

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



DLN: 93493037002164

Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements

2012

OMB No 1545-0047

Open to Public Inspection

			C Name of organization	g 07-01-2012 , 2012, and ending 06	-30-2013	D Emplo	ver iden	ntification number	
	еск іга _і dress ch	pplicable iange	Firelight Foundation				-		
	me cha	-	Doing Business As				95006	,	
	tıal retu	_	Normalian and absorb (as D.O. have storm	and the mask of all manners of the astronomy and the second					
Пте	rmınate	d	740 Front Street No 380	nail is not delivered to street address) Room/	suite	E Telepho	ne numb	per	
	ended		City or town, state or country, and 2	ZIP + 4		(831)	429-8	750	
_		pending	Santa Cruz, CA 95060			C Cross r	t	12 502 252	
, ,,,	pileación	Pending	F Name and address of prir	ocinal officer	11/-> -			13,592,253	
			Richard Staufenberger	icipal officer		s this a group ffiliates?	return	for	
			740 Front Street No 380 Santa Cruz, CA 95060						
			Junta Craz, CA 33000					ded? Tyes TNo	
I Ta	x-exem	pt status	▼ 501(c)(3)	insert no) 4947(a)(1) or 527	٦ '	r No, attacn	a list ((see instructions)	
J W	ebsite	e:⊫ ww	w firelightfoundation org		H(c)	Group exempt	ion num	nber ►	
K For	m of or	anızatıor	Corporation Trust Associatio	n Other 🍽	l Year	of formation 20	10 M	State of legal domicile CA	
	rt I		imary	ny odler P	L rear	or formation 20	10 11	State of legal dofficile Cri	
			escribe the organization's mission	on or most significant activities					
				based organizations that improves ch	nıldren's lıv	es			
မှ ပိ	-								
ē	-								
≣ ⊕	2	Checkt	his box 🗺 if the organization di	scontinued its operations or disposed	l of more th	an 25% of its	net ass	sets	
Š	- `	oncek e	mo box P m the organization an		. 01 111010 111	411 23 70 01 103			
Activities & Governance	3 1	Number	of voting members of the govern	ıng body (Part VI, lıne 1a)			3	8	
er W	4 1	Number	of independent voting members	of the governing body (Part VI, line 1	b)		4	8	
Ē	5	Total nu	mber of individuals employed in	calendar year 2012 (Part V, line 2a)			5	19	
ទូ	6	Total nu	mber of volunteers (estimate if n	ecessary)			6	30	
•				art VIII, column (C), line 12			7a	0	
	b	Net unre	elated business taxable income f	rom Form 990-T, line 34	<u> </u>		7b	0	
						Prior Year		Current Year	
a.	8	Contr	ibutions and grants (Part VIII, li	ne 1 h)		3,135,6	520	8,884,571	
Revenue	9			ne 2g)			0	0	
376	10		tment income (Part VIII, columr	·	-6,8		112,513		
_	11		revenue (Part VIII, column (A),		64,0	012	139,629		
	Total revenue—add lines 8 through 11 (ref. 12)				ne	3,192,825		9,136,713	
						2,095,6	500	2,549,400	
	14	Benef	its paid to or for members (Part I	X, column (A), line 4)			0	0	
	15	Saları	es, other compensation, employe	ee benefits (Part IX, column (A), lines	;				
Expenses		5-10	,			1,295,2		1,449,568	
<u>₹</u>	16a			column (A), line 11e)	•		0	0	
ठ	b		undraising expenses (Part IX, column (D						
	17			lines 11a-11d, 11f-24e)		984,0		1,118,076	
	18			st equal Part IX, column (A), line 25)		4,374,8		5,117,044	
_ 97	19	Kever	iue iess expenses. Subtract line	18 from line 12		-1,182,0 nning of Curre	-	4,019,669	
8 9 19 4					Begir	Year	"	End of Year	
Not Assets or Fand Balances	20	Total	assets (Part X, line 16)			4,627,	717	9,353,855	
절	21					926,9		1,597,410	
žZ	22	Neta	ssets or fund balances Subtract	line 21 from line 20		3,700,7	746	7,756,445	
Pa	rt II	Sigr	nature Block					_	
				amined this return, including accompa					
			nowledge	nplete Declaration of preparer (other	than officei	r) is based on	ali intoi	rmation of which	
r p ·		,							
		***	***			2014-02-06			
Sigr	1	Sign	ature of officer			Date			
Her			ard Staufenberger Vice Chair/Treasurer						
		<u> </u>	e or print name and title						
_	_		Print/Type preparer's name Frank H Smith	Preparer's signature	Date 2014-02-05	Check If self-employed	PTIN P00639	 053	
Pai			Firm's name 🕨 Raffa PC			Firm's EIN F 52			
	pare		- 1 11						
Use	Onl	lv	Firm's address 🟲 1899 L Street NW Suite	900		Phone no (202) 822-50	00	

Washington, DC 20036
May the IRS discuss this return with the preparer shown above? (see instructions)

✓ Yes 厂No

If "Yes," describe these new services on Schedule O 3 Did the organization cease conducting, or make significant changes in how it conducts, any program	es V No es V No ed by others, used to support 13 percent are ee es secondary non Economic ability nments (2 security to he needs and of at of grantee-
2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	es V No es V No ed by others, used to support 13 percent are ee es secondary non Economic ability nments (2 security to he needs and of at of grantee-
the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O Describe the organization's program service accomplishments for each of its three largest program services, as measure expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to complete the total expenses, and revenue, if any, for each program service reported (Code) (Expenses \$ 4,134,137 including grants of \$ 2,549,400) (Revenue \$ Awarded 128 grants totaling \$2,549,400 to 100 organizations serving vulnerable children and their families in nine countries in Africa. Funding was 112,000 beneficianes Out of the beneficianes reached, 65 percent are children and youth, while 22 percent are family members or caregivers and community members. Funded Organizational capacity building (29 percent) supported improvements in both programming and operations of grants organizations Education (26 percent) of funding requested, supported school fees, uniforms and school materials, especially to enable grist to access school, and early childhood education Operational susport (24 percent of the funds), including, salaries and overhead costs of running an organizat strengthening (12 percent) to empower families to earn an income, help youth develop skills to earn a livelihood or support organizational sustaine strategies Child protection (4 percent) supports strategies that prevent or mitigate volence affecting children or protecting their rights Living enviro percent) provides facilities for children living with severe mental and physical disabilities Food/nutrition (1 percent) supports enhancements to food strengthen families and vulnerable children Health/HIV/AIDS (1 percent) funds support and training of community health workers to advocate for tringhts of children living with HIV and AIDS Psychosocal support (1 percent) provid	es V No ed by others,) used to support 13 percent are ee see secondary son Economic ability nments (2 security to he needs and of at of grantee-
Did the organization cease conducting, or make significant changes in how it conducts, any program services?	used to support 13 percent are ee ss secondary con Economic ability nments (2 security to he needs and of at of grantee-
Describe the organization's program service accomplishments for each of its three largest program services, as measure expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to complete the total expenses, and revenue, if any, for each program service reported 4a (Code) (Expenses \$ 4,134,137 including grants of \$ 2,549,400) (Revenue \$ Awarded 128 grants totaling \$2,549,400 to 100 organizations serving vulnerable children and their families in nine countries in Africa Funding was 112,000 beneficiaries. Out of the beneficiaries reached, 65 percent are children and youth, while 22 percent are family members or caregivers and community members Funded Organizational capacity building (29 percent) supported improvements in both programming and operations of grants organizations Education (26 percent) of funding requested, supported school fees, uniforms and school materials, especially to enable girls to access school, and early childhood education Operational support (24 percent of the funds), including, salaries and overhead costs of running an organizational strengthening (12 percent) to empower families to earn an income, help youth develop skills to earn a livelihood or support organizational sustains strategies Child protection (4 percent) supports strategies that prevent or mitigate violence affecting children or protecting their rights Living environ percent) provides facilities for children living with severe mental and physical disabilities Food/nutrition (1 percent) supports enhancements to food strengthen families and vulnerable children Health/HIV/AIDS (1 percent) funds support and training of community health workers to advocate for the grant of children living with HIV and AIDS Psychosocial support (1 percent) provides counseling and recreation to restore the emotional well-being children Organizational capacity building provided mentoring, facilitating peer learning through local networks or learning circles, reaching 75 percent partners Or) used to support 13 percent are ee ss secondary con Economic ability nments (2 security to he needs and of at of grantee-
expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to a the total expenses, and revenue, if any, for each program service reported (Code) (Expenses \$ 4,134,137 including grants of \$ 2,549,400) (Revenue \$ Awarded 128 grants totaling \$2,549,400 to 100 organizations serving vulnerable children and their families in nine countries in Africa Funding was 112,000 beneficiaries. Out of the beneficiaries reached, 65 percent are children and youth, while 22 percent are family members or caregivers and community members Funded Organizational capacity building (29 percent) supported improvements in both programming and operations of grants organizations Education (26 percent) of funding requested, supported school fees, uniforms and school materials, especially to enable girls to access school, and early childhood education Operational support (24 percent of the funds), including, salaries and overhead costs of running an organizations strengthening (12 percent) to empower families to earn an income, help youth develop skills to earn a livelihood or support organizational sustains strategies Child protection (4 percent) supports strategies that prevent or mitigate violence affecting children or protecting their rights Living environ percent) provides facilities for children living with severe mental and physical disabilities Food/nutrition (1 percent) supports enhancements to food strengthen families and vulnerable children Health/HIV/AIDS (1 percent) funds support and training of community health workers to advocate for things of children living with HIV and AIDS Psychosocial support (1 percent) provides counseling and recreation to restore the emotional well-being children Organizational capacity building provided mentoring, facilitating peer learning through local networks or learning circles, reaching 75 percent partners Organizational learning informed the development of a CEO theory of change, which inform our efforts to effectively leverage CEO effect) used to support 13 percent are ee ss secondary con Economic ability nments (2 security to he needs and of at of grantee-
Awarded 128 grants totaling \$2,549,400 to 100 organizations serving vulnerable children and their families in nine countries in Africa. Funding was 112,000 beneficiaries. Out of the beneficiaries reached, 65 percent are children and youth, while 22 percent are family members or caregivers and community members. Funded Organizational capacity building (29 percent) supported improvements in both programming and operations of grante organizations. Education (26 percent) of funding requested, supported school fees, uniforms and school materials, especially to enable girls to accession, and early childhood education Operational support (24 percent of the funds), including, salaries and overhead costs of running an organizational strengthening (12 percent) to empower families to earn an income, help youth develop skills to earn a livelihood or support organizational sustains strategies. Child protection (4 percent) supports strategies that prevent or mitigate violence affecting children or protecting their rights. Living environ percent) provides facilities for children living with severe mental and physical disabilities. Food/nutrition (1 percent) supports enhancements to food strengthen families and vulnerable children Health/HIV/AIDS (1 percent) funds support and training of community health workers to advocate for the grant of children living with HIV and AIDS Psychosocial support (1 percent) provides counseling and recreation to restore the emotional well-being children Organizational capacity building provided mentoring, facilitating peer learning through local networks or learning circles, reaching 75 percent partners. Organizational learning informed the development of a CEO theory of change, which inform our efforts to effectively leverage. CEO effectively leverage.	13 percent are ee es secondary ion Economic ability inments (2 security to he needs and of it of grantee-
112,000 beneficiaries. Out of the beneficiaries reached, 65 percent are children and youth, while 22 percent are family members or caregivers and community members. Funded Organizational capacity building (29 percent) supported improvements in both programming and operations of grante organizations. Education (26 percent) of funding requested, supported school fees, uniforms and school materials, especially to enable girls to access school, and early childhood education Operational support (24 percent of the funds), including, salaries and overhead costs of running an organizat strengthening (12 percent) to empower families to earn an income, help youth develop skills to earn a livelihood or support organizational sustaines strategies Child protection (4 percent) supports strategies that prevent or mitigate violence affecting children or protecting their rights Living environ percent) provides facilities for children living with severe mental and physical disabilities Food/nutrition (1 percent) supports enhancements to food strengthen families and vulnerable children Health/HIV/AIDS (1 percent) funds support and training of community health workers to advocate for the rights of children living with HIV and AIDS Psychosocial support (1 percent) provides counseling and recreation to restore the emotional well-being of children Organizational capacity building provided mentoring, facilitating peer learning through local networks or learning circles, reaching 75 percent partners Organizational learning informed the development of a CEO theory of change, which inform our efforts to effectively leverage CEO effective efforts to improve children's lives.	13 percent are ee es secondary ion Economic ability inments (2 security to he needs and of it of grantee-
4b (Code) (Expenses \$ including grants of \$) (Revenue \$	
)
4c (Code) (Expenses \$ including grants of \$) (Revenue \$)
4d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$)	
4.134,137	

Part IV	Checkli	st 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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? $^{f g}$	2	Yes	<u> </u>
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		No
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? <i>If</i> "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV^{\square}	9	Yes	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
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	Yes	
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		No
c	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		No
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		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e		No
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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and $11e^{\gamma}$ If "Yes," complete Schedule G, Part I (see instructions)	17		No
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		No
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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1^7 If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
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? <i>If</i> "Yes," complete Schedule J	23	Yes	
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 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	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		
d	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) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		1	1
		28a		No
D	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Νo
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M \blacksquare	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If "Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2	36		No
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	Yes	

Pal	Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response to any question in this Part V	•	Yes	l No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 17		103	110
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
_	gaming (gambling) winnings to prize winners?	1c	Yes	
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		103	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Νo
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
C	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	6a		No
	organization solicit any contributions that were not tax deductible as charitable contributions?			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	l	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			140
_				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did			
	the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
		8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
ь.	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
LO	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club 10b			
_	facilities			
1	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
L2a	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			
L3	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			
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	 	 	ļ ".
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
h	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule 0	14h		

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

1a			Yes	No
1a	1 1			140
	Enter the number of voting members of the governing body at the end of the tax year	8		
	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 in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent	8		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with ar other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	. З		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one more members of the governing body?	or 7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockhold or persons other than the governing body?	ers, 7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	. 8a	Yes	1
b	Each committee with authority to act on behalf of the governing body?	. 8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at organization's mailing address? If "Yes," provide the names and addresses in Schedule O			No
Se	ction B. Policies (This Section B requests information about policies not required by the Intern		ue Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before fithe form?	ling 11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could giv	e 12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," description Schedule O how this was done		Yes	
13	Did the organization have a written whistleblower policy?		Yes	
14	Did the organization have a written document retention and destruction policy?	—	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by			
	Independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision. The organization's CEO, Executive Director, or top management official	l l	Yes	
	Other officers or key employees of the organization	15a	Yes	
U		130	162	
16-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	h a		
тоа	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement wit taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed ►CA
- 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
 - Own website Another's website Upon request Other (explain in Schedule O)
- Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶Jane Stokes 740 Front Street No 380 Santa Cruz, CA (831) 429-8750

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

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

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

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

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

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

(A) Name and Title	(B) A verage hours per week (list any hours	more pers	than on is	one bot	not box h ar	check c, unle n office rustee	ss er	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei		(W- 2/1099- (W- 2/1099- MISC) MISC) Highest compensated		(W- 2/1099-	from the organization and related organizations	
(1) Catherine Milton started 4-13	5 00	x		Х				0	0	0
Chair				L^				Ŭ	Ŭ.	
(2) Dave Katz	1 00	×		×				0	0	0
Secretary				<u> </u>						
(3) Richard Staufenberger	1 00	×		×				0	0	0
Vice Chair/Treasurer									Ţ.	
(4) Anand Chandrasekaran	1 00	l x						0	0	0
Board Member								_		
(5) Barbara Fagen-Smith	1 00	×						0	0	0
Board Member										
(6) Geoff Foster	1 00	l x						0	0	0
Board Member								, and the second	ŭ	
(7) Rowland Hobbs	1 00	×						0	0	0
Board Member										
(8) Jonathan Lewis ended 05-24-12	1 00	x						0	0	0
Board Member (9) Diana Auborg Milner	1 00									
•	1 00	x						0	0	0
Board Member (10) Kerry Olson	1 00				_					
` , ' '	100	х		х				0	0	0
Pres (ended 03-13)/ Board Member (11) Peter Laugharn	40 00									
	40 00			х				250,000	0	32,598
Executive Director (12) Zanele Sibanda	40 00									
	40 00					х		128,477	0	25,967
Programs Director (13) Johan Rubens	40 00	<u> </u>		_						
	40 00					х		120,517	0	16,885
Development Director				\vdash			\vdash			
										Form 000 (2012)

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

	(A) Name and Title	Name and Title A verage hours per more than one box, unless compensation week (list any hours and a director/trustee) A verage hours per more than one box, unless compensation from the and a director/trustee) A verage hours per more than one box, unless compensation from related organizations (W-2/1000 MISC)				/-	(F) Estimated amount of other compensation from the organization and						
	for related organizations below dotted line) for director or director or director or director											rganizati relate organiza	ed
											+		
											+		
										+			
								+					
											+		
16	Cub Tatal							<u> </u>					
1b c	Sub-Total	sto Part VII S	· · ection /	٠.	•	•		-					
d	Total (add lines 1b and 1c) .	•		•	•	•	•	•	498,9	94	0		75,450
2	Total number of individuals (in	cluding but not		to the	se I	ıste	d abov	e) w					, 0, 100
	\$100,000 of reportable compe	ensation from th	e organ	ızatıd	on ► 3			·					
												Yes	No
3	Did the organization list any fc on line 1a? <i>If</i> "Yes," complete S							yee	, or highest comp	ensated employee			
4	For any individual listed on line							n an	d other compans	tion from the	3		No
7	organization and related organ												
5	Individual	2 7000000 07 07	ruoss	· •		· n fr		,	rolated organizati	an or individual fac	4	Yes	
5	Did any person listed on line 1 services rendered to the organ									on or marvidual lof	5		No
	action B. Indonondont Co	ntun eto ve											
1	ction B. Independent Co Complete this table for your five	/e highest comp											
	compensation from the organiz											tax year (C	
	N	lame and business	address						[escription of services		Comper	
											-		
											_		

2 Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization $\blacktriangleright 0$

Part V	11111	Statement of Revenue Check if Schedule O contains a response	onse to any question	in thic Part VIII			_
			onse to any question	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
2 2	1a	Federated campaigns 1	a				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1	b				
5 m	c	Fundraising events 1	c				
ffs, FA	d	Related organizations 1	d				
i <u>5</u>	e	Government grants (contributions) 1					
ns,	E	_					
er e	f	All other contributions, gifts, grants, and similar amounts not included above	f 8,884,571				
듈된	g	Noncash contributions included in lines	4,277,691				j i
nd (1a-1f \$		8,884,571			
<u>ة ت</u>	h	Total. Add lines 1a-1f	· · · · •	0,004,371			
e E			Business Code				
ven	2a						
윤	Ь						
MC e	С						
Ser	d						
Program Service Revenue	е						
	f	All other program service revenue					
Č	g	Total. Add lines 2a-2f					
	3	Investment income (including divide		28,324			28,324
	4	and other similar amounts) Income from investment of tax-exempt bond	F	20,321			20,321
	4 5	Royalties	a piocecus				
	•	(ı) Real	(II) Personal				
	6a	Gross rents	(.,,				
	b	Less rental					
	С	expenses Rental income					
	d	or (loss) Net rental income or (loss)					
	u	(i) Securities	(II) Other				
	7a	Gross amount from sales of assets other 4,539,729	(II) O their				
	Ь	Less cost or other basis and sales expenses 4,455,540					
	c	Gain or (loss) 84,189					
	d	Net gain or (loss)	· · · · · •	84,189			84,189
Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18					
<u>.</u>	L		a				
듄	b C	Less direct expenses	events 🛌				
Other Revenue	9a	Gross income from gaming activities					
		See Part IV, line 19					
			a				
	b	'	b				
	C 100	Net income or (loss) from gaming ac	tivities				
	10a	Gross sales of inventory, less returns and allowances					
		а					
	b	Less cost of goods sold b]
	С	Net income or (loss) from sales of in					<u> </u>
	4.0	Miscellaneous Revenue	Business Code	115 000			145.000
	_	Recovery of PY grants	900099	115,000			115,000
	b	Service fees	900099	18,000			18,000
	C	O ther income	900099	6,629			6,629
	d	All other revenue					
	е	Total. Add lines 11a-11d		139,629			
	12	Total revenue. See Instructions .		9,136,713	0	0	252,142

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 to any question in this Part IX (D) (B) (C) Do not include amounts reported on lines 6b, (A) Program service Management and Fundraising 7b. 8b. 9b. and 10b of Part VIII. Total expenses expenses general expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 Grants and other assistance to individuals in the United States See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 2,549,400 2,549,400 Benefits paid to or for members Compensation of current officers, directors, trustees, and 283,382 155,860 99,184 28,338 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) . . . Other salaries and wages 976,417 582,718 172,723 220,976 Pension plan accruals and contributions (include section 401(k) 24,654 7,865 14,572 and 403(b) employer contributions) 2,217 81,606 40,452 Other employee benefits 34,184 6,970 10 83,509 22,802 52,642 8,065 11 Fees for services (non-employees) 61,783 61,783 Management 6,405 5,000 Legal 1,405 Accounting 32,864 32,864 Professional fundraising services See Part IV, line 17 Investment management fees 19,464 19,464 Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on 244,351 238,920 5,431 Schedule O) Advertising and promotion . . 2,423 12 6 2,076 341 13 Office expenses 58,027 11,919 42,167 3,941 13,859 99 4,950 14 Information technology . . 8,810 15 Royalties . 101,168 57,118 25,877 18,173 16 Occupancy **17** 170,778 130,099 10,430 30,249 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings . 78,250 75,886 145 2,219 20 Payments to affiliates 21 3,707 22 Depreciation, depletion, and amortization 2,604 14,150 7,839 7,033 23 12,690 3,323 2,334 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) a Direct grantmaking 242,902 241,852 1,050 Bad debt 25,000 25,000 Staff development 17,817 3,004 14,658 155 d Membership dues 12,174 2,533 809 8,832 e All other expenses 3,971 727 3,244 Total functional expenses. Add lines 1 through 24e 25 5,117,044 4,134,137 638,093 344,814 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► T if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			162	1	0
	2	Savings and temporary cash investments			1,241,727	2	1,020,249
	3	Pledges and grants receivable, net			3,245,221	3	2,603,024
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and former officers, diremployees, and highest compensated employees Complete Par Schedule L	ectors t II of	, trustees, key		5	
Assets	6	Loans and other receivables from other disqualified persons (as section $4958(f)(1)$), persons described in section $4958(c)(3)(B)$ employers and sponsoring organizations of section $501(c)(9)$ vobeneficiary organizations (see instructions) Complete Part II of	contributing / employees'		6		
Š	7	Notes and loans receivable, net				7	
⋖	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			109,257	9	66,052
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	82,661			·
	ь	Less accumulated depreciation	21,820	10c	19,145		
	11	Investments—publicly traded securities			11	5,636,089	
	12	Investments—other securities See Part IV, line 11				12	
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			9,530	15	9,296
	16	Total assets. Add lines 1 through 15 (must equal line 34)			4,627,717	16	9,353,855
	17	Accounts payable and accrued expenses			213,055	17	188,765
	18	Grants payable			703,700	18	1,360,500
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
. A	21	Escrow or custodial account liability Complete Part IV of Scheo	lule D		10,216	21	48,145
Ilities	22	Loans and other payables to current and former officers, director key employees, highest compensated employees, and disqualifie	rs, trus				
Liabilit		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to relate and other liabilities not included on lines 17-24) Complete Part					
		D				13 14 9,530 15 4,627,717 16 9,3 213,055 17 703,700 18 1,3 19 20 10,216 21 22 23 24 25 926,971 26 1,5	
	26	Total liabilities. Add lines 17 through 25			926,971	26	1,597,410
Ç e s		Organizations that follow SFAS 117 (ASC 958), check here ► □ lines 27 through 29, and lines 33 and 34.	and co	omplete			
<u> </u>	27	Unrestricted net assets		•	3,226	27	4,398,080
ე ი	28	Temporarily restricted net assets		•	3,697,520	28	3,358,365
Ξ	29	Permanently restricted net assets		•		29	
Assets of Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check hel complete lines 30 through 34.	re ► ┌	and			
9	30	Capital stock or trust principal, or current funds				30	
Ϋ́	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other fu	nds			32	
Š	33	Total net assets or fund balances			3,700,746	33	7,756,445
_	34	Total liabilities and net assets/fund balances			4,627,717	34	9,353,855

Par	Reconcilliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				୮
	Total revenue (must equal Part VIII, column (A), line 13)				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		9,1	.36,713
2	Total expenses (must equal Part IX, column (A), line 25)	2		5,1	17,044
3	Revenue less expenses Subtract line 2 from line 1	3		4.0	19,669
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			00,746
5	Net unrealized gains (losses) on investments	5		3,7	36,030
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		7,7	756,445
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				. \sqsubset
				Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	ved on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separ basis, consolidated basis, or both	ate			
	▼ Separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight audit, review, or compilation of its financial statements and selection of an independent accountant?	of the	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the re	quired	3b		

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493037002164

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

Firelight Foundation

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. ▶ See separate instructions.

Open to Public Inspection

									27-2795			
Pai				blic Charity Sta				•	<u> </u>	ınstructıon	s	
The o	rganı	zatıon ıs	not a priva	te foundation becaus	eitis (Forl	ınes 1 thro	ugh 11, chec	k only one	box)			
1		A chur	ch, convent	on of churches, or a	ssociation of	churches	described in s	ection 170	(b)(1)(A)(i).			
2	Г	A scho	ol described	In section 170(b)(1)(A)(ii). (Attach Schedule E)								
3		A hosp	ital or a coo	perative hospital se	erative hospital service organization described in section 170(b)(1)(A)(iii).							
4					rganization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii)						Enter the	
5	_	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										
3	'	_	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	Г	_		•	al unit dec	cribed in sect	ion 170(h)	(1)(4)(4)				
7	<u> </u>			at normally receives	=					from the del	neral nublic	
•	1.			on 170(b)(1)(A)(vi).			s support non	i a governii	nemear anne or	nom the gen	iciai pablic	
8	Γ			described in sectio			mplete Part I	I)				
9	Γ	An org	anızatıon th	at normally receives	(1) more th	an 331/3%	of its support	from contr	ributions, mer	nbership fee	s, and gross	
		•	receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% 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)										
10		An org	anızatıon or	ganized and operate	d exclusively	to test for	public safety	See secti	on 509(a)(4)	•		
11	Г			ganized and operate								
		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 that describes the type of supporting organization and complete lines 11e through 11h										
		a Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated										
e	Γ											
		By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or										
f		section 509(a)(2)										
T			f the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, heck this box									
g				2006, has the organ	ızatıon accep	ted any gif	t or contribut	ion from an	y of the		,	
			ng persons?							,		
				rectly or indirectly o	•		_	persons a	escribed in (i		Yes No	
				governing body of th		_	on /				g(i)	
		• •	(ii) A family member of a person described in (i) above?									
h			(iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s)									
		1 TOVIG	c the followi	ng mormation about	the support	za organiza	cion(3)					
(i) Nan	ne of	(ii) EIN	(iii) Type of	(iv) Is	the	(v) Did you	u notify	(vi) Is	the	(vii) A mount of	
S	uppoi	rted		organization	organizati	on in	the organi		organiza		monetary	
or	ganiz	ation		(described on	col (i) lis		ın col (i)		col (i) or	_	support	
				lines 1 - 9 above or IRC section	your gove docume	_	suppo	rt ′	in the l	J S /		
				(see								
				instructions))	Yes	Yes No Yes No		No	Yes N			
						,	 	† · · · ·		+	+	
								1				
Total			 			 		1				

instructions

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 **(e)** 2012 (f) Total in) 🟲 1 Gifts, grants, contributions, and membership fees received (Do not 8,887,038 3,135,620 8,884,571 20,907,229 include any "unusual grants ") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 8,887,038 3,135,620 8,884,571 20,907,229 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly 12,141,506 supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column Public support. Subtract line 5 from 8,765,723 line 4 Section B. Total Support Calendar year (or fiscal year (f) Total (a) 2008 **(b)** 2009 **(c)** 2010 (d) 2011 (e) 2012 beginning in) 🟲 8,887,038 3,135,620 8,884,571 20,907,229 Amounts from line 4 Gross income from interest, dividends, payments received on 817 500 28,324 securities loans, rents, royalties 29,641 and income from similar sources 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 53,283 49,446 24,629 127,358 capital assets (Explain in Part IV) 11 Total support (Add lines 7 21,064,228 through 10) Gross receipts from related activities, etc (see instructions) 12 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** \dots \dots \dots \dots \dots \dots \dots \dots \dots Section C. Computation of Public Support Percentage 14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) 14 Public support percentage for 2011 Schedule A, Part II, line 14 15 15 16a 33 1/3% support test—2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported $\vdash \Gamma$ organization b 10%-facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Schedule A (Form 990 or 990-EZ) 2012 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt

	purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or						
	business under section 513			-			
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2,						
/a	and 3 received from disqualified						
	persons						
b	Amounts included on lines 2 and 3						
_	received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c						
	from line 6)						
_Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	in) ►	(u) 2000	(6) 2003	(6) 2010	(4) 2011	(6) 2012	(1) 10tai
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
	sources						
Ь	Unrelated business taxable income (less section 511 taxes)						
	from businesses acquired after						
	June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated						
	business activities not included						
	in line 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
	IV)						
13	Total support. (Add lines 9, 10c,						
	11, and 12)			Librari Corretto con	6.01	E04(-)(2)	
14	First five years. If the Form 990 is for	or the organization	on's first, second	i, thira, fourth, or	ππη tax year as a	1 501(c)(3) org	anization, ►
	check this box and stop here	a Cunnaut Da					
	ction C. Computation of Public			1.2		T I	
15	Public support percentage for 2012			13, column (T))		15	
16	Public support percentage from 2011	L Schedule A, Pa	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	me Percenta	ge			
17	Investment income percentage for 20				nn (f))	17	
					. , ,		
18	Investment income percentage from					18	
19a	33 1/3% support tests—2012. If the o						ıd lıne 17 ıs not ▶□

33 1/3% support tests—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18

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

Schedu	ıle A	(Form	1990	or 9	990-EZ) .	201	. 2
			_			_	_	_

Page **4**

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

Facts And Circumstances Test

Explanation

Schedule A, Part II, Line 10, Explanation of Other Income Other income - 2010 Amount \$ 1,783 2011 Amount \$ 11,946 2012 Amount \$ 6,629 Service fees - 2010 Amount \$ 51,500 2011 Amount \$ 37,500 2012 Amount \$ 18,000

Schedule A (Form 990 or 990-EZ) 2012

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493037002164

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

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

Supplemental Financial Statements

Open to Public

emal I	Revenue Service	m 990. ► See separate instructions.		Inspection
	ne of the organization ght Foundation		Emp	loyer identification number
IICII	gitt i outlidation		27-2	2795006
Pai	t I Organizations Maintaining Donor Adv	vised Funds or Other Similar F	unds	or Accounts. Complete if th
	organization answered "Yes" to Form 990	, Part IV, line 6. (a) Donor advised funds	T	(b) Funds and other accounts
	Total number at end of year	(a) Donor advised funds	+	(b) Fullus and other accounts
	Aggregate contributions to (during year)		+	
	Aggregate grants from (during year)			
	Aggregate value at end of year		+	
	Did the organization inform all donors and donor advisor	L ors in writing that the assets held in doi	nor advi	sed
	funds are the organization's property, subject to the or	3		☐ Yes ☐ No
	Did the organization inform all grantees, donors, and do used only for charitable purposes and not for the beneficonferring impermissible private benefit?			
77	t II Conservation Easements. Complete if	the organization answered "Yes" t	n Forn	
_	Purpose(s) of conservation easements held by the org	<u> </u>	.0 1 0111	1 3 3 0, 1 dre 1 v , inie 7 .
	Preservation of land for public use (e.g., recreation		n histori	ically important land area
	Protection of natural habitat		certifie	d historic structure
	Preservation of open space			
	Complete lines 2a through 2d if the organization held a	qualified conservation contribution in	the forn	n of a conservation
	easement on the last day of the tax year			
				Held at the End of the Year
	Total number of conservation easements		2a	
	Total acreage restricted by conservation easements		2b	
	Number of conservation easements on a certified history	• •	2c	
	Number of conservation easements included in (c) acq historic structure listed in the National Register	juired after 8/1 //06, and not on a	2d	
	Number of conservation easements modified, transferr	ed, released, extinguished, or terminat	ed by th	ie organization during
	the tax year ▶			
	Number of states where property subject to conservati	ion easement is located ►		
	Does the organization have a written policy regarding tenforcement of the conservation easements it holds?			violations, and Yes No
	Staff and volunteer hours devoted to monitoring, inspe	cting, and enforcing conservation ease	ments c	luring the year
	A mount of expenses incurred in monitoring, inspecting	. and enforcing conservation easement	s durino	the vear
	▶ \$,,		, ,
	Does each conservation easement reported on line 2(or and section 170(h)(4)(B)(ii)?	d) above satisfy the requirements of se	ction 17	70(h)(4)(B)(ı)
	In Part XIII, describe how the organization reports corbalance sheet, and include, if applicable, the text of the the organization's accounting for conservation easeme	e footnote to the organization's financia		
1	Organizations Maintaining Collection Complete if the organization answered "Y	s of Art, Historical Treasures,	or Otl	her Similar Assets.
	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asseservice, provide, in Part XIII, the text of the footnote to	ts held for public exhibition, education,	or rese	arch in furtherance of public
	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asseservice, provide the following amounts relating to thes	16 (ASC 958), to report in its revenue ts held for public exhibition, education,	statem	ent and balance sheet
	(i) Revenues included in Form 990, Part VIII, line 1			* \$
	(ii) Assets included in Form 990, Part X			► \$
	If the organization received or held works of art, histor following amounts required to be reported under SFAS			
	Revenues included in Form 990, Part VIII, line 1			► \$
	Assets included in Form 990, Part X			▶ \$

Part	••• Organizations Maintaining Co	llections of Art	t, His	tori	<u>cal T</u>	reasur	es, or C	<u>)the</u>	<u>r Similar A</u>	ssets	(coi	ntınued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other reco	rds, ch	necka	any of	the follo	wing that	are a	sıgnıfıcant us	e of its	s	
а	Public exhibition		d	Γ	Loan	or exch	ange prog	rams				
b	Scholarly research		е	Γ	Othe	er.						
c	Preservation for future generations											
4	Provide a description of the organization's co	ollections and expla	aın hov	w the	y furth	er the or	ganızatıor	n's ex	cempt purpose	ın		
5	During the year, did the organization solicit of								nılar	_		_
	assets to be sold to raise funds rather than t									<u> </u>	es	No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an an						answere	d "Y	es" to Form	990,		
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?					utions or	r other ass	ets i	not	Γ Y∈	es	┌ No
b	If "Yes," explain the arrangement in Part XII	I and complete the	e follov	wing t	able		_					
							-	_	A	mount		
с	Beginning balance						-	1c				
d	Additions during the year						-	1d				
e	Distributions during the year						-	1e				
f	Ending balance						L	1 f				
2a	Did the organization include an amount on Fo	orm 990, Part X, lin	ne 21?	•						Γ Y€	es	No —
ь	If "Yes," explain the arrangement in Part XII											<u> 고</u>
Pa	rt V Endowment Funds. Complete											
1.	Beginning of year balance	(a)Current year	(b)Prior	year	b (c) lw	o years bacı	((a)	Three years back	(e)⊦∈	our ye	ars back
1a b	Contributions											
C	Net investment earnings, gains, and losses							+				
	Net investment earnings, gams, and losses							_				
d	Grants or scholarships											
е	Other expenditures for facilities and programs											
f	Administrative expenses							_				
g	End of year balance											
2	Provide the estimated percentage of the curi	rent year end balan	ice (lin	ne 1g,	colun	nn (a)) h	eld as					
а	Board designated or quasi-endowment ►											
b	Permanent endowment ►											
c	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c show	uld equal 100%										
3a	Are there endowment funds not in the posses	ssion of the organiz	zation	that a	are hel	ld and ad	lmınıstere	d for	the	г.	. 1	
	organization by (i) unrelated organizations								3a	(i) \	Yes	No_
	(ii) related organizations					• •		•		(ii)		
ь	If "Yes" to 3a(II), are the related organization				ule R7	,		٠.		b		
4	Describe in Part XIII the intended uses of th	ne organization's er	ndowm	ent fu	ınds							
Par	t VI Land, Buildings, and Equipme	nt. See Form 99	90, Pa	art X	, lıne	10.						
	Description of property					or other estment)	(b) Cost or basis (ot		(c) Accumulat depreciation		(d) Bo	ok value
1a	Land				_							
b	Buildings											
c	Leasehold improvements							8,985	8,	.985		0
d	Equipment						3	0,759	30	,280		479
	O + h = #								1			10.666
	Other	<u> </u>						2,917	24	.251		18,666

Part VIII Investments—Other Securities. See	Form 990, Part X, line 1.	2.
(a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests		
Other		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)		
	Form COO Dart V line	12
Part VIII Investments—Program Related. See		
(a) Description of investment type	(b) Book value	(c) Method of valuation
		Cost or end-of-year market value
	<u> </u>	
	+	
the contract of the contract o		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, line		
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip	ne 15. otion	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15. otion	(b) Book value
Part IX Other Assets. See Form 990, Part X, III (a) Description (b) must equal Form 990, Part X, col.(B) line 15	ne 15. ption	
Part IX Other Assets. See Form 990, Part X, lin (a) Description (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X	ne 15. ption .) c, line 25.	
Part IX Other Assets. See Form 990, Part X, III (a) Description (b) must equal Form 990, Part X, col.(B) line 15	ne 15. ption	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15. ption .) c, line 25.	
Part IX Other Assets. See Form 990, Part X, lin (a) Description (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X	ne 15. ption .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15. ption .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15. ption .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15. ption .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15. ption .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15. ption .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15. ption .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15. ption .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15. ption .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15. ption .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15. ption .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15. ption .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15. ption .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15. ption .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15. ption .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15. ption .) c, line 25.	
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of liability	ne 15. ption .) c, line 25.	
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of liability	ne 15. ption .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15. ption .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15. ption .) c, line 25.	
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of liability	ne 15. ption .) c, line 25.	

Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue p	er F	Return
1	Total revenue, gains, and other support per audited financial statements	1	9,153,279
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII) 2d		
e	Add lines 2a through 2d	2e	36,030
3	Subtract line 2e from line 1	3	9,117,249
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 19,464		
b	Other (Describe in Part XIII)		
c	Add lines 4a and 4b	4c	19,464
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	9,136,713
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses	pei	Return
1	Total expenses and losses per audited financial statements	1	5,097,580
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII) 2d		
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	5,097,580
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 19,464		
b	Other (Describe in Part XIII)		
C	Add lines 4a and 4b	4c	19,464
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	5,117,044

Part XIII Supplemental Information

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

Identifier	Return Reference	Explanation				
	Part IV, Line 1b	As of June 30, 2013 and 2012, Firelight held \$48,145 and \$10,216 of funds held as a fiscal agent for other parties, respectively. These funds will be delivered to the ultimate recipients in the upcoming year, as directed by the providers of the funds. This amount is shown as funds held as fiscal agent in the accompanying statements of financial position, as Firelight has no control over the ultimate disbursal of the funds.				
	Part IV, Line 2b	Firelight had funds held as a fiscal agent reported on Part X, line 21				
Description of Uncertain Tax Positions Under FIN 48	Part X, Line 2	In accordance with Accounting Standards Codification (ASC) Topic 740, Income Taxes, Firelight has evaluated its income tax positions for the year ended June 30, 2013, and determined that there were no material uncertain tax positions Accordingly, Firelight has not recognized any liability for unrecognized income tax				

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493037002164

OMB No 1545-0047

2012

Open to Public Inspection

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

Department of the Treasury Internal Revenue Service ▶ Attach to Form 990. ▶ See separate instructions.

						<u> </u>
	e of the organization				Employer ident	ification number
-ırelı	ght Foundation				27-2795006	
Pai	rt I General Information "Yes" to Form 990, Par			ne United States. Co	omplete if the organiz	ation answered
1	For grantmakers. Does the o	organization m	aıntaın record:	s to substantiate the a	amount of the grants	or
	assistance, the grantees' elig	ງເbility for the 🤉	grants or assis	tance, and the selection	on criteria used to awa	ard
	the grants or assistance? . $% \left(1\right) =\left(1\right) \left(1$					✓ Yes
2	For grantmakers. Describe in the United States.	າ Part V the oro	ganızatıon's pı	rocedures for monitori	ng the use of grant fu	nds outside
3	Activites per Region (The follow	ing Part I, line 3	table can be du	iplicated if additional spa	ice is needed)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	
	Sub-Saharan Africa	0	19	Grantmaking		2,549,40
3a	Sub-total	0	19			2,549,40
	Total from continuation sheets to Part I	0	0			

19

c Totals (add lines 3a and 3b)

2,549,400

art II	rants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form	990,
	art 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) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
	See Add'l Data								
	_								

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

89

(

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
		+	1		,		1
		+ +		'	+		+
		+		'	+		+
		+	<u> </u>		 		+
	 		 		 	 	+
					<u> </u>		
					<u> </u>	<u> </u>	
							<u> </u>
			1				
		+ + +			,		1
		+ + +			+		
	 	+			+		+
			1		-		+
	 		 		 	 	
			 		<u> </u>	 	
						1	

Part IV Foreign Forms

1	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)	Γ	Y	'es	<u> </u>	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organizationmay be required to 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)	Γ	Y	'es	্য	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)	Г	Y	'es	<u> </u>	Νo
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, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Γ	Υ	'es	<u> </u>	Νo
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)	Г	Υ	'es	<u> -</u>	Νo
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 file Form 5713, International Boycott Report (see Instructions for Form 5713).	Γ	Υ	'es	<u> </u>	No

Schedule F (Form 990) 2012

Part V Supplemental Information

Complete this part to 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).

		additional information (see instructions).
Identifier Procedure for Monitoring Grants Outside the US	ReturnReference	Schedule F, Part I, Line 2 Firelight monitors the use of grant funds through template financial report forms, requires financial reports to be expended up to 95% or greater in both local currency and/or USD, requires three assessments by individuals to be made on organizations before initial grant funds are awarded, has Country Level consultants in 3 of the 7 countries to work with funded organizations and is working to have a consultant in all countries that Firelight funds in, hires Program Staff that has lived in the countries Firelight supports, thereby bringing real world knowledge to our work, conducts site visits to the organization at least once every 5 years, but every 2-3 years if the funds are available Firelight uses multiple strategies to monitor use of funds - Grantees provide annual report, both narrative and financial, as well as beneficiary data, which is analyzed against what they proposed Staff also analyze budgets and financial reports for reasonable expenditure. Any changes over 10% of budget must be approved with a rationale Budget changes below 10% must be explained in the financial report - Firelight program consultants conduct ongoing visits for support and monitoring of grantee activities. These include both planned and unplanned monitoring and support visits - Firelight staff conduct site visits where they conduct in-depth review of organization's goals, programs, accomplishments, as well as operational systems, such as financial management systems.
		operational systems, such as infancial management systems
	1	1

Additional Data

Software ID:

Software Version: EIN: 27-2795006

Name: Firelight Foundation

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
		Sub-Saharan Africa	Org Capacity Building	239,500	Wire transfer			
		Sub-Saharan Africa	Early Childhood Education/Development	· · · · · · · · · · · · · · · · · · ·	Wire transfer			
		Sub-Saharan Africa	Org Capacity Building	224,500	Wire transfer			
		Sub-Saharan Africa	Org Capacity Building	200,000	Wire transfer			

Form 990 Sched	ule F Part II	Grants or Entiti	ies Outside The Unit	ed States				
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
			Community Grantmaker	155,000	Wire transfer			
			Early Childhood Education/Development	,	Wire transfer			
			Early Childhood Education/Development	· '	Wire transfer			
		Sub-Saharan Africa	Operational Support	45,000	Wire transfer		'	

, Form 990 Scheau	ie E Part II	- Grants or Entiti	ies Outside The Unit	ed States	_	_	_	
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
			Early Childhood Education/Development	,	Wire transfer			
		Sub-Saharan Africa	Community Grantmaker	42,700	Wire transfer			
		Sub-Saharan Africa	Community Grantmaker	39,950	Wire transfer			
	1		Child Protection Rights	31,000	Wire transfer			1

Form 990 Schedu	ıle F Part II	- Grants or Entiti	ies Outside The Unit	ted States				
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
			Early Childhood Education/Development	1 ' 1	Wire transfer			
			Early Childhood Education/Development	1 ' 1	Wire transfer			
			Community Grantmaker	25,000	Wire transfer			
		Sub-Saharan Africa	Psychosocial Support	25,000	Wire transfer			

, rorm 990 Scheau	ie F Part II	- Grants or Entitle	as outside The Un	ited States				· .
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	O perational Support	22,000	Wire transfer			
			Economic Strengthening	21,200	Wire transfer			
			Economic Strengthening	20,000	Wire transfer			
			Org Capacity Building	20,000	Wire transfer			

, Form 990 Scheav	vie E bart II	- Grants or Entitle	as Outside The Un	ited States				
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
		Sub-Saharan Africa	O perational Support	20,000	Wire transfer			
 		Sub-Saharan Africa	Living Environments	20,000	Wire transfer			
			Child Protection Rights	20,000	Wire transfer			
			Economic Strengthening	20,000	Wire transfer			

, Form 990 Schedu	le F Part II	- Grants or Entiti	ies Outside The Unit	.ed States	_	_	_	
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
			Economic Strengthening	19,000	Wire transfer			
			Early Childhood Education/Development	,	Wire transfer			
		Sub-Saharan Africa	Education	18,000	Wire transfer			
			Early Childhood Education/Development	1	Wire transfer			

, Form 990 Scheav	Me F Part II	- Grants or Entity	ies Outside The Unit	led States				'
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraisal, other)
			Early Childhood Education/Development	· · · · · · · · · · · · · · · · · · ·	Wire transfer			
			Early Childhood Education/Development	· · · · · · · · · · · · · · · · · · ·	Wire transfer			
			Early Childhood Education/Development	1	Wire transfer			
			Early Childhood Education/Development	1	Wire transfer			

Form 990 Schedu	ıle F Part II	- Grants or Entiti	ies Outside The Unit	ted States				
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
			Early Childhood Education/Development	,	Wire transfer			
		Sub-Saharan Afrıca	Education	17,600	Wire transfer			
		Sub-Saharan Afrıca	Operational Support	16,500	Wire transfer			
		Sub-Saharan Africa	Education	16,000	Wire transfer			

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(I) Method of valuation (book, FMV, appraisal, other)
			Org Capacity Building	15,400	Wire transfer			
		Sub-Saharan Africa	Education	15,000	Wire transfer			
			Economic Strengthening	15,000	Wire transfer			
			Child Protection Rights	15,000	Wire transfer			

Form 990 Schedi	ıle F Part II	- Grants or Entitie	es Outside The Uni	ited States				
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
		Sub-Saharan Afrıca	Living Environments	15,000	Wire transfer			
		Sub-Saharan Afrıca	Education	15,000	Wire transfer			
			Child Protection Rights	15,000	Wire transfer			
		Sub-Saharan Africa	Operational Support	15,000	Wire transfer			

, Form 990 Scheau	vie E bart II	- Grants or Entitle	as Outside The Un	itea States				_
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	O perational Support	15,000	Wire transfer			
		Sub-Saharan Africa	O perational Support	15,000	Wire transfer			
			Economic Strengthening	15,000	Wire transfer			
			Economic Strengthening	15,000	Wire transfer			

, rorm 990 Scheau	He F Part II	- Grants or Entitle	as outside The Un	itea States				· .
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	O perational Support	15,000	Wire transfer			
			Economic Strengthening	15,000	Wire transfer			
		Sub-Saharan Africa	Food/Nutrition	15,000	Wire transfer			
			Community Grantmaker	15,000	Wire transfer			

, rorm 990 Scheau	Form 990 Schedule F Part II - Grants or Entities Outside The United States											
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)				
			Economic Strengthening	15,000	Wire transfer	1						
		Sub-Saharan Africa	O perational Support	15,000	Wire transfer	1						
		Sub-Saharan Africa	Education	15,000	Wire transfer							
		Sub-Saharan Africa	Operational Support	15,000	Wire transfer	1						

, rorm 990 Scheau	Form 990 Schedule F Part II - Grants or Entities Outside The United States											
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)				
			Economic Strengthening	15,250	Wire transfer							
		Sub-Saharan Africa	O perational Support	15,000	Wire transfer							
		Sub-Saharan Africa	Living Environments	15,000	Wire transfer							
		Sub-Saharan Africa	O perational Support	15,000	Wire transfer							

, Form 990 Scheau	Form 990 Schedule F Part II - Grants or Entities Outside The United States											
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)				
			Economic Strengthening	15,000	Wire transfer							
		Sub-Saharan Africa	Health/HIV/AIDS	15,000	Wire transfer							
			Early Childhood Education/Development	, ,	Wire transfer							
	1		Economic Strengthening	15,000	Wire transfer							

, Form 990 Scheav	-orm 990 Schedule F Part II - Grants or Entities Outside The United States										
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)			
		Sub-Saharan Afrıca	O perational Support	15,000	Wire transfer						
		Sub-Saharan Africa	O perational Support	15,000	Wire transfer						
			Child Protection Rights	15,000	Wire transfer						
			Economic Strengthening	15,000	Wire transfer						

, Form 990 Scheau	ie F Part II	- Grants or Entitle	as outside The Un	itea States				· .
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
		I	Economic Strengthening	15,000	Wire transfer			
		I	Economic Strengthening	15,000	Wire transfer			
		I	Economic Strengthening	15,000	Wire transfer			
			Economic Strengthening	12,000	Wire transfer			

, rorm 990 Scheau	Form 990 Schedule F Part II - Grants or Entities Outside The United States											
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)				
			Economic Strengthening	12,000	Wire transfer							
		Sub-Saharan Africa	O perational Support	12,000	Wire transfer							
		Sub-Saharan Africa	Operational Support	12,000	Wire transfer							
		Sub-Saharan Africa	Education	12,000	Wire transfer							

rorm 990 Scheau	Form 990 Schedule F Part II - Grants or Entities Outside The United States											
(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)				
		Sub-Saharan Africa	Operational Support	12,000	Wire transfer							
			Org Capacity Building	11,400	Wire transfer							
		Sub-Saharan Africa	Operational Support	10,400	Wire transfer							
		Sub-Saharan Africa	O perational Support	10,000	Wire transfer							

, Form 990 Scheau	ie E Part II	- Grants or Entitle	is Outside The Un	ited States				_
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	Operational Support	10,000	Wire transfer			
			Economic Strengthening	10,000	Wire transfer			
			Economic Strengthening	9,000	Wire transfer			
		Sub-Saharan Africa	Food/Nutrition	9,000	Wire transfer			

Form 990 Schedu	ile F Part II	- Grants or Entitie	es Outside The Uni	ited States				
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuation (book, FMV, appraisal, other)
			Economic Strengthening	9,000	Wire transfer			
		Sub-Saharan Africa	O perational Support	9,000	Wire transfer			
		Sub-Saharan Afrıca	Education	9,000	Wire transfer			
			Org Capacity Building	6,600	Wire transfer			

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuation (book, FMV , appraisal, other)
			Economic Strengthening	6,000	Wire transfer			

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493037002164

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees ► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name of the organization Firelight Foundation

Employer identification number

27-2795006

Pai	t I Questions Regarding Compensation					
			Yes	No		
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in 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 idemnification and gross-up payments Health or social club dues or initiation fees					
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)					
b	If any of the boxes in 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 officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2				
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III					
	✓ Compensation committee					
	Form 990 of other organizations Approval by the board or compensation committee					
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization					
а	Receive a severance payment or change-of-control payment?	4a		No		
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Νo		
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4 c		No		
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III					
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.					
5	For persons listed in 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		No		
b	Any related organization?	5b		No		
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in 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		No		
b	Any related organization?	6b		No		
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		No		
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was					
	subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe					
	ın Part III	8		No		
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9				

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 in 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 are not listed on Form 990, Part VII

Note. The sum of columns (B)(1)-(111) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(i) Base (ii) Bonus & (iii) Other Incentive reportable compensation compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation reported as deferred in prior Form 990
(1)Peter Laugharn Executive Director	(i) (ii)	240,000 0	10,000	0	7,500 0	25,098 0	282,598 0	0
(2)Zanele Sıbanda Programs Dırector	(i) (ii)	128,477 0	0	0 0	3,854 0	22,113	154,444 0	0

Schedule J (Form 990) 2012

Part III Supplemental Information

Complete this part to 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

Identifier Return Reference Explanation

Schedule J (Form 990) 2012

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493037002164

OMB No 1545-0047

Open to Public Inspection

SCHEDULE M (Form 990)

Department of the Treasury

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ▶ Attach to Form 990.

Noncash Contributions

Internal Revenue Service Name of the organization Firelight Foundation

Employer identification number

27-2795006

Pa	rt I Types of Property				27 27 33 00 0			
		(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	(d Method of d noncash contrib	etermı		ts
1	Art—Works of art			- 3				
2	Art—Historical treasures .							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods							
	Cars and other vehicles							
	Boats and planes							
	Intellectual property							
	Securities—Publicly traded .	X	4	4,277,691	Sales Price			
	Securities—Closely held stock .							
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
	Qualified conservation contribution—Historic structures							
14	Qualified conservation							
	contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies .							
21	Taxidermy							
22	Historical artifacts							
	Scientific specimens							
	Archeological artifacts							
	O ther ► ()							
	Other ▶()							
	Other ▶()							
	Other ► ()							
29	Number of Forms 8283 received for which the organization complete.				29		Yes	No
30a	During the year, did the organiza	ation receiv	e by contribution any prope	erty reported in Part I. lines	1-28 that it		163	110
	must hold for at least three year							
	for exempt purposes for the enti			·		30a		No
h	If "Yes," describe the arrangement					30a		
31	Does the organization have a gif			review of any non-standard	contributions?	31		No
32a	Does the organization hire or us contributions?		es or related organizations	to solicit, process, or sell i	noncasn • • •	32a		No
b	If "Yes," describe in Part II							
33	If the organization did not report	an amount	ın column (c) for a type of	property for which column (a) is checked,			
	describe in Part II							

Page 2

Schedule M	(Form 990) (201:
Part II	Supplem

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

Identifier Return Reference Explanation

Schedule M (Form 990) (2012)

efile GRAPHIC print - DO NOT PROCESS

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93493037002164

OMB No 1545-0047

2012

Open to Public Inspection

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

Name of the organization
Firelight Foundation

27-2795006

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section A, line 2	Kerry Olson, Board Member, and Dave Katz, Secretary, are married
	Form 990, Part VI, Section B, line 11	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 before filing with the Internal Revenue Service
	Form 990, Part VI, Section B, line 12c	The Board members sign a conflict of interest policy on an annual basis. All Board members and Advisory Council members are asked at each meeting to declare any conflicts of interest they may have. If any conflicts of interest arise, the Board members will discuss the next steps and document how to rectify the situation. The conflict of interest policy for employees is incorporated into the employee handbook, which all employees sign when they are first employed and when there is a significant revision to the handbook. If a conflict of interest should arise, the conflict and the resolution of the conflict are documented in a memo reviewed by the Executive Director and/or the Human Resources Manager.
	Form 990, Part VI, Section B, line 15	The Executive Director's salary is set by the Board of Directors, by reviewing other exempt organizations federal Form 990 and a compensation survey or study. Other employees' salaries are set according to a salary schedule where jobs are ranked and there is a predetermined salary range for each ranking. These ranges are benchmarked against other similar organizations, so that the salaries are both reasonable and competitive.
	Form 990, Part VI, Section C, line 19	The articles of incorporation, bylaws, and conflict of interest policy are available on request. The Audit Report and federal Form 990 are posted on Firelight's website, and the financial statements are available in an abbreviated form in the Annual Report.