEVELOPMENT	10,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	CHILD PROTECTION / CHILD RIGHTS	10,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	EARLY CHILDHOOD EDUCATION/DEVELOPMENT	10,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	EARLY CHILDHOOD EDUCATION/DEVELOPMENT	10,000.	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 (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 AFRICA	EARLY CHILDHOOD EDUCATION/DEVELOPMENT	9,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	LEARNING SUPPORT	8,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	LEARNING SUPPORT	8,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	EARLY CHILDHOOD EDUCATION/DEVELOPMENT	7,333.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	EARLY CHILDHOOD EDUCATION/DEVELOPMENT	7,166.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	LEARNING SUPPORT	6,333.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	EARLY CHILDHOOD EDUCATION/DEVELOPMENT	6,333.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	LEARNING SUPPORT	6,333.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	EARLY CHILDHOOD EDUCATION/DEVELOPMENT	5,500.	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 (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 AFRICA	EARLY CHILDHOOD EDUCATION/DEVELOPMENT	5,500.	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) 2018

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 A

**Identification of Excess Contributions
Included on Part II, Line 5**

2018

**** Do Not File ****

***** Not Open to Public Inspection *****

Contributor's Name	Total Contributions	Excess Contributions
CONRAD N. HILTON FOUNDATION	2,510,000.	2,089,351.
DUBAI CARES	1,095,000.	674,351.
NETWORK OF EUROPEAN FOUNDATIONS	1,849,959.	1,429,310.
NIKE FOUNDATION	500,000.	79,351.
OAK PHILANTHROPY, LTD.	1,304,385.	883,736.
WELLSPRING ADVISORS LLC	725,000.	304,351.
WELLSPRING PHILANTHROPIC FUND	2,531,609.	2,110,960.
WILLIAM AND FLORA HEWLETT FOUNDATION	920,000.	499,351.
SEAMONT FOUNDATION	1,250,000.	829,351.
BAINUM FAMILY FOUNDATION	422,210.	1,561.
Total Excess Contributions to Schedule A, Part II, Line 5		8,901,673.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2018

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 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 **1b**

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? **2**

3 Indicate which, if any, of the following the filing 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? **4a**
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b**
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c**
- 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? **5a**
- b** Any related organization? **5b**
- 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? **6a**
- b** Any related organization? **6b**
- 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 **7**

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 **8**

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

	Yes	No
1b		
2		
4a		<input checked="" type="checkbox"/>
4b		<input checked="" type="checkbox"/>
4c		<input checked="" type="checkbox"/>
5a		<input checked="" type="checkbox"/>
5b		<input checked="" type="checkbox"/>
6a		<input checked="" type="checkbox"/>
6b		<input checked="" type="checkbox"/>
7		<input checked="" type="checkbox"/>
8		<input checked="" type="checkbox"/>
9		

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

Schedule J (Form 990) 2018

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 EXECUTIVE DIRECTOR	(i)	169,649.	0.	0.	0.	567.	170,216.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JANE STOKES DIRECTOR OF FINANCE	(i)	106,911.	0.	0.	3,207.	41,767.	151,885.	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.

Horizontal lines for supplemental information input.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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

Part I Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	2	335,360.	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2018

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

THE AMOUNT IN COLUMN (B) REPRESENTS THE TOTAL NUMBER OF CONTRIBUTIONS AWARDED TO FIRELIGHT.

Multiple horizontal lines for supplemental information.

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 for the latest information.

OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization

FIRELIGHT FOUNDATION

Employer identification number

27-2795006

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

AT RISK OF CHILD MARRIAGE, SKILLFUL PARENTING ASSISTANCE FOR FAMILIES,
CULTURAL AWARENESS RAISING, LAW ENFORCEMENT INTERVENTIONS,

STRENGTHENING LOCAL CHILD PROTECTION TEAMS, ESTABLISHING YOUTH CLUBS
FOR CHILDREN IN SCHOOL, AND TRAINING TEACHERS ON CHILD PROTECTION.

COMMUNITIES HAVE ALREADY REPORTED REDUCTIONS IN CHILD MARRIAGES AND
PREGNANCIES AND HAVE SEEN A SIGNIFICANT INCREASE IN LOCAL UNDERSTANDING

OF THE PROBLEMS OF CHILD MARRIAGE AND IN THE COMMUNITIES' DESIRE TO
STOP THIS PRACTICE.

FIRELIGHT HAS ALSO BEEN SUPPORTING ONE COMMUNITY GRANT MAKER - TOUCH
ROOTS AFRICA (TRA)- AND 6 COMMUNITY-BASED ORGANIZATIONS TO RESPOND TO
THE MULTIFACETED NEEDS OF VULNERABLE CHILDREN IN LESOTHO. LESOTHO, A

LANDLOCKED COUNTRY IN SOUTHERN AFRICA, HAS THE SECOND HIGHEST
PREVALENCE OF HIV AND AIDS IN THE WORLD, WITH OVER 25% OF THE
POPULATION INFECTED WITH HIV. DUE TO THE TRAGIC IMPACT OF THE CRISIS,

THOUSANDS OF CHILDREN HAVE BEEN ORPHANED AND LEFT VULNERABLE TO HIV AND
AIDS, CHILD ABUSE, MALNUTRITION, AND POVERTY. SUB-GRANTS THAT COMMUNITY
GRANT MAKER TRA MADE TO SMALLER, LOCAL CBOS RANGED FROM \$6,300 TO

\$8,500 AND WERE USED TO STRENGTHEN EACH COMMUNITY'S CHILD PROTECTION
SYSTEMS. APPROACHES TO IMPROVING CHILD PROTECTION SYSTEMS RANGED FROM
CASE MANAGEMENT AND REPORTING, TO MEETING BASIC NEEDS OF CHILDREN

THROUGH NUTRITION PROGRAMS AND EDUCATION, TO COUNSELING AND SUPPORT
GROUPS FOR CHILDREN, TO SUSTAINABLE INCOME-GENERATING ACTIVITIES (SUCH
AS CATERING OR LIVESTOCK BUSINESS) FOR FAMILIES, TO COMMUNITY AWARENESS

CAMPAIGNS, TO IMPROVEMENT OF PARENT/CAREGIVER INVOLVEMENT.

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

Schedule O (Form 990 or 990-EZ) (2018)

832211 10-10-18

Name of the organization FIRELIGHT FOUNDATION	Employer identification number 27-2795006
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FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

SERVICES. EVEN WHERE ECD CENTERS DO EXIST, THEY OFTEN OPERATE MORE AS A DAYCARE FOR PARENTS DURING WORK HOURS, RATHER THAN A ROBUST SUPPORT TO CHILDREN'S COGNITIVE, EMOTIONAL, AND SOCIAL DEVELOPMENT. FIRELIGHT CONCENTRATED ON TWO MAJOR AREAS: IMPROVING ECD CENTER QUALITY IN MALAWI; AND EMPOWERING FAMILIES OF CHILDREN FROM BIRTH TO AGE THREE IN TANZANIA AND ZAMBIA.

OUR GRANTEE-PARTNERS IN MALAWI ARE ESTABLISHING AND STRENGTHENING ECD CENTERS - INCLUDING BUILDING BASIC INFRASTRUCTURE, CREATING SUPPORTIVE LEARNING ENVIRONMENTS, AND TRAINING ECD CAREGIVERS - TO SERVE THE NEEDS OF CHILDREN FROM BIRTH TO AGE 5 AND OF THEIR FAMILIES. IN MALAWI, WE ARE ALSO PILOTING A TRAINING PROGRAM OF ECD PERSONNEL THAT INCLUDES CLASSROOM COACHING AND ONGOING MENTORING FROM LOCAL EXPERTS IN CHILD DEVELOPMENT.

IN TANZANIA AND ZAMBIA, OUR GRANTEE-PARTNERS ARE PILOTING THE CARE FOR CHILD DEVELOPMENT CURRICULUM, A PROGRAM DEVELOPED BY WHO AND UNICEF TO EMPOWER PARENTS AND CAREGIVERS TO STRENGTHEN THEIR CHILDREN'S COGNITIVE DEVELOPMENT. OUR GRANTEE-PARTNERS HAVE ALSO INTEGRATED A VARIETY OF HOLISTIC PROGRAMS THAT SERVE CHILDREN'S AND FAMILIES' MULTI-FACETED NEEDS, INCLUDING SAVINGS AND LOANS GROUPS TO PROMOTE FAMILIES' ECONOMIC EMPOWERMENT, FEEDING PROGRAMS TO PROVIDE BASIC NUTRITION TO CHILDREN AT ECD CENTERS, VOLUNTARY COUNSELING AND TESTING FOR HIV AND AIDS THROUGH COMMUNITY HEALTH ACTIVITIES, AND INCOME-GENERATING ACTIVITIES TO SUSTAIN SOME OF THE EXPENSES INVOLVED IN RUNNING THE ECD CENTERS.

Name of the organization FIRELIGHT FOUNDATION	Employer identification number 27-2795006
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FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

FIRELIGHT'S GRANTEE-PARTNERS WERE SUPPORTED TO USE HUMAN-CENTERED DESIGN-THINKING TECHNIQUES TO UNCOVER THE ROOT CAUSES THAT KEPT ADOLESCENT GIRLS OUT OF THE CDSS SYSTEM AND TO THEN BUILD INNOVATIVE, COMMUNITY-DRIVEN PROGRAMS THAT SUPPORT FAMILIES TO SUPPORT THEIR GIRLS' EDUCATION. EACH PARTNER HAS DEVELOPED A DIFFERENT MODEL FOR REFORMING THE CDSS SYSTEM, FROM ENTREPRENEURSHIP TRAINING IN SCHOOLS, TO A DEDICATED SOCIAL FUND TO SUPPORT YOUNG GIRLS, TO A MULTI-FACETED CULTURAL PROGRAM TO SHIFT COMMUNITY ATTITUDES TOWARDS SECONDARY SCHOOLING, TO DEDICATED LIVELIHOOD DEVELOPMENT FOR FAMILIES SUPPORTING YOUNG WOMEN THROUGH SECONDARY SCHOOL. WE HAVE ALREADY BEGUN TO SEE SIGNIFICANT RESULTS: REDUCED SCHOOL DROPOUT RATES, INCREASED GIRLS' PARTICIPATION IN CLASS, AND INCREASED PARENT CONTRIBUTIONS TO THEIR GIRLS' EDUCATION.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

OTHER

EXPENSES \$ 16,900. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 2:

DAVE KATZ, SECRETARY, AND KERRY OLSON, BOARD MEMBER HAVE A FAMILY RELATIONSHIP. BOTH BOARD MEMBERS RETIRED FROM THE BOARD IN JUNE 2019.

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

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

Name of the organization FIRELIGHT FOUNDATION	Employer identification number 27-2795006
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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 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 2019.

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

CAPACITY BUILDING:

PROGRAM SERVICE EXPENSES	114,282.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	114,282.

LEARNING AND EDUCATION:

PROGRAM SERVICE EXPENSES	344,858.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	344,858.

CONSULTANTS:

PROGRAM SERVICE EXPENSES	376,106.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	376,106.

ADVOCACY:

PROGRAM SERVICE EXPENSES	224,314.
MANAGEMENT AND GENERAL EXPENSES	0.

Name of the organization FIRELIGHT FOUNDATION	Employer identification number 27-2795006
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FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 224,314.

COMMUNICATIONS:

PROGRAM SERVICE EXPENSES 0.

MANAGEMENT AND GENERAL EXPENSES 0.

FUNDRAISING EXPENSES 16,900.

TOTAL EXPENSES 16,900.

HUMAN RESOURCES:

PROGRAM SERVICE EXPENSES 0.

MANAGEMENT AND GENERAL EXPENSES 26,130.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 26,130.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 1,102,590.