(Rev. January 2020) 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.

Open to Public Inspection

OMB No. 1545-0047

ΑF	For the	e 2019 calendar year, or tax year beginning $$ J $$ U $$ L $$ , $$ $$ 2 $$ U $$ L $$	) and	ل ending	UN 30, 202	0		
B	Check if applicabl	C Name of organization			D Employer ident	ification number		
	Addre				]			
	Name chang	Doing business as			27-2795	006		
	Initial return	Number and street (or P.O. box if mail is not delivered to street addres 903 PACIFIC AVENUE	ss)	Room/suite	E Telephone numb			
	⊥return, termin ated		al code		G Gross receipts \$	7,423,827.		
	Amen		ai code		H(a) Is this a group			
$\vdash$	Applic		ıTı		for subordinat			
pending SAME AS C ABOVE H(b) Are all subordinates included? Y								
1 7	Гах-ех	empt status: X 501(c)(3)	4947(a)(1)	or 527	1 ` ′	s included? <b>Yes No</b> I a list. (see instructions)		
		te: WWW.FIRELIGHTFOUNDATION.ORG	1 10 17 (4)(1)	01 021	H(c) Group exempt			
			er 🕨	L Year		M State of legal domicile: CA		
Pa	art I	Summary		1 = 1000		Time state of rogal dominons		
	1	Briefly describe the organization's mission or most significant activities	: FUND	AND B	UILD CAPAC	ITY OF		
Governance	-	AFRICAN COMMUNITY-BASED ORGANIZATION						
nar	2	Check this box if the organization discontinued its operation						
Ver	3		-		1	3   6		
	4	Number of independent voting members of the governing body (Part V				4 6		
ە ە		Total number of individuals employed in calendar year 2019 (Part V, lin				5 8		
Activities &		Total number of volunteers (estimate if necessary)				6 8		
ξį		Total unrelated business revenue from Part VIII, column (C), line 12				'a 0.		
⋖		Net unrelated business taxable income from Form 990-T, line 39				'b 0 •		
					Prior Year	Current Year		
Revenue	8	Contributions and grants (Part VIII, line 1h)			4,617,785	6,221,849.		
	9	Program service revenue (Part VIII, line 2g)		126,212	7,500.			
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		323,319	. 36,087.			
8	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			2,229	. 27,994.		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A)	), line 12)		5,069,545	6,293,430.		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	similar amounts paid (Part IX, column (A), lines 1-3)					
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0			
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), I			853,193	<u> </u>		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)			0	. 0.		
xbe	b	Total fundraising expenses (Part IX, column (D), line 25)						
Ш	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			2,010,348			
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 2	5)		4,391,712			
		Revenue less expenses. Subtract line 18 from line 12			677,833	<u> </u>		
SOF				Ве	ginning of Current Yea			
Sset	20	Total assets (Part X, line 16)			7,684,459	<del>-</del>		
Net Assets or	21	Total liabilities (Part X, line 26)			150,821			
2. D:	art II	Net assets or fund balances. Subtract line 21 from line 20			7,533,638	. 10,021,808.		
			:			and halled it is		
		Ilties of perjury, I declare that I have examined this return, including accompanyi	•		·	my knowledge and beller, it is		
true	, correc	tt, and complete. Declaration of preparer (other than officer) is based on all infor	mation of w	nich preparer	lias any knowledge.			
<b>.</b>	_	Signature of officer			I Date			
Sig		ELISA DE MARTEL, TREASURER			Duto			
Her	е	Type or print name and title						
				11	Date Check	PTIN		
Paid	4	Print/Type preparer's name  FRANK H. SMITH  Preparer's signature  H. S	mith		1/10/20 on self-emp			
	parer	Firm's name MARCUM LLP	,		Firm's EIN			
	Only	Firm's address 1899 L STREET, NW, SUITE 8	50		THIII S EIN			
J00	Unity	WASHINGTON, DC 20036	J 0		Phone no. (	202) 227-4000		
Mar	/ the II	RS discuss this return with the preparer shown above? (see instructions	s)		I HOHE HO. (	X Yes No		
	01 01-2			ons.		Form <b>990</b> (2019)		
2020	- 1 - 2					1 3.111 (2013)		

Га	otatement of Frogram Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
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?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
3	· · · · · · · · · · · · · · · · · · ·
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$1,689,892. including grants of \$690,715. ) (Revenue \$7,500. )
	EDUCATION AND CHILD DEVELOPMENT
	FIRELIGHT SUPPORTS GRASSROOTS INNOVATORS GROUNDED IN THEIR LOCAL
	CONTEXTS AND FINDING CREATIVE WAYS TO OVERCOME THE BARRIERS THAT LIMIT
	CHILDREN'S ACHIEVEMENT. WE SUPPORT THEM WITH ORGANIZATIONAL CAPACITY
	BUILDING AND TAILORED TECHNICAL CAPACITY BUILDING IN LEARNING AND
	EVALUATION, WHICH ALLOWS THEM TO BETTER MEASURE, EVALUATE, AND SHARE
	THE IMPACT THEY ARE MAKING IN THEIR COMMUNITIES. WITH BETTER DATA AND
	MEASUREMENT OF OUTCOMES, OUR CBO GRANTEE-PARTNERS HOLD THEMSELVES
	ACCOUNTABLE TO THEIR COMMUNITIES, AS WELL AS DEMONSTRATE THE IMPACT OF
	COMMUNITY-BASED SOLUTIONS TO OTHER GOVERNMENT OR CIVIL SOCIETY ACTORS.
	1 006 602
4b	(Code:) (Expenses \$1, 296, 603. including grants of \$50, 199. ) (Revenue \$)
	CHILD RIGHTS AND CHILD PROTECTION
	FIRELIGHT BELIEVES THAT AFRICAN COMMUNITY-BASED ORGANIZATIONS (CBOS)
	ARE SOME OF THE GREATEST UNREALIZED ASSETS IN HELPING CREATE LASTING,
	POSITIVE CHILD WELLBEING SYSTEMS, THEREBY CHANGING THE LONG-TERM
	TRAJECTORY OF MARGINALIZED CHILDREN ON THE CONTINENT. FIRELIGHT SEEKS
	TO SUPPORT ROBUST LOCAL SOCIAL SYSTEMS TO ENSURE CHILDREN'S RIGHTS IN
	LOCALLY ACCEPTED WAYS AND FORM THE FOUNDATIONS OF COMMUNITY-DRIVEN
	LARGE SCALE CHILDREN'S RIGHTS ENGAGEMENT AND ACTION.
	KEY PROGRAM ACTIVITIES
	FIRELIGHT IS DEVELOPING A NEW APPROACH TO SUPPORTING COMMUNITY-DRIVEN
40	(Code:) (Expenses \$ 81,451. including grants of \$) (Revenue \$)
40	ENDING CHILD MARRIAGE
	ENDING CHIED MAKKIAGE
	WITH FUNDING FROM MULTIPLE DONORS, FIRELIGHT HAS BEEN SUPPORTING A
	CLUSTER OF 10 COMMUNITY-BASED ORGANIZATIONS AND TWO LEAD PARTNERS
	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
	Other program services (Describe on Schedule O.)
+u	
4.	(Expenses \$ including grants of \$ ) (Revenue \$ )  Total program service expenses ► 3,067,946.
40	Total program service expenses ► 3,067,946.  Form 990 (2019)
	Form 990 (2019)

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# Form 990 (2019) FIRELIGHT FOUNDATION Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
•	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	_		
•	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10		-		1
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10	Х	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	١	v	
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	l	37	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	_X_	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
=	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
zua b		20b		<del> </del>
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			$\vdash$
-1	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
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Part IV Checklist of Required Schedules (continued)

			Yes	No		
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on					
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X		
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current					
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete					
	Schedule J	23	Х			
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the					
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete					
	Schedule K. If "No," go to line 25a	24a		X		
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b				
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease					
_	any tax-exempt bonds?	24c				
Ь	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d				
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit					
Lou	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X		
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	Lou		<del> </del>		
-	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete					
		25b		X		
26	Schedule L, Part I  Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		<del></del>		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%					
		26		x		
27	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	20				
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,					
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	07		x		
00	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Α_		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV					
	instructions, for applicable filing thresholds, conditions, and exceptions):					
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			- v		
	"Yes," complete Schedule L, Part IV	28a		X		
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		_ A		
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	l		1 37		
	"Yes," complete Schedule L, Part IV	28c		X		
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			,,		
	contributions? If "Yes," complete Schedule M	30		X		
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete					
	Schedule N, Part II	32		X		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			l		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and					
	Part V, line 1	34		X		
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity					
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b				
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?					
	If "Yes," complete Schedule R, Part V, line 2	36		X		
37	7 Did the organization conduct more than 5% of its activities through an entity that is not a related organization					
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?					
	Note: All Form 990 filers are required to complete Schedule O	38	X			
Pai						
	Check if Schedule O contains a response or note to any line in this Part V			$\Box$		
	1 1		Yes	No		
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 9					
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable					
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming					
	(gambling) winnings to prize winners?	1c	X			

FIRELIGHT FOUNDATION 27-2795006 Page 5 Form 990 (2019) Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return Х b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Х 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? Х 4a **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Х **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? X Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit Х any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). Х Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year 7d X Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? X 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand X Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or X excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.

Form **990** (2019)

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Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

If "Yes," complete Form 4720, Schedule O.

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

	Check if Schedule O contains a response or note to any line in this Part VI			X							
Sec	tion A. Governing Body and Management										
			Yes	No							
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 5										
	If there are material differences in voting rights among members of the governing body, or if the governing										
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.										
b	Enter the number of voting members included on line 1a, above, who are independent 1b										
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other										
	officer, director, trustee, or key employee?	2		х							
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision										
•	of officers, directors, trustees, or key employees to a management company or other person?	3		x							
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		х							
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х							
6											
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	6		X							
	more members of the governing body?	7a		x							
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or										
	persons other than the governing body?	7b		x							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:										
а	The governing body?	8a	Х								
h	Each committee with authority to act on behalf of the governing body?	8b		Х							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the										
·	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		x							
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)										
	(This decitor b requests information about policies not required by the internal revenue dode.)		Yes	No							
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х							
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100									
_	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b									
11a	1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?										
b											
12a											
b	and the same and the										
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe										
	in Schedule O how this was done	12c	Х								
13	Did the organization have a written whistleblower policy?	13	Х								
14	Did the organization have a written document retention and destruction policy?	14	Х								
15	Did the process for determining compensation of the following persons include a review and approval by independent										
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?										
а	The organization's CEO, Executive Director, or top management official	15a	Х								
b	Other officers or key employees of the organization	15b		Х							
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).										
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a										
	taxable entity during the year?	16a		Х							
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation										
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's										
	exempt status with respect to such arrangements?	16b									
Sec	tion 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))	only)	availa	ble							
	for public inspection. Indicate how you made these available. Check all that apply										
X Own website Another's website X Upon request Other (explain on Schedule O)											
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	finan	cial								
	statements available to the public during the tax year.										
20	State the name, address, and telephone number of the person who possesses the organization's books and records										
	JANE STOKES - 831-429-8750										
	903 PACIFIC AVENUE, SANTA CRUZ, CA 95060										

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

Check this box if neither the organization no	or any related	orga	niza	tion	con	nper	sate	ed any current officer, di	rector, or trustee.	
(A)	(B)			((	C)			(D)	(E)	(F)
Name and title	Average	(do		Pos		າ than ເ	nne	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pei	rson i	on is both an ector/trustee)		compensation	compensation	amount of
	week		cer an	ia a a	irecto	or/trus	tee)	from	from related	other
	(list any	Individual trustee or director						the	organizations	compensation
	hours for related	iee lee		Key employee Highest compensated employee Former		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization		
	organizations	ruste	Institutional trustee		yee	mpen		(***2/1039*****100)		and related
	below	dualt	ution	<u></u>	Key employee	st co	er			organizations
	line)	Indivi	Instit	Officer	Key e	Highe	Former			
(1) NINA BLACKWELL	40.00									
EXECUTIVE DIRECTOR				Х				174,836.	0.	567.
(2) JANE STOKES	40.00									
DIRECTOR OF FINANCE						X		110,180.	0.	44,379.
(3) PARU YUSUF	1.00									
BOARD MEMBER - UNTIL 02/2020		Х						10,900.	0.	0.
(4) GLORIA JOHNSON-CUSACK	5.00									
CHAIR/CONSULTANT		Х		Х				0.	0.	0.
(5) MARK LOREY	1.00									
VICE CHAIR/SECRETARY		Х		Х		<u> </u>		0.	0.	0.
(6) MOLLY EFRUSY	1.00								_	_
VICE CHAIR/SECRETARY - UNTIL 02/2020		Х		Х		_		0.	0.	0.
(7) ELISA DE MARTEL	1.00									
TREASURER		Х		Х				0.	0.	0.
(8) JOYCE MALOMBE	1.00									
BOARD MEMBER		Х						0.	0.	0.
(9) JIMMY KOLKER	1.00									
BOARD MEMBER		Х						0.	0.	0.
(10) GERRY SALOLE	1.00									
BOARD MEMBER		Х						0.	0.	0.
		-								
						_				
						_				
		-								
						_				
		$\frac{1}{2}$								
						$\vdash$	_			
		1								
						$\vdash$				
		1								
932007 01-20-20	<u>I</u>	<u> </u>						<u> </u>		Form <b>990</b> (2019)

Form 990 (2019) FIRELIGH	r founda	TI	ON	Ī					27-2	795(	006	Р	age 8
Part VII   Section A. Officers, Directors, Trus		oloy	ees,			ghes	st C		,				
(A) Name and title	(B) Average hours per week	box	Position (do not check more than one box, unless person is both an officer and a director/trustee)		( <b>D)</b> Reportable compensation from	(E) Reportable compensatio from related	e Estim ion amou		(F) timate nount other	of			
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MIS		compen from organiz and rel organiza		ie tion ted
_													
										$\Box$			
4.0								295,916.		0.	1	<u>4 Ω</u>	46.
1b Subtotal  c Total from continuation sheets to Part VI	I, Section A						<b>&gt;</b>	295,916.		0.			0. 46.
d Total (add lines 1b and 1c)  Total number of individuals (including but n compensation from the organization							no re		000 of reportable			<del>-</del> ,	2
compensation from the organization												Yes	No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s	•		•		•		_		•		3		Х
4 For any individual listed on line 1a, is the su and related organizations greater than \$150	ım of reportabl	e co	mpe	ensa	tion	and	oth	her compensation from t	he organization		4	Х	
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com											5		Х
Section B. Independent Contractors  1 Complete this table for your five highest co	magnested in	lono	ndo	ot 00	ontr	ooto	ro H	hat received more than <sup>4</sup>	100 000 of com		ion fro		
the organization. Report compensation for	•	•								——	(C		
(A) Name and business FASSIL WOLDEMARRIAM KIDAN								Description of s	ervices	C	ompe		n
P.O. BOX 32387, KAMPALA,							PROJECT MANA	GEMENT		16	0,0	80.	
2 Total number of independent contractors (i	•	ot lin	nited	d to			sted	above) who received me	ore than				
\$100,000 of compensation from the organia	zation -				_	L							

Form 990 (2019) FIRELIG

Part VIII Statement of Revenue

			Check if Schedule O contains a response	or note to anv lir	ne in this Part VIII			
			<u> </u>	,	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
						function revenue	business revenue	sections 512 - 514
တ္ထ	1	_	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues 1b		-			
جَ ق			Fundraising events 1c		-			
ffs,			Related organizations 1d		-			
ية ق					-			
Sir			Government grants (contributions)  All other contributions, gifts, grants, and		-			
ž Ę		'		221,849.				
ë <del>‡</del>		_		221,040.	-			
o d		_	Noncash contributions included in lines 1a-1f		6,221,849.			
OB		<u> </u>	Total. Add lines 1a-1f	Business Code	0,221,043.			
_	_	_	CONTRACT SERVICES	900099	7,500.	7,500.		
<u>i</u>				900099	7,300.	7,500.		
er.		b						
n S		С						
ar Be		d						
Program Service Revenue		e	<del></del>					
-			All other program service revenue		7 500			
-		g	Total. Add lines 2a-2f		7,500.			
	3		Investment income (including dividends, intere		00 126			00 126
			other similar amounts)		98,426.			98,426.
	4		Income from investment of tax-exempt bond p					
	5		Royalties (i) Real					
	_		· · ·	(ii) Personal	-			
			Gross rents 6a		-			
			Less: rental expenses 6b		-			
			Rental income or (loss) 6c					
			Net rental income or (loss)	1				
	7	а	Gross amount from sales of (i) Securities	(ii) Other	-			
		_	assets other than inventory 7a 1068058.		-			
		b	Less: cost or other basis					
nue			and sales expenses 76 1130397.		-			
her Revenue			Gain or (loss) 7c - 62,339.		62 220			62 220
Ä			Net gain or (loss)		-62,339.			-62,339.
	8	а	Gross income from fundraising events (not					
Ò			including \$ of					
			contributions reported on line 1c). See					
		_	Part IV, line 18		-			
			Less: direct expenses 8b					
			Net income or (loss) from fundraising events	<b>_</b>				
	9	а	Gross income from gaming activities. See					
		_	Part IV, line 19		-			
			Less: direct expenses 9b					
			Net income or (loss) from gaming activities	······				
	10	а	Gross sales of inventory, less returns					
			and allowances 10a		-			
			Less: cost of goods sold 10k	)				
-		С	Net income or (loss) from sales of inventory	Busines - Call				
જ			ETCONI NORMO PER	Business Code	27 170			27 170
e ec	11		FISCAL AGENT FEE	900099	27,178.			27,178.
Miscellaneous Revenue			OTHER	900099	816.			816.
See		С	All alla annual a					
Σ			All other revenue		27 004			
		е	Total. Add lines 11a-11d		27,994.	7 500	0	64 001
	12		Total revenue. See instructions		6,293,430.	7,500.	0.	64,081.

932009 01-20-20

# Form 990 (2019) FIRELIGHT FOUNDATION Part IX Statement of Functional Expenses

Secti	ion 501(c)(3) and 501(c)(4) organizations must comp			nplete column (A).	[77]
	Check if Schedule O contains a respons		his Part IX	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	<b>(D)</b> 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	242 244			
	individuals. See Part IV, lines 15 and 16	940,914.	940,914.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	106 202	00 001	40.054	F0 604
	trustees, and key employees	186,303.	89,831.	43,851.	52,621.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	401 006	126 055	052 505	20 020
7	Other salaries and wages	421,286.	136,857.	253,597.	30,832.
8	Pension plan accruals and contributions (include	10 444	000	11 551	
	section 401(k) and 403(b) employer contributions)	12,444.	893.	11,551.	4 000
9	Other employee benefits	45,093.	7,311.	32,862.	4,920.
10	Payroll taxes	149,636.	14,447.	134,976.	213.
11	Fees for services (nonemployees):				
а	Management	22 502	14 202	10 200	
b	Legal	32,593.	14,303.	18,290.	
	Accounting	37,470.	11,063.	26,407.	
	, , , , , , , , , , , , , , , , , , , ,				
e	, F	26,115.		26,115.	
f	Investment management fees	20,113.		20,113.	
g	Other. (If line 11g amount exceeds 10% of line 25,	1,263,562.	1,245,690.	17,872.	
40	column (A) amount, list line 11g expenses on Sch O.)	1,203,302.	1,243,090.	11,012.	
12	Advertising and promotion	70,167.	61,745.	6,563.	1 950
13	Office expenses	62,066.	24,037.	28,994.	1,859. 9,035.
14	Information technology	02,000.	24,037.	20,004.	7,033.
15	Royalties	16,037.	7,836.	6,918.	1,283.
16	Occupancy	184,620.	173,459.	10,449.	712.
17	Travel	104,020.	173,433.	10,440.	7 1 2 •
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
40	Conferences, conventions, and meetings	298,786.	296,165.	2,482.	139.
19 20	· · · · · · · · · · · · · · · · · ·	250,700•	270,1036	4,404•	100.
21	Payments to affiliates				
21	Depreciation, depletion, and amortization	7,017.	3,439.	3,017.	561.
23	Insurance	27,687.	12,404.	13,258.	2,025.
24	Other expenses. Itemize expenses not covered	2770071	12/1010	2372301	2,023.
24	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)	16 601		16 601	
a	CURRENCY TRANSLATION	46,684. 27,178.	27,178.	46,684.	
b	ADMINISTRATIVE MEMBERSHIP DUES	4,801.	374.	2,327.	2,100.
C	HEMDEVOUTE DOES	4,001.	3/4.	4,341.	Z,100.
d	All other evenesses				
е 25		3,860,459.	3,067,946.	686,213.	106,300.
<u>25</u> 26	Total functional expenses. Add lines 1 through 24e  Joint costs. Complete this line only if the organization	3,000,433.	3,001,340.	000,213•	100,300•
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	11 IOIIOWING SOF 30-2 (ASO 300-720)				000

Form 990 (2019)

Part X | Balance Sheet

Par	tΧ	Balance Sheet					
		Check if Schedule O contains a response or r	note to a	ny line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			984,563.	1	774,761.
	2	Savings and temporary cash investments			1,197,734.	2	1,220,761.
	3	Pledges and grants receivable, net			2,065,409.	3	4,957,562.
	4	Accounts receivable, net			143.	4	0.
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, su	bstantia	contributor, or 35%			
		controlled entity or family member of any of the	hese pe	sons		5	
	6	Loans and other receivables from other disqu					
		under section 4958(f)(1)), and persons describ		6			
ts	7	Notes and loans receivable, net			7		
Assets	8	Inventories for sale or use				8	
Ä	9	Prepaid expenses and deferred charges			54,833.	9	78,380
	10a	Land, buildings, and equipment: cost or othe					
		basis. Complete Part VI of Schedule D	10a		1.4 - 4.4 -		
	b	Less: accumulated depreciation	16,237.	10c	12,479		
	11	Investments - publicly traded securities	2 262 542	11	2 254 244		
	12	Investments - other securities. See Part IV, lin	3,362,540.	12	3,251,841.		
	13	Investments - program-related. See Part IV, lin		13			
	14	Intangible assets	2 000	14	2 1 4 5		
	15	Other assets. See Part IV, line 11			3,000.	15	3,145
	16	Total assets. Add lines 1 through 15 (must e			7,684,459.	16	10,298,929
	17	Accounts payable and accrued expenses			143,321.	17	121,154.
	18	Grants payable	0. 7,500.	18	32,765. 0.		
	19	Deferred revenue	7,300.	19	0.		
	20	Tax-exempt bond liabilities		/ - ( O - l l- l - D		20	
	21 22	Escrow or custodial account liability. Comple				21	
Liabilities	22	Loans and other payables to any current or for					
bilit		trustee, key employee, creator or founder, su controlled entity or family member of any of the		·		22	
Lia	23	Secured mortgages and notes payable to unr	-			23	
	24	Unsecured notes and loans payable to unrela				24	123,202.
	25	Other liabilities (including federal income tax,				27	123/202
		parties, and other liabilities not included on lin					
		(0		iii.		25	
	26	<b>Total liabilities.</b> Add lines 17 through 25			150,821.	26	277,121.
		Organizations that follow FASB ASC 958, o	check he	ere 🕨 🗓	,		,
es		and complete lines 27, 28, 32, and 33.					
auc	27	Net assets without donor restrictions			3,211,888.	27	2,935,658.
Bal	28				4,321,750.	28	7,086,150.
nd		Organizations that do not follow FASB ASC					
Fu		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current fun	ds			29	
set	30	Paid-in or capital surplus, or land, building, or				30	
As	31	Retained earnings, endowment, accumulated	l income	, or other funds		31	
Net	32	Total net assets or fund balances			7,533,638.	32	10,021,808.
	33	Total liabilities and net assets/fund balances			7,684,459.	33	10,298,929.



Pa	rt 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	6	,29	3,4	30.	
2	Total expenses (must equal Part IX, column (A), line 25)	2	3	,86	0,4	59.	
3	Revenue less expenses. Subtract line 2 from line 1	3	2	,43	2,9	71.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	7	,53	3,6	38.	
5							
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)	9		0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B)) 10 10,						
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
					Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Э.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X	
	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?			2b	X		
	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:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
С	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?			2c	X		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule C	).				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single	gle Auc	dit			x	
	Act and OMB Circular A-133?						
b							
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b			



#### 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

Open to Public Inspection

**Employer identification number** Name of the organization FIRELIGHT FOUNDATION 27-2795006 Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 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). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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. 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. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. 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. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other n your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

# 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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	3635498.	1664255.	5641023.	4617785.	6221849.	21780410.
2	Tax revenues levied for the organ-						
	ization'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	3635498.	1664255.	5641023.	4617785.	6221849.	21780410.
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)						13044257.
	Public support. Subtract line 5 from line 4.						8736153.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) ► 📗	<b>(a)</b> 2015	<b>(b)</b> 2016	(c) 2017	<b>(d)</b> 2018	(e) 2019	(f) Total
7	Amounts from line 4	3635498.	1664255.	5641023.	4617785.	6221849.	21780410.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	207,227.	165,934.	122,624.	132,481.	98,426.	726,692.
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.)	14,153.	6,550.	9.		27,994.	
11	<b>Total support.</b> Add lines 7 through 10						22555808.
12	Gross receipts from related activities,	etc. (see instructio	ns)			12	639,569.
13	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a section	501(c)(3)	
0	organization, check this box and stop	here					<b>&gt;</b>
	tion C. Computation of Publi					<u> </u>	20 52
	Public support percentage for 2019 (li					14	38.73 %
	Public support percentage from 2018					15	53.74 %
16a	<b>33 1/3% support test - 2019.</b> If the o						
	stop here. The organization qualifies						
D	<b>33 1/3% support test - 2018.</b> If the co	•		•		•	
47-	and <b>stop here.</b> The organization quali						
1/a	10% -facts-and-circumstances test	_					
	and if the organization meets the "fact		•	-	•	•	
L-	meets the "facts-and-circumstances" t						
a	10% -facts-and-circumstances test	-					
	more, and if the organization meets the		•		•		▶ □
10	organization meets the "facts-and-circ		-	•			
ΙŐ	Private foundation. If the organization	n did fiot check a f	DUX UIT IIITIE 13, 162	i, 100, 17a, 0r 17b	, check this box ar	iu see iristructions	<u> </u>



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

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

Se	ction A. Public Support	, , , , , , , , , , , , , , , , , , , ,					
Cale	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(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 organ- ization'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						
7	Amounts included on lines 1, 2, and 3 received from disqualified persons						
ı	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						
•	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.) ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6						
ŀ	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975  Add lines 10a and 10b  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.)						<u> </u>
14	First five years. If the Form 990 is for	•		•	•	. , . ,	
<u> </u>	check this box and stop here						<b>&gt;</b>
	ction C. Computation of Publi					T T	
15	Public support percentage for 2019 (I			column (f))		15	<u>%</u>
16	Public support percentage from 2018					16	%
	ction D. Computation of Inves			40		T 4= T	
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from					18	<u>%</u>
19	a 33 1/3% support tests - 2019. If the						<b>.</b> .
ı	more than 33 1/3%, check this box ar 33 1/3% support tests - 2018. If the	organization did r	not check a box on	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che	ck this box and st	t <b>op here.</b> The orga	nization qualifies	as a publicly suppo	orted organization	▶□
20	Drivate foundation If the organization	n did not chack a	boy on line 14, 10	or 10h chock th	nic boy and coo inc	structions	<b>▶</b>   7

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### 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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
4		
1		
2		
3a		
OI:		
3b		
3с		
33		
4a		
4b		
4c		
F-		
5a		
5b		
5c		
6		
0		
7		
8		
9a		
9b		
9c		
10a		
Toa		
10b		
990 or 99	0-EZ)	2019

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

Schedule A (Form 990 or 990-EZ) 2019
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Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on	Nov. 20, 1970 (explain in F	Part VI). See instructions. A
	other Type III non-functionally integrated supporting organizations must co	omplete S	ections A through E.	
Sect	ion 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		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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		
Sect	ion 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	Check here if the current year is the organization's first as a non-functional	Ily integrat	ted Type III supporting orga	nization (see
	instructions).			

Par	<sup>ব</sup> V │ Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	inizations <sub>(continued)</sub>	
Secti	on D - Distributions		,	Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exempt			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which t	he organization is responsive		
	(provide details in <b>Part VI</b> ). See instructions.	3		
9	Distributable amount for 2019 from Section C, line 6			
	Line 8 amount divided by line 9 amount			
	and our mount and any mile of any our	(i)	(ii)	(iii)
Secti	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3			
-	and 4c.			
8	Breakdown of line 7:			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2010			



Part IV, Section A, I line 1; Part IV, Secti	Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; 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, ion 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, 5, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
SCHEDULE A, PART	II, LINE 10, EXPLANATION FOR OTHER INCOME:
FISCAL AGENT FEE	
2015 AMOUNT: \$	11,984.
2019 AMOUNT: \$	27,178.
OTHER INCOME	
2015 AMOUNT: \$	1,669.
2017 AMOUNT: \$	9.
2019 AMOUNT: \$	816.
CRADLE PROJECT SA	ALES
2015 AMOUNT: \$	500.
2016 AMOUNT: \$	550.
RENT DEPOSIT REFU	JND
2016 AMOUNT: \$	6,000.
·	

Schedule A (Form 990 or 990-EZ) 2019

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### 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

2019

Organization type (check one):							
Filers of:		Section:					
Form 990	or 990-EZ	$\overline{X}$ 501(c)( $\overline{3}$ ) (enter number) organization					
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation					
		527 political organization					
Form 990	-PF	501(c)(3) exempt private foundation					
		4947(a)(1) nonexempt charitable trust treated as a private foundation					
		501(c)(3) taxable private foundation					
		covered by the <b>General Rule</b> or a <b>Special Rule</b> . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General I	Rule						
	-	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special F	Rules						
:	sections 509(a)(1) a any one contributo	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 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 r, 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; line 1. Complete Parts I and II.					
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.							
i	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 <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \ \rightarrow \\$						
but it mu	st answer "No" on	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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 be filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).					

 $\label{eq:local_local_local_local} \text{LHA} \quad \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$ 

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization Employer identification number

# FIRELIGHT FOUNDATION

27-2795006

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
1		\$ 3,455,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>2,125,000</u> .	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)

923452 11-06-19

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization Employer identification number

# FIRELIGHT FOUNDATION

27-2795006

	Noncash Property (see instructions). Use duplicate copies of Pa	art ii ii additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

923453 11-06-19

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization **Employer identification number** FIRELIGHT FOUNDATION 27-2795006 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 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

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 Open to Public Inspection

Name of the organization

FIRELIGHT FOUNDATION

**Employer identification number** 27-2795006

Pai	rt I Organizations Ma	aintaining Donor Advised	Funds or Other Sir	milar Funds or Ac	counts. Complete if the
	organization answered	l "Yes" on Form 990, Part IV, line	6.		
			(a) Donor advised	funds (	b) Funds and other accounts
1	Total number at end of year				
2		ons to (during year)			
3	Aggregate value of grants from	m (during year)			
4	Aggregate value at end of year	ar			
5	Did the organization inform al	l donors and donor advisors in w	riting that the assets held	I in donor advised fund	
	are the organization's propert	y, subject to the organization's e	xclusive legal control?		Yes No
6	Did the organization inform al	l grantees, donors, and donor ad	lvisors in writing that gran	t funds can be used or	nly
	for charitable purposes and n	ot for the benefit of the donor or	donor advisor, or for any	other purpose conferri	ng
	impermissible private benefit?				
Pai	rt II Conservation Eas	sements. Complete if the orga	anization answered "Yes"	on Form 990, Part IV,	line 7.
1	Purpose(s) of conservation ea	sements held by the organization	n (check all that apply).		
	Preservation of land for	public use (for example, recreati	on or education)	Preservation of a histo	orically important land area
	Protection of natural ha	bitat		Preservation of a certi-	fied historic structure
	Preservation of open sp				
2		if the organization held a qualific	ed conservation contribut	ion in the form of a cor	
	day of the tax year.				Held at the End of the Tax Year
a		easements			2a
b	,				2b
С.		ments on a certified historic stru			2c
d		ments included in (c) acquired af			
_					2d
3		ments modified, transferred, rele	ased, extinguished, or ter	minated by the organia	zation during the tax
4	year	erty subject to conservation ease	amont is leasted		
4 5		written policy regarding the perion		n handling of	
3		f the conservation easements it I			Yes No
6	·	oted to monitoring, inspecting, h		enforcing conservation	
Ü		oted to morntoring, inspecting, in	ariaming or violations, and	cincioning contact valid	n casements daming the year
7	Amount of expenses incurred	in monitoring, inspecting, handli	ing of violations, and enfo	rcing conservation eas	sements during the year
-	<b>▶</b> \$	g,ep = =g,a	g or moralione, and orne	romig contest runon cut	semente dannig and year
8	· · · ————————————————————————————————	—— ment reported on line 2(d) above	satisfy the requirements	of section 170(h)(4)(B)	(i)
9		organization reports conservation			
	balance sheet, and include, if	applicable, the text of the footno	ote to the organization's fi	nancial statements tha	at describes the
	organization's accounting for	conservation easements.			
Pai	rt III Organizations Ma	aintaining Collections of	Art, Historical Trea	sures, or Other S	imilar Assets.
	Complete if the organize	zation answered "Yes" on Form 9	990, Part IV, line 8.		
1a	If the organization elected, as	permitted under FASB ASC 958	s, not to report in its reven	ue statement and bala	ince sheet works
	of art, historical treasures, or	other similar assets held for publ	ic exhibition, education, o	or research in furtheran	ce of public
	service, provide in Part XIII the	e text of the footnote to its financ	cial statements that descr	ibes these items.	
b	If the organization elected, as	permitted under FASB ASC 958	s, to report in its revenue s	statement and balance	sheet works of
	art, historical treasures, or oth	ner similar assets held for public	exhibition, education, or r	esearch in furtherance	of public service,
	provide the following amounts	•			
	(i) Revenue included on Form	m 990, Part VIII, line 1			<b>&gt;</b> \$
	(ii) Assets included in Form 9	,			
2	•	held works of art, historical trea		- · · ·	provide
	· ·	ed to be reported under FASB AS	-		
		90, Part VIII, line 1			
		Part X			
LHA	For Paperwork Reduction A	ct Notice, see the Instructions	for Form 990.		Schedule D (Form 990) 2019

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

Par	t III Organizations Maintaining Co	ollections of Art	, Historical Tre	asures, or Oth	er Simila	r Assets	(continue	ed)
3	Using the organization's acquisition, accession	n, and other records	, check any of the f	ollowing that make	significant	use of its	•	,
	collection items (check all that apply):							
а	Public exhibition	d	Loan or exc	hange program				
b	Scholarly research	е	Other					
С	c Preservation for future generations							
4	Provide a description of the organization's co	llections and explain	how they further th	e organization's ex	empt purpo	se in Part	XIII.	
5	During the year, did the organization solicit or	receive donations of	f art, historical treas	sures, or other simil	ar assets			
	to be sold to raise funds rather than to be ma	intained as part of th	e organization's col	lection?			Yes	☐ No
Par	t IV Escrow and Custodial Arrang	jements. Comple	te if the organizatio	n answered "Yes"	on Form 990	), Part IV, I	ine 9, or	
	reported an amount on Form 990, Par							
1a	Is the organization an agent, trustee, custodia	an or other intermedia	ary for contributions	or other assets no	t included			
	on Form 990, Part X?						Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII a	and complete the follo	owing table:					
							Amount	
С	Beginning balance				1c			
	Additions during the year							
	Distributions during the year							
f					1f			
2a	Did the organization include an amount on Fo				bility?		Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the exp	olanation has been	orovided on Part XI	II			
Par	t V Endowment Funds. Complete if	the organization ans	swered "Yes" on Fo	rm 990, Part IV, line	e 10.			
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three	years back	(e) Four ye	ears back
1a	Beginning of year balance	3,498,273.	3,653,976.	3,449,078	. 3,3	10,424.	3,7	06,716.
b	Contributions							
	Net investment earnings, gains, and losses	91,106.	131,316.	233,712	. 3	63,985.	П	73,818.
d	Grants or scholarships							
	Other expenditures for facilities							
	and programs	150,000.	260,865.		2	200,000.	2	89,047.
f	Administrative expenses	26,070.	26,154.	28,814		25,331.		33,427.
	End of year balance	3,413,309.	3,498,273.	3,653,976	. 3,4	49,078.	3,3	10,424.
2	Provide the estimated percentage of the curre	ent year end balance	(line 1g, column (a)	) held as:				
а	Board designated or quasi-endowment	100.00	%					
b	Permanent endowment   .00	%						
С	Term endowment ▶ .00 g	<u></u>						
	The percentages on lines 2a, 2b, and 2c should	ıld equal 100%.						
За	Are there endowment funds not in the posses	sion of the organizat	ion that are held ar	d administered for	the organiza	ation		
	by:						Υ	es No
	(i) Unrelated organizations						3a(i)	X
	(ii) Related organizations						3a(ii)	X
b	If "Yes" on line 3a(ii), are the related organizate	ions listed as require	ed on Schedule R?				3b	
4	Describe in Part XIII the intended uses of the							
Par	t VI Land, Buildings, and Equipme	ent.						
	Complete if the organization answered	l "Yes" on Form 990,	Part IV, line 11a. S	ee Form 990, Part	X, line 10.			
	Description of property	(a) Cost or ot basis (investm	, ,	' '	Accumulate depreciation		(d) Book v	/alue
1a	Land							
	Buildings							
	Leasehold improvements							
	Equipment		2	6,167.	16,5	16.	9	,651.
	Other			9,927.	7,0			,828.
	. Add lines 1a through 1e. (Column (d) must ed							,479.
				,	•			

Schedule D (Form 990) 2019



Schedule D (Form 990) 2019 FIRELIGHT F	OUNDATION	27	-2795006 Page <b>3</b>
Part VII Investments - Other Securities.			9
Complete if the organization answered "Yes"	on Form 990. Part IV. line 1	1b. 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	l-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) PUBLICLY TRADED			
(B) SECURITIES	3,251,841.	COST	
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	3,251,841.		
Part VIII Investments - Program Related.	0,100,100,000		
Complete if the organization answered "Yes"	on Form 990 Part IV line 1	11c See Form 990 Part X line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	I-of-vear market value
(1)	(,	(-)	,
(2)			
(3)			
(4)			
(5)			
(6)			
<u>(7)</u>			
(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 1	1d. See Form 990, Part X, line 15.	
	Description	, ,	(b) Book value
(1)	·		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	45)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	9 [5.]		
	on Form 000 Dort IV line 1	I a or 11f Coo Form 000 Dort V line 05	
Complete if the organization answered "Yes"  (a) Description of liability	on Form 990, Part IV, line 1	Te or TTI. See Form 990, Part X, line 25.	(b) Book value
11 7			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			

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

Schedule D (Form 990) 2019

CQPY\_

(6) (7) (8) (9)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

	rt XI Reconciliation of Revenue per Audited Financial Stat	tements With R	evenue ner Re	turn	- rage :
	Complete if the organization answered "Yes" on Form 990, Part IV, lin		oronao por mo		
1	Total consequence and other consequence of the differential data constitutions.			1	6,322,514.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				0,522,514.
a	Net unrealized gains (losses) on investments	2a	55,199.		
b	Donated services and use of facilities		33,2331		
c	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)				
e				2e	55,199.
3				3	6,267,315.
4	Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part VIII, line 12, but not on line 1:				0,207,313.
<del>т</del> а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	26,115.		
b	Other (Describe in Part XIII.)		20,113.		
0				4c	26,115.
5	Add lines <b>4a</b> and <b>4b</b> Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.)			5	6,293,430.
Pa	rt XII   Reconciliation of Expenses per Audited Financial Sta	tements With	Expenses per F		
	Complete if the organization answered "Yes" on Form 990, Part IV, lin				
1	Total expenses and losses per audited financial statements			1	3,834,344.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments				
С	Other losses				
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	3,834,344.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	26,115.		
b	Other (Describe in Part XIII.)				
С	Add lines 4a and 4b	·		4c	26,115.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18			5	3,860,459.
Pa	rt XIII Supplemental Information.	<del>,</del>			
Prov	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	l; Part IV, lines 1b a	nd 2b; Part V, line 4	; Part X	X, line 2; Part XI,
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an				
	•	-			

#### PART V, LINE 4:

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

#### PART X, LINE 2:

FIRELIGHT EVALUATED ITS UNCERTAINTY IN INCOME TAXES FOR THE YEARS ENDED JUNE 30, 2020 AND 2019, AND DETERMINED THAT THERE WERE NO MATTERS THAT

Schedule D (Form 990) 2019

### 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.

2019
Open to Public Inspection

Name of the organization

**Employer identification number** 

FIRELIGHT FOUND				27-279500	
Part I General Infor	mation on A	ctivities Out	side the United States. Comple	ete if the organization answered "Y	es" on
Form 990, Part IV	/, line 14b.				
			ds to substantiate the amount of its gra		
the grantees' eligibility fo	or the grants or a	issistance, and t	he selection criteria used to award the	grants or assistance? X	Yes No
2 For grantmakers. Description United States.	ribe in Part V the	organization's	procedures for monitoring the use of its	s grants and other assistance outsi	de the
	ne following Part	L line 3 table ca	an be duplicated if additional space is n	needed )	
(a) Region	(b) Number of offices in the region	(c) Number of employees,		(e) If activity listed in (d) is a program service,	(f) Total expenditures for and investments in the region
SUB-SAHARAN AFRICA	0	0	GRANTMAKING		940,914.
				PROGRAM SUPPORT, CAPACITY BUILDING AND	
SUB-SAHARAN AFRICA	0	4	PROGRAM SERVICES	MENTORING	1,099,363.
				MONITORING, LEARNING AND	
SUB-SAHARAN AFRICA	0	1	PROGRAM SERVICES	EVALUATION	233,061.
3 a Subtotal	0	5			2,273,338.

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

0

0

5

Schedule F (Form 990) 2019



2,273,338.

and 3b)

**b** Total from continuation

sheets to Part I ........
c Totals (add lines 3a

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	75 000	WIRE TRANSFER	0.		
		iii ki ch	CHIED RIGHTS	73,000.	WIND IMMOLEN	· · ·		
		SUB-SAHARAN	CHILD PROTECTION /					
		AFRICA	CHILD RIGHTS	70,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN	ORG. CAPACITY					
		AFRICA	BUILDING	65,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN						
		AFRICA	SECONDARY EDUCATION	45,600.	WIRE TRANSFER	0.		
		SUB-SAHARAN						
		AFRICA	SECONDARY EDUCATION	45,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN	EARLY CHILDHOOD					
		AFRICA	EDUCATION/DEVELOPMENT	37,214.	WIRE TRANSFER	0.		
		SUB-SAHARAN	EARLY CHILDHOOD	22.66=				
		AFRICA	EDUCATION/DEVELOPMENT	28,667.	WIRE TRANSFER	0.		
		SUB-SAHARAN	EARLY CHILDHOOD					
		AFRICA	EDUCATION/DEVELOPMENT	25 333	WIRE TRANSFER	0.		

0

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

Part II Continuation of	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1	)	r ugo <b>z</b>
1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(a) Region	(d) Purpose of grant	(e) Amount	(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	EARLY CHILDHOOD					
		AFRICA	EDUCATION/DEVELOPMENT	25,333.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	EARLY CHILDHOOD EDUCATION/DEVELOPMENT	25 333	WIRE TRANSFER	0.		
			EBOOM FOR PER PER PER PER PER PER PER PER PER PE	23,333.	WIND INMODEL	•		
			EARLY CHILDHOOD	05 222				
		AFRICA	EDUCATION/DEVELOPMENT	25,333.	WIRE TRANSFER	0.		
		SUB-SAHARAN	EARLY CHILDHOOD					
		AFRICA	EDUCATION/DEVELOPMENT	23,833.	WIRE TRANSFER	0.		
		SUB-SAHARAN	EARLY CHILDHOOD					
		AFRICA	EDUCATION/DEVELOPMENT	22,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN	EARLY CHILDHOOD					
		AFRICA	EDUCATION/DEVELOPMENT	22,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN	EARLY CHILDHOOD					
		AFRICA	EDUCATION/DEVELOPMENT	22,000.	WIRE TRANSFER	0.		
				,				
		SUB-SAHARAN AFRICA	EARLY CHILDHOOD	22 000	WIRE TRANSFER	0.		
		REALCA	EDUCATION/DEVELOPMENT	22,000.	MINE INMINSTER			
		1	EARLY CHILDHOOD					
		AFRICA	EDUCATION/DEVELOPMENT	22,000.	WIRE TRANSFER	0.		

33

Part II Continuation o	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1	)	r ugo <b>z</b>
1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(a) Region	(d) Purpose of grant	(e) Amount	(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	EARLY CHILDHOOD					
		AFRICA	EDUCATION/DEVELOPMENT	22,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN	EARLY CHILDHOOD					
		AFRICA	EDUCATION/DEVELOPMENT	20,500.	WIRE TRANSFER	0.		
		SUB-SAHARAN	EARLY CHILDHOOD					
		AFRICA	EDUCATION/DEVELOPMENT	20,500.	WIRE TRANSFER	0.		
		SUB-SAHARAN	EARLY CHILDHOOD					
		AFRICA	EDUCATION/DEVELOPMENT	19,167.	WIRE TRANSFER	0.		
				,				
		GUD GAUADAN	EARLY GUILDHOOD					
		SUB-SAHARAN AFRICA	EARLY CHILDHOOD EDUCATION/DEVELOPMENT	18,000.	WIRE TRANSFER	0.		
				,				
		GUD GAMADAN	ENDLY GUILDHOOD					
		SUB-SAHARAN AFRICA	EARLY CHILDHOOD EDUCATION/DEVELOPMENT	18,000.	WIRE TRANSFER	0.		
				,		-		
		SUB-SAHARAN AFRICA	EARLY CHILDHOOD EDUCATION/DEVELOPMENT	16 667.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	EARLY CHILDHOOD EDUCATION/DEVELOPMENT	16 667	WIRE TRANSFER	0.		
			DOCTION, DEVELOT MENT	10,007.	TALL TAMOPEN	J .		+
		SUB-SAHARAN AFRICA	EARLY CHILDHOOD EDUCATION/DEVELOPMENT	16 333	WIRE TRANSFER	0.		
		In vice	PROCEST TOWANDE A PROCESSED.	10,333.	MINE INMISEER	٠.		

Part II Continuation of	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1	)	r ago z
1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount	(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	EARLY CHILDHOOD					
		AFRICA	EDUCATION/DEVELOPMENT	14,667.	WIRE TRANSFER	0.		
		SUB-SAHARAN	EARLY CHILDHOOD					
		AFRICA	EDUCATION/DEVELOPMENT	10,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN	CHILD PROTECTION /					
		AFRICA	CHILD RIGHTS	8,000.	WIRE TRANSFER	0.		
				,				
		SUB-SAHARAN	EARLY CHILDHOOD					
		AFRICA	EDUCATION/DEVELOPMENT	8,000.	WIRE TRANSFER	0.		
				,				
		SUB-SAHARAN AFRICA	EARLY CHILDHOOD EDUCATION/DEVELOPMENT	7 167.	WIRE TRANSFER	0.		
				7=110				
		SUB-SAHARAN AFRICA	EARLY CHILDHOOD EDUCATION/DEVELOPMENT	7 167	WIRE TRANSFER	0.		
			EBGGIII ION, BEVERGIIIENI	7,107,	WIND THEMSTER			
		SUB-SAHARAN AFRICA	EARLY CHILDHOOD EDUCATION/DEVELOPMENT	7 167	WIRE TRANSFER	0.		
			EBGGIII ION, BEVERGIIIENI	7,107,	WIND THEMSTER			
		SUB-SAHARAN AFRICA	EARLY CHILDHOOD	7 000	WIRE TRANSFER	0.		
		AFRICA	EDUCATION/DEVELOPMENT	7,000.	WIKE IKANSPEK	J .		
		1	EARLY CHILDHOOD	7 000	WIDE EDINGER			
		AFRICA	EDUCATION/DEVELOPMENT	7,000.	WIRE TRANSFER	0.		

Schedule F (Form 990)

Part II Continuation of	of Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1	)	
1 (a) Name of organization	<b>(b)</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	EARLY CHILDHOOD					
		AFRICA	EDUCATION/DEVELOPMENT	7,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	EARLY CHILDHOOD EDUCATION/DEVELOPMENT	6 333	WIRE TRANSFER	0.		
		III KICI	EBOCKTION, BEVEEOT MENT	0,333.	WIRE IRMSIER	0.		
		SUB-SAHARAN	EARLY CHILDHOOD					
		AFRICA	EDUCATION/DEVELOPMENT	6,333.	WIRE TRANSFER	0.		
		SUB-SAHARAN	EARLY CHILDHOOD					
		AFRICA	EDUCATION/DEVELOPMENT	6,333.	WIRE TRANSFER	0.		
		SUB-SAHARAN	EARLY CHILDHOOD					
		AFRICA	EDUCATION/DEVELOPMENT	5,500.	WIRE TRANSFER	0.		
		SUB-SAHARAN	EARLY CHILDHOOD					
		AFRICA	EDUCATION/DEVELOPMENT	5,500.	WIRE TRANSFER	0.		
				,				
		SUB-SAHARAN AFRICA	EARLY CHILDHOOD EDUCATION/DEVELOPMENT	5 500	WIRE TRANSFER	0.		
		III KICI	EBOCKTION, BEVEEOT MENT	3,300.	WIRE IRMSIER	0.		
		SUB-SAHARAN	EARLY CHILDHOOD					
		AFRICA	EDUCATION/DEVELOPMENT	5,500.	WIRE TRANSFER	0.		
		SUB-SAHARAN	EARLY CHILDHOOD					
		AFRICA	EDUCATION/DEVELOPMENT	5,500.	WIRE TRANSFER	0.		

Part II Continuation	of Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1	)	_
1 (a) Name of organization	<b>(b)</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	EARLY CHILDHOOD					
		AFRICA	EDUCATION/DEVELOPMENT	5,500.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	EARLY CHILDHOOD EDUCATION/DEVELOPMENT	4 667	WIRE TRANSFER	0.		
		III KICI	EBOCKTION, BEVEEOT MENT	4,007.	WIRE IRMSIER	0.		
		SUB-SAHARAN	EARLY CHILDHOOD					
		AFRICA	EDUCATION/DEVELOPMENT	4,500.	WIRE TRANSFER	0.		
		SUB-SAHARAN	CHILD PROTECTION /					
		AFRICA	CHILD RIGHTS	4,319.	WIRE TRANSFER	0.		
		SUB-SAHARAN	EARLY CHILDHOOD					
		AFRICA	EDUCATION/DEVELOPMENT	4,167.	WIRE TRANSFER	0.		
		SUB-SAHARAN	EARLY CHILDHOOD					
		AFRICA	EDUCATION/DEVELOPMENT	4,167.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	EARLY CHILDHOOD EDUCATION/DEVELOPMENT	4 167	WIRE TRANSFER	0.		
				2,207,				
		SUB-SAHARAN	CHILD PROTECTION /	2 222				
		AFRICA	CHILD RIGHTS	3,880.	WIRE TRANSFER	0.		
		SUB-SAHARAN	CHILD PROTECTION /					
		AFRICA	CHILD RIGHTS	3,020.	WIRE TRANSFER	0.		

Part II Continuati	on of Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	
1 (a) Name of organiza	(b) IRS code section and EIN (if applicable)		(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)
			CHILD PROTECTION /					
		AFRICA	CHILD RIGHTS	1,900.	WIRE TRANSFER	0.		
			CHILD PROTECTION /					
		AFRICA	CHILD RIGHTS	1,480.	WIRE TRANSFER	0.		

Part III	Grants and Other Assistant Part III can be duplicated if a			ites. Complete i	f the organization answered "Yes"	on Form 990, Part	IV, line 16.	
(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)

## Schedule F (Form 990) 2019 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	X 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	X 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	X 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	X 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	X 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	X No

Schedule F (Form 990) 2019

# FIRELIGHT FOUNDATION 27-2795006 Schedule F (Form 990) 2019 Page 5 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 F (Form 990) 2019

#### SCHEDULE J (Form 990)

**Compensation Information** 

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.

**2019** 

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

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

Employer identification number 27-2795006

	FIRELIGHT FOUNDATION	27-279500	6	
Pa	art I Questions Regarding Compensation			
	·		Yes	No
<b>1</b> a	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.			
	First-class or charter travel Housing allowance or residence for person	nal use		
	Travel for companions Payments for business use of personal res	idence		
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeu	r, chef)		
h	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
D		1b		
•	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	di		
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 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	n to		
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee Written employment contract			
	Independent compensation consultant  X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation of	ommittee		
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:	_		37
	Receive a severance payment or change-of-control payment?			X
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?			X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	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	n		
	contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	l		X
	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	n l		
	contingent on the net earnings of:			
а	The organization?	6a		Х
b	Any related organization?	6b		Х
	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		х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
		8		х
a	If "Voe" on line 8 did the organization also follow the rebuttable presumption procedure described in			

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

Schedule J (Form 990) 2019



Regulations section 53.4958-6(c)?

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-MI	SC compensation		(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Derients	(6)(1)-(0)	reported as deferred on prior Form 990
(1) NINA BLACKWELL	(i)	174,836.	0.	0.	0.	567.	175,403.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JANE STOKES	(i)	110,180.	0.	0.	3,305.	41,074.	154,559.	0.
DIRECTOR OF FINANCE	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							_
	(i)							_
	(ii)							_
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

rovide the information, explanation, or descriptions	s 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.

#### **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.

2019 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

FIRELIGHT FOUNDATION

Employer identification number 27-2795006

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: PROGRAM ACTIVITIES FUNDED BY MULTIPLE DONORS, FIRELIGHT SUPPORTS COMMUNITY-BASED TANZANIA, AND ZAMBIA TO STRENGTHEN EARLY ORGANIZATIONS IN MALAWI, CHILDHOOD DEVELOPMENT (ECD) CENTERS AND FAMILY-BASED TRAINING PROGRAMS THAT PROMOTE CHILDREN'S HOLISTIC DEVELOPMENT, ESPECIALLY IN AREAS THAT ARE AFFECTED BY HIV. FIRELIGHT CONCENTRATES 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 FOR CHILDREN FROM BIRTH TO AGE FIVE, INCLUDING BUILDING BASIC INFRASTRUCTURE, CREATING SUPPORTIVE LEARNING ENVIRONMENTS, AND TRAINING ECD CAREGIVERS. 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 OUR GRANTEE-PARTNERS ARE WORKING TO EMPOWER IN TANZANIA AND ZAMBIA, PARENTS AND CAREGIVERS TO STRENGTHEN THEIR CHILDREN'S COGNITIVE OUR GRANTEE-PARTNERS INTEGRATED A VARIETY OF HOLISTIC PROGRAMS THAT SERVE CHILDREN'S AND FAMILIES' MULTI-FACETED NEEDS. THESE PROGRAMS INCLUDE SAVINGS AND LOANS GROUPS TO PROMOTE FAMILIES' ECONOMIC EMPOWERMENT; FEEDING PROGRAMS TO PROVIDE BASIC NUTRITION; VOLUNTARY COUNSELING AND TESTING FOR HIV AND AIDS; AND INCOME-GENERATING ACTIVITIES FOR THE ECD CENTERS.

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

Schedule O (Form 990 or 990-EZ) (2019)



932211 09-06-19

**Employer identification number** Name of the organization 27-2795006 FIRELIGHT FOUNDATION WE PROVIDED CAPACITY BUILDING TRAINING AND TECHNICAL SUPPORT TO OUR GRANTEE-PARTNERS. ADDITIONALLY, WE SHARED LEARNINGS AND ASSESSMENTS AND PROVIDED ONSITE AND VIRTUAL MENTORING FOR MEL CAPACITY. KEY PROGRAM ACHIEVEMENTS IMPROVED PERMANENT INFRASTRUCTURE FOR ECD CENTERS IN THEIR COMMUNITIES. INCREASED ACCESS TO ECD CENTERS FOR CHILDREN IN THE COMMUNITY. IMPROVEMENTS IN LESSON PLANNING AND THE AVAILABILITY OF TEACHING AND LEARNING MATERIALS. IMPROVED LEARNING OUTCOMES IN CHILDREN WHO HAVE ATTENDED ECD CENTERS COMPARED TO THOSE WHO HAVE NOT. IMPROVED HOME ENVIRONMENT AND CAREGIVER-CHILD INTERACTIONS. IDENTIFICATION OF AND SUPPORT TO HIGHLY VULNERABLE FAMILIES AND CHILDREN. INCREASED RAISED AWARENESS AMONG FAMILIES AND COMMUNITIES. FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: SYSTEMS CHANGE THROUGH COMMUNITY-BASED ORGANIZATIONS, USING EFFECTIVE PARTICIPATORY PROCESSES TO BUILD OUR GRANTEE-PARTNERS' OWN CAPACITIES AND DEVELOP, PILOT, REFINE AND DOCUMENT OUR FRAMEWORK(S), TOOLS AND PROCESSES. WE ARE FACILITATING A COMMUNITY-INVOLVED MAPPING TO UNDERSTAND AREAS OF VULNERABILITY AND OPPORTUNITY IN UP TO 3 COUNTRIES, LEADING TO 2 NEW CLUSTERS OF CBO GRANTEES WITH WHOM TO REALIZE AND TEST OUR APPROACH TO COMMUNITY-DRIVEN SYSTEMS CHANGE FOR CHILDREN'S RIGHTS. FIRELIGHT BEGAN IDENTIFYING CBO GRANTEE PARTNERS TO WORK WITH FOR UP TO

FIVE YEARS IN REALIZING LONG-TERM COMMUNITY ACTION FOR CHILD RIGHTS AND

Name of the organization **Employer identification number** 27-2795006 FIRELIGHT FOUNDATION PROTECTION. FIRELIGHT WILL BUILD ON OUR EMERGING PARTICIPATORY ENGAGEMENT AND ACTION PRACTICES AND FRAMEWORKS TO HELP EXPLORE AND EMBRACE THE COMMUNITY'S MOST PRESSING AREAS OF CONCERN OR MOST PRESSING CHALLENGES FROM A CHILDREN'S RIGHTS PERSPECTIVE. WE WILL THEN SUPPORT THE IDENTIFIED CLUSTERS OF CBOS TO UTILIZE THESE HIGHLY PARTICIPATORY PRACTICES SO THAT THEY, ALONG WITH THEIR COMMUNITIES - INCLUDING CHILDREN THEMSELVES - CAN ALSO DETERMINE THE COMMUNITY ACTION THEY TOGETHER BELIEVE IS THE MOST IMPORTANT TO TAKE FOR THEIR CHILDREN. FIRELIGHT SUPPORTED ONE COMMUNITY GRANTMAKER AND SIX COMMUNITY-BASED ORGANIZATIONS TO RESPOND TO THE MULTI-FACETED NEEDS OF VULNERABLE CHILDREN IN LESOTHO, A LANDLOCKED COUNTRY IN SOUTHERN AFRICA. LESOTHO 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 THE COMMUNITY GRANTMAKER MADE TO SMALLER, LOCAL CBOS WERE USED TO STRENGTHEN EACH COMMUNITY'S CHILD PROTECTION SYSTEMS. IMPROVEMENTS TO CHILD PROTECTION SYSTEMS INCLUDED 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 THE IMPROVEMENT OF PARENT/CAREGIVER INVOLVEMENT. WE FLESHED OUT OUR CHILD PROTECTION AND SAFEGUARDING POLICIES,

PRACTICES AND FACILITATED A PROCESS OF ACKNOWLEDGING, VALUING, AND

UPGRADING THOSE OF OUR CBO GRANTEE-PARTNERS THAT ARE DRIVEN BY AND CAN

Schedule O (Form 990 or 990-E

Schedule O (Form 990 or 990-EZ) (2019)

**Employer identification number** Name of the organization 27-2795006 FIRELIGHT FOUNDATION BE IMPLEMENTED BY COMMUNITY-BASED ORGANIZATIONS, ESPECIALLY THOSE IN RESOURCE OR WORKFORCE SCARCE ENVIRONMENTS. ACROSS ALL OF OUR PROGRAMS, WE ROLLED OUT THE IMPLEMENTATION OF CHILD PROTECTION AND SAFEGUARDING POLICIES AND PROTOCOLS TO ALL OF OUR STAFF, CONSULTANTS, AND GRANTEE-PARTNERS. FORM 990, PART III, LINE 4C, 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. THEY HAVE SEEN A SIGNIFICANT INCREASE IN LOCAL UNDERSTANDING OF THE PROBLEMS OF CHILD MARRIAGE AND IN THE COMMUNITIES' DESIRE TO STOP THIS PRACTICE. FORM 990, PART VI, SECTION A, LINE 8B: THERE ARE NO OTHER COMMITTEES THAT CAN ACT ON BEHALF OF THE FULL BOARD OF DIRECTORS. FORM 990, PART VI, SECTION B, LINE 11B: THE FEDERAL FORM 990 IS REVIEWED IN DETAIL BY THE TREASURER, THE FINANCE COMMITTEE AND THE EXECUTIVE DIRECTOR. IT IS THEN SHARED WITH THE ENTIRE BOARD OF DIRECTORS FOR THEIR REVIEW PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE.

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

THE BOARD MEMBERS SIGN A CONFLICT OF INTEREST POLICY ON AN ANNUAL BASIS.

Name of the organization FIRELIGHT FOUNDATION

Employer identification number 27-2795006

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 2020.

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

THE ARTICLES OF INCORPORATION, BYLAWS, AND CONFLICT OF INTEREST POLICY ARE

AVAILABLE ON REQUEST. THE AUDIT REPORT AND FEDERAL FORM 990 ARE POSTED ON

FIRELIGHT'S WEBSITE.

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

FISCAL SPONSORSHIP CONSULTANTS:

Schedule O (Form 990 or 990-EZ) (2019)

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization FIRELIGHT FOUNDATION	Employer identification number 27-2795006
PROGRAM SERVICE EXPENSES	554,979.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	554,979.
AFRICA BASED PROGRAM SUPPORT:	
PROGRAM SERVICE EXPENSES	273,162.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	273,162.
LEARNING & EVALUATION FIRELIGHT TEAM:	
PROGRAM SERVICE EXPENSES	202,429.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	202,429.
LEARNING & EVALUATION CONSULTANTS:	
PROGRAM SERVICE EXPENSES	106,423.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	106,423.
CAPACITY BUILDING:	
PROGRAM SERVICE EXPENSES	104,847.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	104,847.
932212 09-06-19 5 <b>n</b>	Schedule O (Form 990 or 990-EZ) (2019)

Name of the organization  FIRELIGHT FOUNDATION	Employer identification number 27-2795006
MANAGEMENT CONSULTANT:	
DDOCDAM CEDUTOE EXPENSES	0
MANAGEMENT AND GENERAL EXPENSES	
FUNDRAISING EXPENSES	
TOTAL EXPENSES	17,872.
PROGRAM MANAGEMENT:	
PROGRAM SERVICE EXPENSES	3,850.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	3,850.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	1,263,562.