** PUBLIC DISCLOSURE COPY ** 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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

OND NO. 1343-0047
2022
Open to Public Inspection

<u>A</u>	For the	e 2022 calendar year, or tax year beginning JULII, 2022 and c	enaing J	UN 30, 2023	
В	Check if applicable	C Name of organization		D Employer identific	cation number
	Addre				
	Name chang	Doing business as		27-27950	06
	Initial return Final	,	Room/suite 103-E	E Telephone number 831-429-	
L	⊥lreturn termir ated		TO2-E		
_	ated □Amen			G Gross receipts \$	7,334,126.
F	return	SCOITS VALLEI, CA 95000		H(a) Is this a group re	
	tion pendi	F Name and address of principal officer: MAKIEME DAFF		for subordinates	
_		SAME AS C ABOVE		H(b) Are all subordinates in	
		empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) c	or 527	1 ′	list. See instructions
	Websi		T	H(c) Group exemptio	
	art I	organization: X Corporation Trust Association Other Summary	L Year	of formation: ZUIU N	1 State of legal domicile: CA
	_	Briefly describe the organization's mission or most significant activities: FUND	ZMD S	IIDD∩Rπ	
e	'	COMMUNITY-DRIVEN SYSTEMS CHANGE FOR CHILD:			
Activities & Governance	2	Check this box if the organization discontinued its operations or dispos			eate .
Veri	3			3	8
Ó	4	Number of independent voting members of the governing body (Part VI, line 1b)			8
∞	5	Total number of individuals employed in calendar year 2022 (Part V, line 1a)			4
ţ <u>i</u>	6	Total number of volunteers (estimate if necessary)			8
Ξį	72			7a	0.
¥	' h	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
_	├	Net unrelated business taxable income norm offin 990-1, 1 at 1, line 11		Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)		13,040,899.	3,331,066.
	9			0.	0.
Ver	10	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		75,946.	492,880.
Be	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,282.	3,136.
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		13,118,127.	3,827,082.
_		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,165,064.	1,539,306.
	1			0.	0.
	45	Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		657,064.	1,179,300.
ses	160	Professional fundraising fees (Part IX, column (A), line 11e)		0.004.	0.
Expenses	h	Total fundraising expenses (Part IX, column (A), line 25) 168, 66	53.	•	•
Ä	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,586,279.	1,539,060.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,408,407.	4,257,666.
	1	Revenue less expenses. Subtract line 18 from line 12		9,709,720.	-430,584.
	4 13	Trevenue less expenses, oubtract line to from line 12		ginning of Current Year	End of Year
Net Assets or	20	Total assets (Part X, line 16)		17,502,770.	16,924,788.
Assi	21	Total liabilities (Part X, line 26)		176,792.	978,556.
Net,	22	Net assets or fund balances. Subtract line 21 from line 20		17,325,978.	15,946,232.
	art II	Signature Block			
Unc	ler pena	lties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the best of my	knowledge and belief, it is
		ct, and complete. Declaration of preparer (other than officer) is based on all information of wh			,
	,				
Sig	ın	Signature of officer		Date	
He		ELISA DE MARTEL, TREASURER			
	. •	Type or print name and title			
		Print/Type preparer's name Preparer's signature	1	Date Check	PTIN
Pai	d	FRANK H. SMITH FRANK H. SMITH	lo	3/05/24 if self-employ	P00639053
	parer	Firm's name MARCUM LLP			1-1986323
	Only	Firm's address 1899 L STREET, NW, SUITE 850			
	,	WASHINGTON, DC 20036		Phone no. (2	02) 227-4000
Ma	v the II	RS discuss this return with the preparer shown above? See instructions		1. 110110 110. (=	X Yes No
2000	,	and the Company and Property Act Notice and the company instruction			Form 990 (2022)

Form 990 (2022)

2

including grants of \$

3,439,851.

Total program service expenses

11310305 150872 192752

) (Revenue \$

Form 990 (2022) 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? See instructions	2	Х	
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
•	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,	Ť		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	-		1
8	, ,			x
•	Schedule D, Part III	8		
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?			3,7
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		7.7	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
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,			
	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			
	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			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
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		Х
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	Х	
h	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 appropriation projection of the control of the Light of the Light of the Light of the Control	14a	Х	
14a b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	 -a		
D				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	14b	Х	
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140	- 21	
15		45	Х	
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15	21	
16		40		_ v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			\ ₃₇
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
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		X
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
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

232003 12-13-22

Form 990 (2022) FIRELIGHT FOUNDATION
Part IV Checklist of Required Schedules (continued)

	(Sometimes)		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	X	
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_
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		Х
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
		25b		Х
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		
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
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			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the 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			
	"Yes," complete Schedule L, Part IV	28a		_X_
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		<u>X</u>
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		$\frac{x}{x}$
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
20	Schedule N, Part II	32		_X_
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	22		Х
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34		34		Х
35.2	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u>x</u>
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		
	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	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 on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance	· <u> </u>		
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 7			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С			37	
	(gambling) winnings to prize winners?	1c	Х	

232004 12-13-22

Form 990 (2022) FIRELIGHT FOUNDATION

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	2a	4			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	Х	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0 .		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	author	ity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccour	nt)?	4a		X
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 Advanced in the Financi	ccoun	ts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e orga	anization solicit			
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributi	ons o	r gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).		_			77
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices p	provided to the payor?	7a		X
b				7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			_		х
	to file Form 8282?	1	1	7c		Λ
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	•	7.		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or		t?	7e 7f		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control of the organization received a contribution of qualified intellectual property, did the organization file for		200 oo roquirod?			
g h	If the organization received a contribution of qualified intellectual property, did the organization file Fo If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza			7g 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained			/!!		
Ü		-		8		
9	Sponsoring organizations maintaining donor advised funds.					
а				9a		
b				9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
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				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	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.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the	١	I			
	organization is licensed to issue qualified health plans	13b				
C	Enter the amount of reserves on hand	13c	•	44		v
14a				14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedula the expensation subject to the section 4060 tax on payment(s) of more than \$1,000,000 in remune			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner			15		х
	excess parachute payment(s) during the year? If "Ves " see the instructions and file Form 4720. Schedule N.			15		Λ
16	If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment	inco	me?	16		Х
10	If "Yes," complete Form 4720, Schedule O.	. 11 1001		10		
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivitie	3			
••	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					
	,				000	(0000)

FIRELIGHT FOUNDATION 27-2795006 Form 990 (2022) 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 Section A. Governing Body and Management Yes No 8 **1a** Enter the number of voting members of the governing body at the end of the tax year 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. 8 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 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? The organization's CEO, Executive Director, or top management official Х 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a 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? 16h Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed CA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request ___ Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial

Form **990** (2022)

State the name, address, and telephone number of the person who possesses the organization's books and records

statements available to the public during the tax year.

ADELIA BARROS-PARKER - 831-429-8750

216 MOUNT HERMON ROAD, 103-E, SCOTTS VALLEY

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) NINA BLACKWELL	40.00							150 101		070
EXECUTIVE DIRECTOR	F 00			Х				157,171.	0.	870.
(2) GLORIA JOHNSON-CUSACK	5.00	х		х				0.	0.	^
CHAIR/CONSULTANT (3) MARK LOREY	1.00	Δ		^				0.	0.	0.
VICE CHAIR/SECRETARY	1.00	х		х				0.	0.	0.
(4) ELISA DE MARTEL	1.00	Λ		^				0.	0.	· ·
TREASURER	1.00	Х		х				0.	0.	0.
(5) JIMMY KOLKER	1.00	22							0.	_
BOARD MEMBER	1.00	Х						0.	0.	0.
(6) JOYCE MALOMBE	1.00	ļ <u></u>							0.1	
BOARD MEMBER		х						0.	0.	0.
(7) ROSE MARURU	1.00							<u> </u>	<u> </u>	
BOARD MEMBER		Х						0.	0.	0.
(8) SIBONGILE (BONGI) MKHABELA	1.00									
BOARD MEMBER		Х						0.	0.	0.
(9) PAULA NIMPUNO-PARENTE	1.00									
BOARD MEMBER		Х						0.	0.	0.

Section A. Officers, Directors, Trus	tees, Key Lilip	JIUY	ees,	and	ı mış	gnes	<u> </u>	ompensateu Employee	S (continuea)				
(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)			than dis both	n an	(D) Reportable compensation from	(E) Reportable compensation from relate	on	an	(F) timate nount o other	
	(list any hours for related organizations below line)	tee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee		the organization (W-2/1099-MISC/ 1099-NEC)	organizatior (W-2/1099-MI 1099-NEC	ns SC/	com fr org and	pensa om the anizati d relate	e ion ed
1b Subtotal					•			157,171.		0.		8'	70.
c Total from continuation sheets to Part VI								0.		0.			0.
d Total (add lines 1b and 1c)		155 151								0.		8'	70.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportabl	е			
compensation from the organization												V	1
O Did the consciention list and former of officer	-li	1					. la : a.	h t		1		Yes	No
3 Did the organization list any former officer,	•	-	•	•	•		_		•		3		Х
line 1a? If "Yes," complete Schedule J for s 4 For any individual listed on line 1a, is the su											-		
and related organizations greater than \$150											4	х	
5 Did any person listed on line 1a receive or a													
rendered to the organization? If "Yes, " com	plete Schedule	e J fo	or st	ıch r	oers	on					5		X
Section B. Independent Contractors					_								
1 Complete this table for your five highest co the organization. Report compensation for										pensat	ion fro	om	
(A)	ine calendar ye	Jai C	iluii	ig w	ILIT	JI VVI		(B)	cai.		(C		
Name and business	address							Description of s	ervices	С	ompe		า
FASSIL WOLDEMARRIAM KIDAN													
P.O. BOX 32387, KAMPALA,								PROGRAM MANA	GEMENT		16	0,08	<u>80.</u>
SADAF SHALLWANI, 1 CONCOR 1703, NORTH YORK, ONTARIO		_		UI'	ΤE			PROGRAM MANA	GEMENT		13	6,1!	59.
							1						
2 Total number of independent contractors (ii \$100,000 of compensation from the organize	· ·	ot lin	nited	d to t	thos	_	ted	above) who received mo	ore than				

Form 990 (2022) FIRELIGHT FOUNDATION
Part VIII Statement of Revenue

		Check if Schedule O contains a response of	or note to any lin	e in this Part VIII			
				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
					iunction revenue	business revenue	sections 512 - 514
SΩ	1 2	Federated campaigns 1a					
ant		Membership dues 1b					
2 5		Fundraising events 1c					
fts,		I Related organizations 1d					
Contributions, Gifts, Grants and Other Similar Amounts		Government grants (contributions) 1e					
ons,							
utio	,	All other contributions, gifts, grants, and	331,066.				
ë			331,000.				
ont		Noncash contributions included in lines 1a-1f		2 221 066			
<u>0 g</u>	<u> </u>	Total. Add lines 1a-1f		3,331,066.			
			Business Code				
S	2 8	·					
er Ie	k						
Scent	•						
ran Sev	•	·					
Program Service Revenue	•						
4	f	All other program service revenue					
	9	Total. Add lines 2a-2f					
	3	Investment income (including dividends, intere	st, and				
		other similar amounts)		164,483.			164,483.
	4	Income from investment of tax-exempt bond p	roceeds				
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
	k	Less: rental expenses 6b					
		Rental income or (loss) 6c					
		Net rental income or (loss)					
		Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a 3835041.	400.				
	ŀ	Less: cost or other basis					
<u>o</u>	_	and sales expenses	0.				
en.		Gain or (loss) 7c 327,997.	400.				
ther Revenue		Net gain or (loss)	l.	328,397.			328,397.
౼		Gross income from fundraising events (not		020,007			0_0,00,0
Ğ.	٠.	including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 188a					
		Less: direct expenses 8b					
		Net income or (loss) from fundraising events					
	9 6	Gross income from gaming activities. See					
		Part IV, line 19 9a Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns					
		and allowances 10a					
		Less: cost of goods sold 10b					
\rightarrow		Net income or (loss) from sales of inventory	Busto C :				
<u>s</u>		OMITED THEOLET	Business Code	2 126			2 126
Miscellaneous Revenue	11 a	OTHER INCOME	900099	3,136.			3,136.
lan	k	·					
Sel Sev	(
Mis	(All other revenue		2 426			
	•	Total. Add lines 11a-11d		3,136.			106 216
	12	Total revenue. See instructions		3,827,082.	0.	J 0.	496,016.

232009 12-13-22

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (**D**) Fundraising expenses (C) Management and general expenses (B) Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign 1,539,306. individuals. See Part IV, lines 15 and 16 1,539,306. Benefits paid to or for members Compensation of current officers, directors, 179,841. 89,920. 89,921. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 786,618. 713,377. 73,241. Other salaries and wages 7 Pension plan accruals and contributions (include 6,457 6,457. section 401(k) and 403(b) employer contributions) 173,698. 72<u>,</u>362. 104,116. -2,780.Other employee benefits 9 32,686. 25,939. 10 Payroll taxes Fees for services (nonemployees): Management 359. 359. Legal 18,650. 18,650. Accounting Lobbying Professional fundraising services. See Part IV, line 17 31,725. 31,725. Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 915,515. 691,422. 191,953. 32,140. column (A), amount, list line 11g expenses on Sch O.) Advertising and promotion 12 82,056. 75,245. 5,425. 1,386. Office expenses 13 59,500. 551. 55,170. 3,779. Information technology 14 15 Royalties 480. 480. 16 Occupancy 186,527. 161,920. 7,055. 17,552. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 152,980. 34,383. 195,840. 8,477. 19 Conferences, conventions, and meetings 20 Payments to affiliates 21 3,067. 3,067. Depreciation, depletion, and amortization 22 29,159. 29,159. 23 Other expenses. Itemize expenses not covered 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 O.) 14,050. 2,609. 11,441. DUES & SUBSCRIPTIONS **ADMINISTRATIVE** 1,130. 1,130. 0. CURRENCY TRANSLATION 1,002. 934. 68. С d All other expenses 4,257,666. 3,439,851. 649,152. 168,663. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Pai	rt X	Balance Sneet					
		Check if Schedule O contains a response or no	te to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,205,287.	1	914,947.
	2	Savings and temporary cash investments			11,352,680.	2	1,784,965
	3	Pledges and grants receivable, net			1,699,416.	3	694,748
	4	Accounts receivable, net				4	10,940
	5	Loans and other receivables from any current o					
		trustee, key employee, creator or founder, subs	tantial o	contributor, or 35%			
		controlled entity or family member of any of the	se pers	ons		5	
	6	Loans and other receivables from other disquali	fied pe	rsons (as defined			
		under section 4958(f)(1)), and persons described	tion 4958(c)(3)(B)		6		
Ś	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ä	9	B			107,206.	9	43,058
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	28,080.			
	b	Less: accumulated depreciation	10b	18,594.	2,918.	10c	9,486
	11	Investments - publicly traded securities	3,133,118.	11	13,464,499		
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			2,145.	15	2,145
	16	Total assets. Add lines 1 through 15 (must equ	al line 3	33)	17,502,770.	16	16,924,788
	17	Accounts payable and accrued expenses			108,988.	17	905,356
	18	Grants payable		67,804.	18	73,200	
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete				21	
es	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subs					
iab		controlled entity or family member of any of the	-			22	
_	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa	-				
		parties, and other liabilities not included on lines	s 17-24)	. Complete Part X			
		of Schedule D		·····	176 700	25	070 FF <i>6</i>
	26	<u> </u>			176,792.	26	978,556
S		Organizations that follow FASB ASC 958, che	eck her	e X			
JCe		and complete lines 27, 28, 32, and 33.			12,751,001.		12,868,503.
<u>ala</u>	27			·····	4,574,977.		3,077,729
Ö	28	Net assets with donor restrictions			4,374,377.	28	3,011,149
Ë		Organizations that do not follow FASB ASC 9	58, cne	eck nere			
ᅙ		and complete lines 29 through 33.				00	
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds			29		
SSE	30	Paid-in or capital surplus, or land, building, or en				30	
∍t A	31	Retained earnings, endowment, accumulated in			17,325,978.	31	15,946,232.
ž	32	Total net assets or fund balances				32	
	33	Total liabilities and net assets/fund balances			17,502,770.	33	16,924,788

Pa	rt XI Reconciliation of Net Assets				-
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,82		
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,25	7,6	<u>66.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3	-43	0,5	84.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	17,32	5,9	78.
5	Net unrealized gains (losses) on investments	5	-7	4,9	71.
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	-87	4,1	91.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	15,94	6,2	32.
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 on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	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	Х	
	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,			1
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2022)

232012 12-13-22

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Attach to Form 990 or Form 990-EZ.

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

2022

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

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).) 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. 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 your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

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

Sec	ction A. Public Support		·	<u> </u>			
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	4617785.	6221849.	1529785.	13040899.	3331066.	28741384.
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	4617785.	6221849.	1529785.	13040899.	3331066.	28741384.
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)						13566404.
6	Public support. Subtract line 5 from line 4.						15174980.
	ction B. Total Support				•		
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	4617785.	6221849.		13040899.	3331066.	28741384.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	132,481.	98,426.	79,275.	61,003.	164,483.	535,668.
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.)		27,994.	1,565.	1,282.	3,136.	33,977.
11	Total support. Add lines 7 through 10			,			29311029.
	Gross receipts from related activities,	etc. (see instruction	ons)		•	12	133,712.
	First 5 years. If the Form 990 is for the	•	,			01(c)(3)	<u> </u>
	organization, check this box and stop	-					
Sec	ction C. Computation of Publi						
14	Public support percentage for 2022 (I	ine 6, column (f), d	ivided by line 11, c	column (f))		14	51.77 %
	Public support percentage from 2021					15	59.93 %
	33 1/3% support test - 2022. If the					ore, check this bo	x and
	stop here. The organization qualifies						
b	33 1/3% support test - 2021. If the						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	-					
	meets the facts-and-circumstances te			=			
b	10% -facts-and-circumstances test	-	•		-		
	more, and if the organization meets the	-					
	organization meets the facts-and-circu				-		
18	Private foundation. If the organization						s
	<u> </u>		,				(Form 990) 2022

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	elow, please comp	Diete Fait II.)				
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(1)	(12)	(5)====	(-7	(5) = 5 = 5	χ,
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						
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŀ	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.)						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	(2) = 3 : 3	(2) 20:0	(0) = 0 = 0	(4) = 5 = 1	(0) = 0 = 0	(1)
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	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 on line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						<u> </u>
14	First 5 years. If the Form 990 is for the	· ·		•	•		. —
	check this box and stop here	- O 1 D -					
	ction C. Computation of Publi						
	Public support percentage for 2022 (I		•	column (f))		15	%
	Public support percentage from 2021 ction D. Computation of Inves					16	%
	•			: 10!···-· (f)		147	0/
	Investment income percentage for 20					17	%
	Investment income percentage from					18	% 7 is not
198	a 33 1/3% support tests - 2022. If the					-41	
k	more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the		-	•	• •		
	line 18 is not more than 33 1/3%, che	ck this box and st	t op here. The orga	anization qualifies a	as a publicly supp	orted organization	
20	Private foundation. If the organization	n did not check a	box on line 14 19	a or 10h check th	nis hox and see in	structions	

232023 12-09-22

Schedule A (Form 990) 2022

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7?

 If "Yes." complete Part I of Schedule L (Form 990).
- 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 on 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 on 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 line 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
1		
_		
2		
0-		
3a		
3b		
0.0		
3с		
4a		
4b		
4c		
5a		
Ja		
5b		
5c		
6		
_		
7		
8		
- 0		
9a		
9b		
9с		
10a		
401		
10b		

232024 12-09-22

Pa	TIV Supporting Organizations (continued)			
		\rightarrow	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 on lines 11b and			
	11c below, the governing body of a supported organization?	1a		
	,	1b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
<u> </u>		1c		
Sec	tion B. Type I Supporting Organizations		1	
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
_	supported englineations and multiported to each period adming 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,			
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
	tion of Type in Supporting Organizations	$\overline{}$	V	
4	Ways a majority of the expeniention's divectors by twistops during the toy year also a majority of the divectors		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	1		
Sec	the supported organization(s). tion D. All Type III Supporting Organizations	<u>. </u>		
	and 217 in Type in Capper in g Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	140
•	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			
		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			
	, ,	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
_	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		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 governmental entity (see instruc	ctions	s).	
2	Activities Test. Answer lines 2a and 2b 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 on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? 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 lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	Ba		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role placed by the organization in this regard.	3b		

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on N	lov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must			
Sect	on 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	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
	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 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	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		d Type III supporting orga	nization (see
	instructions).			

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

e Excess from 2022

Part IV, Section A, line 1; Part IV, Sec	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, stion 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, 6, 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	<u> </u>
2019 AMOUNT: \$	27,178.
2020 AMOUNT: \$	1,565.
OMILED INCOME	
OTHER INCOME	016
2019 AMOUNT: \$	816.
2021 AMOUNT: \$	1,282.
2022 AMOUNT: \$	3,136.

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No. 1545-0047

2022

Employer identification number

27-2795006 FIRELIGHT FOUNDATION Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must

answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify

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

that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

Name of organization Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	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
2		\$\$	Person X Payroll
(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.)

27-2795006

FIRELIGHT FOUNDATION

Page 3

Name of organization Employer identification number

FIRELIGHT FOUNDATION

27-2795006

Part II	Noncash Property (see instructions). Use duplicate copies of Part I	I if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(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
		 \$	
223/153 11-15			Schedule B (Form 990) (2022)

Page 4

Schedule B (Form 990) (2022) 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

223454 11-15-22 Schedule B (Form 990) (2022)

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 Inspection

Name of the organization

FIRELIGHT FOUNDATION

Employer identification number 27-2795006

Pa	rt I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		imilar Funds or	Accounts.	Complete if the	
	Signification anomored 195 on 10111 coo, 1 aren, into	(a) Donor advise	ed funds	(b) Funds an	d other account	s
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in w	riting that the assets he	eld in donor advised f	unds		
	are the organization's property, subject to the organization's e	exclusive legal control?			Yes	No
6	Did the organization inform all grantees, donors, and donor ad					
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for ar	y other purpose conf	ferring		
	impermissible private benefit?				Yes	No
Pai	rt II Conservation Easements. Complete if the organic	anization answered "Ye	s" on Form 990, Part	: IV, line 7.		
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).				
	Preservation of land for public use (for example, recreati	ion or education)	Preservation of a h	istorically impo	rtant land area	
	Protection of natural habitat		Preservation of a c	ertified historic	structure	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contrib	ution in the form of a	conservation e	asement on the	last
	day of the tax year.			Held	at the End of the	Tax Year
а	Total number of conservation easements			. 2a		
b				a.		
С						
	Number of conservation easements included in (c) acquired af					
	historic structure listed in the National Register			2d		
3	Number of conservation easements modified, transferred, rele				g the tax	
	year					
4	Number of states where property subject to conservation ease	ement is located				
5	Does the organization have a written policy regarding the period		tion, handling of			
	violations, and enforcement of the conservation easements it l	holds?			Yes	No
6	Staff and volunteer hours devoted to monitoring, inspecting, h				s during the yea	r
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and er	forcing conservation	easements dur	ing the year	
8	Does each conservation easement reported on line 2(d) above	satisfy the requiremen	s of section 170(h)(4))(B)(i)		
	and section 170(h)(4)(B)(ii)?				Yes	No
9	In Part XIII, describe how the organization reports conservation					
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization's	financial statements	that describes	the	
	organization's accounting for conservation easements.					
Pa	rt III Organizations Maintaining Collections of	Art, Historical Tre	asures, or Othei	r Similar As	sets.	
	Complete if the organization answered "Yes" on Form 9	990, Part IV, line 8.				
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its rev	enue statement and b	balance sheet w	orks/	
	of art, historical treasures, or other similar assets held for publ	lic exhibition, education	, or research in furthe	erance of public		
	service, provide in Part XIII the text of the footnote to its finance	cial statements that des	cribes these items.			
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenue	e statement and bala	nce sheet work	s of	
	art, historical treasures, or other similar assets held for public	exhibition, education, o	r research in furthera	nce of public se	ervice,	
	provide the following amounts relating to these items:					
	(i) Revenue included on Form 990, Part VIII, line 1			\$		
	(m)					
2	If the organization received or held works of art, historical trea-	sures, or other similar a	ssets for financial gai	in, provide		
	the following amounts required to be reported under FASB AS					
а	Revenue included on Form 990, Part VIII, line 1			\$		
	Assets included in Form 990, Part X			_		
LHA	For Paperwork Reduction Act Notice, see the Instructions				dule D (Form 9	90) 2022

	t III Organizations Maintaining C	ollections of Art		asures, or Ot	her S		<u> </u>			age ∠
								(continu	uea)	
3	Using the organization's acquisition, accession	on, and other records	s, cneck any of the f	ollowing that mai	ke sign	iiticant t	ise of its			
	collection items (check all that apply):		<u> </u>							
a	Public exhibition	d		hange program						
b	Scholarly research	е	Other							
С	Preservation for future generations									
4	Provide a description of the organization's co						se in Part	XIII.		
5	During the year, did the organization solicit or		·	*				٦.,		٦
Dor	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arrang reported an amount on Form 990, Par		te if the organizatio	n answered "Yes	" on Fo	orm 990	, Part IV,	line 9, or		
12	Is the organization an agent, trustee, custodia		any for contributions	or other assets	not inc	habal				
Ia	on Form 990, Part X?							Yes		No
h	If "Yes," explain the arrangement in Part XIII							_ 165] NO
b	ii res, explain the arrangement in Part Alli a	and complete the ion	owing table.					Amount		
•	Beginning balance					1c		7 1110 01110		
						1d				
	Additions during the year Distributions during the year					1e				
f	Ending balance					1f				
	Did the organization include an amount on Fo							Yes		No
	If "Yes," explain the arrangement in Part XIII.					·		_ 163]
Par										
	Complete	(a) Current year	(b) Prior year	(c) Two years ba			ears back	(e) Four	vears	back
12	Beginning of year balance	3,178,212.	3,905,394.	3,413,30		<u> </u>	98,273.			976.
	Contributions	9,000,000.	. , ,	,,==,,		, , ,	, , , , , , ,	,	,	
	Net investment earnings, gains, and losses	405,668.	-461,279.	795,27	9.		91,106.		131	316.
	Grants or scholarships	222,222		,,,,,			,		,	
	Other expenditures for facilities									
C			230,000.	276,00	0.	1	50,000.		260	865.
f	Administrative expenses	31,605.	35,903.	'	_		26,070.			154.
g	End of year balance	12,552,275.	3,178,212.	'	_		13,309.	3		273.
2	Provide the estimated percentage of the curr					, ,		,	,	
a	Board designated or quasi-endowment	100	%) ficia as.						
	Permanent endowment • 0000	%	_′°							
	0000									
·	The percentages on lines 2a, 2b, and 2c show	· =								
32	Are there endowment funds not in the posses		tion that are held an	nd administered fo	or the					
ou	organization by:	solon of the organiza	non that are note ar	ia aariii iistoroa k	51 1110			Г	Yes	No
	(i) Unrelated organizations							3a(i)		Х
	(ii) Related organizations							3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Schedule B?					3b		
4	Describe in Part XIII the intended uses of the									
	t VI Land, Buildings, and Equipm		vinioni idrido.							
	Complete if the organization answered		, Part IV, line 11a. S	ee Form 990, Pai	t X, lin	ie 10.				
	Description of property	(a) Cost or ot basis (investm	, , , , , ,	or other (other)	•	umulate eciation	ed	(d) Book	value	
1a	Land	<u> </u>	·							
b	Buildings									
	Leasehold improvements									
	Equipment		2	8,080.	1	18,59	94.	9	, 48	86.
	Other		_							
	. Add lines 1a through 1e. (Column (d) must e		K. column (B), line 10	Oc.)				9	, 48	86.

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 FIRELIGHT FC Part VII Investments - Other Securities.		2,	7-2795006 Page
Complete if the organization answered "Yes" o	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
1) Financial derivatives			
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)			•
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" o	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Fotal. (Column (b) must equal Form 990, Part X, col. (B) line	15)		
Part X Other Liabilities.	10./		ı
Complete if the organization answered "Yes" o	on Form 990, Part IV. line	11e or 11f, See Form 990. Part X. line 25	j.
(a) Description of liability	, , ,	555, . 5,	(b) Book value
4			.,,
(1) Federal income taxes			

<u>1</u>	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
	(Column (b) must occup! Form 900. Part V. col. (D) line 35.)	

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) 2022

Sche	dule D (Form 990) 2022 FIRELIGHT FOUNDATION				4/95006	Page 4
Pai	t XI Reconciliation of Revenue per Audited Financial Statements	With Re	evenue per Ret	turn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total revenue, gains, and other support per audited financial statements			1	3,720,	386.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	-74,971.			
b	Donated services and use of facilities	2b				
С	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e		971.
3	Subtract line 2e from line 1			3	3,795,	357.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	31,725.			
b	Other (Describe in Part XIII.)	4b				
С	Add lines 4a and 4b			4c		725.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	3,827,	082.
Pa	t XII Reconciliation of Expenses per Audited Financial Statement	s With E	xpenses per R	eturr	1.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total expenses and losses per audited financial statements			1	4,225,	941.
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	2b				
С	Other losses	2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e		0.
3	Subtract line 2e from line 1			3	4,225,	941.
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	31,725.			
b	Other (Describe in Part XIII.)	4b				
С	Add lines 4a and 4b			4c		725.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	4,257,	666.
Pa	t XIII Supplemental Information.					
Prov	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, I	lines 1b an	d 2b; Part V, line 4;	Part X	K, line 2; Part X	I,

lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

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

PART X, LINE 2:

FIRELIGHT EVALUATED ITS UNCERTAINTY IN INCOME TAXES FOR THE YEARS ENDED JUNE 30, 2023 AND 2022, AND DETERMINED THAT THERE WERE NO MATTERS THAT

2022.05060 FIRELIGHT FOUNDATION

SCHEDULE F (Form 990)

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.

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

Inspection

Employer identification number

FIRELIGHT FOUNDATION 27-2795006 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, X Yes the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (e) If activity listed in (d) (b) Number of (c) Number of (d) Activities conducted in the region (f) Total (a) Region employees, agents, and expenditures offices (by type) (such as, fundraising, prois a program service, for and in the region gram services, investments, grants to describe specific type independent investments contractors recipients located in the region) of service(s) in the region in the region in the region EASTERN AND SOUTHERN AFRICA 0 0 GRANTMAKING 1,539,307. PROGRAM SUPPORT, EASTERN AND SOUTHERN CAPACITY BUILDING AND AFRICA 0 PROGRAM SERVICES MENTORING 1,187,332. 4 EASTERN AND SOUTHERN MONITORING, LEARNING AND 0 2 EVALUATION AFRICA PROGRAM SERVICES 274,974. 0 3,001,613. 3 a Subtotal **b** Total from continuation

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

0

Schedule F (Form 990) 2022

3,001,613.

and 3b)

sheets to Part I Totals (add lines 3a

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, FM\ appraisal, other)
		EASTERN AND	CHILD RIGHTS &					
		SOUTHERN AFRICA	PROTECTION	134,712.	WIRE TRANSFER	0.		
		EASTERN AND	CHILD DEVELOPMENT &					
		SOUTHERN AFRICA	EDUCATION	79,478.	WIRE TRANSFER	0.		
		EASTERN AND	CHILD DEVELOPMENT &	E0 450				
		SOUTHERN AFRICA	EDUCATION	79,452.	WIRE TRANSFER	0.		
		EASTERN AND						
		SOUTHERN AFRICA	CHILD DEVELOPMENT & EDUCATION	78,101.	WIRE TRANSFER	0.		
		EASTERN AND	CHILD RIGHTS &					
		SOUTHERN AFRICA	PROTECTION	75,000.	WIRE TRANSFER	0.		
		EASTERN AND SOUTHERN AFRICA	CHILD DEVELOPMENT & EDUCATION	72 214	WIRE TRANSFER	0.		
		SOUTHERN AFRICA	EDUCATION	73,314.	WIRE TRANSFER	0.		
		EASTERN AND	CHILD DEVELOPMENT &					
		SOUTHERN AFRICA	EDUCATION	68,525.	WIRE TRANSFER	0.		
		EASTERN AND	CHILD DEVELOPMENT &					
		SOUTHERN AFRICA	EDUCATION	66.284.	WIRE TRANSFER	0.		

3 Enter total number of other organizations or entities

Part II Continuation o	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	990), Part II, line 1	1)	r age z
1 (a) Name of organization	(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)
		EASTERN AND	CHILD RIGHTS &					
		SOUTHERN AFRICA	PROTECTION	64,093.	WIRE TRANSFER	0.		
		EASTERN AND	CHILD DEVELOPMENT &					
		SOUTHERN AFRICA	EDUCATION	60,009.	WIRE TRANSFER	0.		
		EASTERN AND	CHILD RIGHTS &					
		SOUTHERN AFRICA	PROTECTION	60,000.	WIRE TRANSFER	0.		
		EASTERN AND	CHILD RIGHTS &					
		SOUTHERN AFRICA	PROTECTION	60,000.	WIRE TRANSFER	0.		
				,				
		EASTERN AND SOUTHERN AFRICA	CHILD DEVELOPMENT & EDUCATION	50,200.	WIRE TRANSFER	0.		
				,				
		EASTERN AND SOUTHERN AFRICA	CHILD RIGHTS & PROTECTION	50 000.	WIRE TRANSFER	0.		
				, , , , , , ,				
		EASTERN AND SOUTHERN AFRICA	CHILD DEVELOPMENT & EDUCATION	41 319	WIRE TRANSFER	0.		
				11,313.	WIND IMMOLEN			
		EASTERN AND SOUTHERN AFRICA	CHILD DEVELOPMENT & EDUCATION	36 911	WIRE TRANSFER	0.		
		DOUTHERN AFRICA	EDUCATION	30,314.	WINE INAMSEER	0.		
		EASTERN AND SOUTHERN AFRICA	CHILD DEVELOPMENT & EDUCATION	36 000	WIRE TRANSFER	0.		
		POOTHERN AFRICA	PDOCKLION	50,300.	MIVE IVWNSLEK	U .		

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) 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)
		EASTERN AND	CHILD DEVELOPMENT &					
		SOUTHERN AFRICA	EDUCATION	36,200.	WIRE TRANSFER	0.		
		EASTERN AND	CHILD DEVELOPMENT &					
		SOUTHERN AFRICA	EDUCATION	30,872.	WIRE TRANSFER	0.		
		EASTERN AND	CHILD DEVELOPMENT &					
		SOUTHERN AFRICA	EDUCATION	29,600.	WIRE TRANSFER	0.		
		EASTERN AND	CHILD DEVELOPMENT &					
		SOUTHERN AFRICA	EDUCATION	29,400.	WIRE TRANSFER	0.		
		EASTERN AND	CHILD DEVELOPMENT &					
		SOUTHERN AFRICA	EDUCATION	28,297.	WIRE TRANSFER	0.		
		EASTERN AND	CHILD RIGHTS &					
		SOUTHERN AFRICA	PROTECTION	28,033.	WIRE TRANSFER	0.		
		EASTERN AND	CHILD DEVELOPMENT &					
		SOUTHERN AFRICA	EDUCATION	25,885.	WIRE TRANSFER	0.		
		EASTERN AND	CHILD DEVELOPMENT &					
		SOUTHERN AFRICA	EDUCATION	25,200.	WIRE TRANSFER	0.		
		EASTERN AND	CHILD DEVELOPMENT &					
		SOUTHERN AFRICA	EDUCATION	25,000.	WIRE TRANSFER	0.		

Part II Continuati	ion 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 organizat	(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)
		EASTERN AND SOUTHERN AFRICA	CHILD DEVELOPMENT & EDUCATION	25 000	WIRE TRANSFER	0.		
		boomban maten	EBUCHTON	25,000.	WIND TRANSPOR	0.		
		EASTERN AND SOUTHERN AFRICA	CHILD DEVELOPMENT & EDUCATION	25,000.	WIRE TRANSFER	0.		
		EASTERN AND SOUTHERN AFRICA	CHILD DEVELOPMENT & EDUCATION	25 000	WIRE TRANSFER	0.		
		EASTERN AND	CHILD RIGHTS &	23,000.	HILD THINDI DI			
		SOUTHERN AFRICA	PROTECTION	24,050.	WIRE TRANSFER	0.		
		EASTERN AND SOUTHERN AFRICA	CHILD RIGHTS & PROTECTION	23,050.	WIRE TRANSFER	0.		
		EASTERN AND SOUTHERN AFRICA	CHILD RIGHTS & PROTECTION	23,050.	WIRE TRANSFER	0.		
		EASTERN AND SOUTHERN AFRICA	CHILD RIGHTS & PROTECTION	21,050.	WIRE TRANSFER	0.		
		EASTERN AND SOUTHERN AFRICA	CHILD DEVELOPMENT & EDUCATION	10,940.	WIRE TRANSFER	0.		
		EASTERN AND SOUTHERN AFRICA	CHILD DEVELOPMENT & EDUCATION	8,000.	WIRE TRANSFER	0.		

Part II	Continuation of	Grants and Other I	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	
1 (a) Nam	e of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
				CHILD RIGHTS & PROTECTION	5,674.	WIRE TRANSFER	0.		
				CHILD RIGHTS &	5,704.	WIRE TRANSFER	0.		

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

Part III can be duplicated if ac	dditional space is needed	1.					
(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)

Page 4

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) 2022

Page 5

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.

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 THE USE OF FUNDS BY
GRANTEES:
- GRANTEES PROVIDE PROPOSALS, FINANCIAL PLANS, AND PROPOSED BENEFICIARY
NUMBERS BEFORE BEING AWARDED GRANTS; AND THEY SUBMIT NARRATIVE REPORTS,
FINANCIAL REPORTS, AND ACTUAL BENEFICIARY NUMBERS AT THE END OF EACH
GRANT YEAR. THESE DOCUMENTS ARE REVIEWED IN DETAIL BY FIRELIGHT TEAM
MEMBERS WHO FREQUENTLY VISIT GRANTEES IN PERSON IN THEIR OFFICES AND
COMMUNITIES. FURTHER, GRANTEES MUST GET PRE-APPROVAL FOR ANY BUDGET
CHANGES GREATER THAN 10% IN ANY SPECIFIC BUDGET LINE. CHANGES BELOW 10%
MUST BE EXPLAINED IN THE FINANCIAL REPORT.
- FIRELIGHT TEAM MEMBERS CONDUCT ANNUAL VISITS WITH GRANTEES TO REVIEW
ORGANIZATIONAL GOALS, PROGRAMS, ACCOMPLISHMENTS, AND OPERATIONAL SYSTEMS
SUCH AS FINANCIAL MANAGEMENT SYSTEMS.

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.

2022

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.

FIRELIGHT FOUNDATION

Employer identification number 27-2795006

Pa	art I Questions Regarding Compensation			
			Yes	No
1 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 personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	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 committee			
	Decided the control of the control of the dear France 200 Best VIII. On the A. Pere describe control of the City			
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:	4a		Х
a h	Receive a severance payment or change-of-control payment? Participate in or receive payment from a supplemental nonqualified retirement plan?	4a 4b		X
C		4c		X
·	Participate in or receive payment from an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	70		
	The steamy of lines are of list the persons and provide the applicable amounts for each term in a trini.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		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			
	contingent on the net earnings of:			
а	The organization?	6a		X
	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		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2022

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.

		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) NINA BLACKWELL	(i)	154,598.	2,573.	0.	0.	870.	158,041.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
-	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(II)						<u> </u>	

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

SCHEDULE O (Form 990)

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 Form 990-EZ.

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

OMB No. 1545-0047

2022
Open to Public Inspection

Name of the organization

FIRELIGHT FOUNDATION

Employer identification number 27-2795006

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

FIRELIGHT WAS THE FISCAL SPONSOR FOR THE CHILD RIGHTS AND VIOLENCE

PREVENTION FUND (CRVPF), A REGIONAL INTERMEDIARY ORGANIZATION THAT

PROVIDES GRANTS AND CAPACITY DEVELOPMENT SUPPORT TO COMMUNITY-BASED

ORGANIZATIONS AND LOCAL NON-GOVERNMENTAL ORGANIZATIONS IN UGANDA,

TANZANIA, KENYA, AND ETHIOPIA WITH A FOCUS ON ADVANCING THE SAFETY AND

RIGHTS OF CHILDREN AND ADOLESCENTS.

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

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

FIRELIGHT ALSO FUNDED AND SUPPORTED 7 COMMUNITY-BASED ORGANIZATIONS IN

KENYA INCLUDING YOUTH-LED ORGANIZATIONS, TO WORK WITH THEIR

COMMUNITIES TO IDENTIFY THE PRIORITY ISSUES FACING YOUTH IN THEIR

COMMUNITY AND ANALYZE THE ROOT CAUSES AND SYSTEMIC FACTORS UNDERLYING

THOSE ISSUES. SUBSEQUENTLY, GRANTEES WORKED WITH THEIR COMMUNITIES TO

DEVELOP AND CARRY OUT ACTION PLANS TO ADDRESS AND INFLUENCE DIFFERENT

SYSTEMS AND STAKEHOLDERS THAT AFFECT YOUTH RESILIENCY AND BELONGING IN

THEIR COMMUNITY SUCH AS INCREASING YOUTH ACCESS TO GAINFUL EMPLOYMENT

AND HIGHER INCOMES, REDUCING WIDESPREAD DRUG AND SUBSTANCE ABUSE

ISSUES, CONNECTING YOUTH TO COMMUNITY MENTORS, AND SUPPORTING YOUTH

ADAPT TO CLIMATE CHANGE.

FIRELIGHT FURTHER FUNDED AND SUPPORTED 4 COMMUNITY ORGANIZATIONS IN

TANZANIA TO CO-DESIGN AND CARRY OUT A COMMUNITY-BASED RESEARCH STUDY

EXAMINING THE INTERSECTIONS OF EARLY CHILDHOOD DEVELOPMENT AND WOMEN'S

ECONOMIC EMPOWERMENT. EACH ORGANIZATION WAS SUPPORTED TO WORK WITH

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2022

232211 10-28-22

Schedule O (Form 990) 2022 Page **2**

Name of the organization FIRELIGHT FOUNDATION

Employer identification number 27-2795006

THEIR COMMUNITY AND A RESEARCH CONSULTANT TO DEVELOP AND REFINE

RESEARCH QUESTIONS, DECIDE ON METHODOLOGIES, ENGAGE IN COMMUNITY-BASED

ETHICS REVIEW, AND DEVELOP TOOLS FOR DATA COLLECTION.

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

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

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

THE FEDERAL FORM 990 IS REVIEWED IN DETAIL BY THE TREASURER, THE FINANCE

COMMITTEE AND THE EXECUTIVE DIRECTOR. IT IS THEN SHARED WITH THE ENTIRE

BOARD OF DIRECTORS FOR THEIR REVIEW PRIOR TO FILING WITH THE INTERNAL

REVENUE SERVICE.

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

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

ALL BOARD MEMBERS AND ADVISORY COUNCIL MEMBERS ARE ASKED AT EACH MEETING TO

DECLARE ANY CONFLICTS OF INTEREST THEY MAY HAVE. IF ANY CONFLICTS OF

INTEREST ARISE, THE BOARD MEMBERS WILL DISCUSS THE NEXT STEPS AND DOCUMENT

HOW TO RECTIFY THE SITUATION.

THE CONFLICT OF INTEREST POLICY FOR EMPLOYEES IS INCORPORATED INTO THE

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.

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

Schedule O (Form 990) 2022 Page 2

Name of the organization FIRELIGHT FOUNDATION	Employer identification number 27-2795006
THE EXECUTIVE DIRECTOR'S SALARY IS SET BY THE BOARD OF DIR	ECTORS, BY
REVIEWING OTHER EXEMPT ORGANIZATIONS FEDERAL FORM 990 AND	A COMPENSATION
SURVEY OR STUDY. OTHER EMPLOYEES' SALARIES ARE SET ACCORDI	NG TO A SALARY
SCHEDULE WHERE JOBS ARE RANKED AND THERE IS A PREDETERMINE	D SALARY RANGE
FOR EACH RANKING. THESE RANGES ARE BENCHMARKED AGAINST OTH	ER SIMILAR
ORGANIZATIONS, SO THAT THE SALARIES ARE BOTH REASONABLE AN	D COMPETITIVE.
THE LAST COMPENSATION STUDY WAS CONDUCTED IN SEPTEMBER 202	2.
FORM 990, PART VI, SECTION C, LINE 19:	
THE ARTICLES OF INCORPORATION, BYLAWS, AND CONFLICT OF INT	EREST POLICY ARE
AVAILABLE ON REQUEST. THE AUDIT REPORT AND FEDERAL FORM 99	0 ARE POSTED ON
FIRELIGHT'S WEBSITE.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
FISCAL SPONSORSHIP CONSULTANTS:	
PROGRAM SERVICE EXPENSES	439,663.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	439,663.
LEARNING & EVALUATION CONSULTANTS:	
PROGRAM SERVICE EXPENSES	124,896.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	124,896.
CAPACITY BUILDING:	
PROGRAM SERVICE EXPENSES	96,879.
232212 10-28-22	Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 Page 2

Schedule O (Form 990) 2022	Page 2
Name of the organization FIRELIGHT FOUNDATION	Employer identification number 27-2795006
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	96,879.
MANAGEMENT CONSULTANT:	
PROGRAM SERVICE EXPENSES	29,984.
MANAGEMENT AND GENERAL EXPENSES	104,055.
FUNDRAISING EXPENSES	32,140.
TOTAL EXPENSES	166,179.
RECRUITING:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	87,898.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	87,898.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	915,515.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
TRANSFER OF FISCAL SPONSORSHIP	-874,191.
FORM 990, PART XI, LINE 9	
FIRELIGHT ENTERED AN AGREEMENT WITH CHILDREN'S RIGHTS AND	VIOLENCE
PREVENTION FUND (CRVPF) TO ACT AS THE FISCAL SPONSOR. DUR	ING 2023,
CRVPF HAS SPUN OFF AS A SEPARATE ENTITY AND FIRELIGHT TRA	NSFERRED ALL
UNSPENT FUNDS RELATED TO THE FISCAL SPONSORSHIP TO CRVPF,	INCLUDING
\$75,000 BUDGETED OPERATING EXPENSES TO BE SPENT AND ALLOCATION	ATED TO CRVPF,
AND \$799,191 UNSPENT CONTRIBUTION RECEIVED FROM ONE DONOR	ON BEHALF OF
CRVPF. AS OF JUNE 30, 2023, FIRELIGHT PAID \$75,000 TO CRV	PF AND
232212 10-28-22 4.5	Schedule O (Form 990) 2022

Schedule O (Form 990) 2022	Page 2
Name of the organization FIRELIGHT FOUNDATION	Employer identification number 27-2795006
\$799,191 WAS PAID ON JULY 5, 2023 WHICH INCLUDED IN FUNDS	HELD FOR
TRANSFER OF FISCAL SPONSORSHIP DUE TO CRVPF IN THE ACCOMPA	ANYING
STATEMENTS OF FINANCIAL POSITION AS OF JUNE 30, 2023.	_
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