Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

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

2017
Open to Public Inspection

AF	or the	e 2017 calendar year, or tax year beginning and	enaing					
B c	heck if	C Name of organization		D Employer identifi	cation number			
	Addre							
	Name chang	Doing business as		39-1	980214			
]Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe				
	☐Final return	306 N. BROOKS ST.		608-257-2534				
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	189,730.			
	Amen return	MADISON, WI 53715		H(a) Is this a group re	eturn			
	Application	F Name and address of principal officer: NAKLA IRENNES		for subordinates	? Yes X No			
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No			
1.1	ax-ex	empt status: X 501(c)(3)	or 527	If "No," attach a	list. (see instructions)			
		te: N/A		H(c) Group exemption	n number 🕨			
		organization: X Corporation Trust Association Other	L Year	of formation: 1999	M State of legal domicile: WI			
Pa	art I	Summary						
	1	Briefly describe the organization's mission or most significant activities: TO SU	JPPORT	PORCHLIGHT	, INC. IN			
nce		PROVIDING LOW-COST HOUSING ASSISTANCE AND	RELA	TED SUPPORT	SERVICES			
rna	2	Check this box if the organization discontinued its operations or dispos	ed of more	than 25% of its net as:	sets.			
o Ve	3	Number of voting members of the governing body (Part VI, line 1a)		3	5			
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	5			
8	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)			0			
ξį	6	Total number of volunteers (estimate if necessary)			5			
Activities & Governance	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.			
_	b	Net unrelated business taxable income from Form 990-T, line 34	<u></u>	7b	0.			
				Prior Year	Current Year			
Ф	8	Contributions and grants (Part VIII, line 1h)		21,656.	124,238.			
ž	9	Program service revenue (Part VIII, line 2g)		0.	0.			
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		8,902.	17,771.			
<u> </u>	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.			
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		30,558.	142,009.			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	5,000.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
×	b	Total fundraising expenses (Part IX, column (D), line 25)	0.					
Ш	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		914.	3,546.			
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		914.	8,546.			
		Revenue less expenses. Subtract line 18 from line 12		29,644.	133,463.			
Net Assets or			Ве	ginning of Current Year	End of Year			
sset	20	Total assets (Part X, line 16)		339,187.	511,088.			
at A	21	Total liabilities (Part X, line 26)		0.	0.			
		Net assets or fund balances. Subtract line 21 from line 20		339,187.	511,088.			
	art II	Signature Block						
	•	Ities of perjury, I declare that I have examined this return, including accompanying schedules		•	/ knowledge and belief, it is			
true,	correc	rt, and complete. Declaration of preparer (other than officer) is based on all information of wh	ich preparer	has any knowledge.				
		Signature of officer		I Date				
Sigi		<u>'</u>		Date				
Her	е	KARLA THENNES, BOARD SECRETARY Type or print name and title						
				Date Check [PTIN			
Daid	1	Print/Type preparer's name JOHN HEMMING JOHN HEMMING		10 (21 (10) f				
Paid					39-0758 44 9			
-	arer Only	Firm's name WIPFLI LLP Firm's address PO BOX 8700		Firm's EIN ▶	J3-01J0443			
Use Only Firm's address ► PO BOX 8700 MADISON, WI 53708-8700 Phone no.608.274.								
Mar	, tha !!	RS discuss this return with the preparer shown above? (see instructions)		Frione no. 0 0	X Yes No			
ivia	ıııe II	10 diacuas this return with the preparet shown above? (See Instructions)			L41 TES NO			

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_	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: NONE
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$
	THE PORCHLIGHT FOUNDATION, INC. IS COMMITTED TO PROVIDING LOW-INCOME
	HOUSING ASSISTANCE AND RELATED SUPPORT SERVICES TO THOSE IN NEED.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	(Code) (Expenses #
4c	(Code:) (Expenses \$
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
46	Total program service expenses ► 5,000.

Form 990 (2017) PORCHLIGHT FOUNDATION, INC. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	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		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			.,
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			٦,
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			3,7
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	l		
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	3	l	v	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	1.0		
	Schedule D, Parts XI and XII	12a		X
a	Was the organization included in consolidated, independent audited financial statements for the tax year?	104	Х	
12	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13	77	Х
13				X
	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		14b		Х
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	טדי		
13	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	"		
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	_ <u> </u>		_ <u></u>
	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			
·	complete Schedule G. Part III	19		х
_		_		_

Form 990 (2017) PORCHLIGHT FOUNDATION, INC.

Part IV Checklist of Required Schedules (continued)

			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
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), 501(c)(4), and 501(c)(29) 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		X
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		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
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		X
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):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form 990 (2017) PORCHLIGHT FOUNDATION, INC. Part V Statements Regarding Other IRS Filings and Tax Compliance

a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b cross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11a cross income from members or shareholders 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 13b c 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 c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b		Check if Schedule O contains a response or note to any line in this Part V				
b Enter the number of Forms W-20 included in line 1s. Enter-0+ find applicable 1					Yes	No
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, lided for the calendar year ending with or within the year covered by this return 1 If a let least one is reported on line 22, did the organization file all required federal employment tax returns? Note. If the sum of lines 1s and 2s is greater than 250, you may be required to e-file (see instructions) 3a If the organization have unrelated business gross income of \$1,000 or more during the pear? 3a X 3b If 'Yes,' that if filed a Form 990-T for this year? If 'No,' to file 8b, provide an explanation in Schedule O 3b A At any time during the calendary vary, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country, selectification of the organization of the organization have an interest in, or a signature or other authority over, a financial account in a foreign country. ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibitote tax shelter transaction at any time during the lax year? 5b Did any taxoble party notify the organization file Form 8898. T? 6c If 'Yes,' to line 6 are for, did the organization file Form 8898. T? 6d Does the organization and gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions where the organization solicit any contributions that twere not tax deductible contributions under section 170(c). 7b If 'Yes,' did the organization for the done of the value of the goods or services provided? 7c Organization shart may receive deductible contributions under section 170(c). 8d If the organization receive a payment in excess of \$76 made party as a contribution or a payment of the organization file Form 8899 as require	1a			_		
(agambling) winnings to prize winners? 2a Enter the number of emptyoses reported on Form W.3, Transmittal of Wage and Tax Statements, field 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? Note. If the sum of lines 1 and 2a is greater than 250, you may be required to e-field genistructions) 3b Did the organization have unrelated businesses gross income of \$1,000 or more during the year? 3a Did the organization have unrelated businesses gross income of \$1,000 or more during the year? 3b Vary time during the calendar year, did the organization file and the organization in a foreign country (such as a bank account, securities account, or other financial account(?) 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 accounts (FBAR). 5b If "Yes," either the name of the foreign country. ► 5c Series tructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5c Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5c If "Yes," in the 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible a charitable contributions? 6c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions? 6c If "Yes," did the organization notify the donor of the value of the goods or services provided? 7c Organizations that may receive deductible contributions under section 170(c). 8d If "Yes," indicate the number of Forms 8828 filed			10 -	4		
2a Enter the number of employees reported on Form W.S. Transmittal of Wage and Tax Statements, 2a 0 0 1 1 at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1s and 2a is greater than 250, you may be required to e-fige (see instructions) 3a Did the organization have united business gross income of \$1.00 or more during the year? 3a	С					
field for the calendar year ending with or within the year covered by this return If all lasts one is reported on line 2.a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1 and 2.a is greater than 250, you may be required to e-file (See instructions) 3a. Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a. Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a. Did the organization have unrelated business gross income of \$1,000 or more during the year? 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 shark account, securities account, or other financial accounts? 4a. X bif 'Yes,' enter the name of the foreign country. Experiments for FinCBN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a. Was the organization aparty to a prohibited tax shefter transaction at any time during the tax year? 5b. If Yes, 'enter the amount of the organization that it was or is a party to a prohibited tax shefter transaction? 5c. If Yes, 'the line a or 5b, did the organization the Form 8886-T? 6a. Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles of a shartable contributions? 6b. If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles a chartable contribution and party for goods and services provided to the payor? 6c. X bif 'Yes,' did the organization include with every solicitation and express statement that such contributions or gifts were not tax deductibles? 6c. Did the organization receive a pometrial received for the value of the goods				1c		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to a_nile_fee instructions} 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X b If Yes, * has it filed a Form 990-T for this year? # Yeb, * to line 3b, provide an explanation in Schedule O 3b A tany time during the calendary year, did the organization have uninterest 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)? See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Sa Was the organization a party to a prohibited tax shelter transaction? 5b If Yes, * to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If Yes, * to line 5a or 5b, did the organization file Form 8886.17 5c Boes the organization shell exhaults of the organization file Form 8886.17 5c If Yes, * to line 5a or 5b, did the organization file Form 8886.17 5c Boes the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions? 8d If Yes, * did the organization include with every solicitation and party for goods and services provided to the payor? 7a If the organization receive a payment in excess of \$75 make party as a contribution and party for goods and services provided to the payor? 7b If Yes, * did the organization notify the donor of the value of the goods or services provided? 7c X 7d If the organization selle, exchange, or otherwise dispose of tangible personal property for which it was required? 7b If the organization selle, exchange, or otherwise dispose of tangible personal property for which it was required? 7d If the organization in exce	2a					
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to _e/lie (see instructions) a Did the organization have unrelated business gross income of \$1,000 or more during the year? b If "Yes," has it filed a Form 990-T for this year? If "No," to line 90, provide an explanation in Schedule O a A 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 X b If "Yes," either the name of the foreign country. ► See instructions for Illing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b If any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," of the sax or 5b, did the organization file Form 888677 5c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions and party for goods and services provided to the payor? 7 Organizations that may receive deductible contributions under section 170(c). 8 If "Yes," did the organization include with every solicitation an express statement that such contribution or a contribution of capacity as a contribution and party for goods and services provided to the payor? 7 If "Yes," indicate the number of Forms 8282 filed during the year 1 If "Yes," indicate the number of Forms 8282 filed during the year 2 If the organization exceived a contribution of qualified intellectual property, did the organization file Form 1999 as equired? 8				1		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 4b if "Yes," has it filed a Form 990-T for this year? if "No," to line 3b, provide an explanation in Schedule O 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). 5b if "Yes," evaluation in foreign country (such as a bank account, securities account, or other financial accounts (FBAR). 5c Was the organization or party to a prohibited tax shelter transaction? 5c Was the organization appropriate or party to a prohibited tax shelter transaction? 5c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5d Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6d Ax 5f If "Yes," to line the organization file Form 8886-T? 6d Does the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6d Organization shat may receive deductible contributions under section 170cl. 7d If "Yes," did the organization motive the donor of the value of the goods or services provided? 7e Did the organization services a payment in excess of \$75 mate partly as a contribution and partly for goods and services provided to the payor? 7d If "Yes," did the organization with the donor of the value of the goods or services provided? 7e X If the organization exceive a payment in excess of \$75 mate partly as a contribution and partly for goods and services provided to the payor? 7d If "Yes," did the organization with the donor of the value of the goods or services provided? 7e X If the organization exceive a payment in excess of \$75 mate partly as a contribution and partly for goods and services provided to the payor? 7d If Yes, "in	b			2b		
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c Enter the amount of reserves on hand	b		40.			
Ida X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14a X				-		
b If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O			•	44-		y
, , , , , , , , , , , , , , , , , , , ,						
	U	ii res, rias it liled a Form 720 to report these payments? If "No," provide an explanation in Schedule	! U		990	/ /2በ17\

Form 990 (2017) PORCHLIGHT FOUNDATION, INC. 39-1980214 Pag
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response Page 6 to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	5		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b		5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	1		
_	persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	1.5		
	The governing body?	8a	х	
	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	0.0		
Ū	organization's mailing address? <i>If</i> "Yes," <i>provide the names and addresses in Schedule O</i>	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		l	
	(This Section B reguests information about policies not required by the internal nevertile Gode.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	155		
_	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 filing the form?	11a		Х
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	110		
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		х
	Other officers or key employees of the organization	15b		X
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	10.5		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	iou		
~	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	100		
17	List the states with which a copy of this Form 990 is required to be filed ►WI			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availahl		
10	for public inspection. Indicate how you made these available. Check all that apply.	uvallabli	-	
	Own website Another's website X Upon request Other (explain in Schedule O)			
10	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finana	ial	
19	statements available to the public during the tax year.	u midic	ıaı	
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
20	KARLA THENNES - 608-257-2534			
	306 N. BROOKS ST, MADISON, WI 53715			

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

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

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

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

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

X Check this box if neither the organization n	or any related	orga	niza	tion	con	nper	sate	ed any current officer, d	irector, or trustee.		
(A)	(B)			(0	C)			(D)	(E)	(F)	
Name and Title	Average	(do		Pos heck			one	Reportable	Reportable	Estimated	
	hours per	box	(do not check more than one box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of				
	week	-	T an		10010	T	T	from	from related	other	
	(list any hours for	Individual trustee or director				_		the organization	organizations (W-2/1099-MISC)	compensation from the	
	related	9e 0r	stee			nsate		(W-2/1099-MISC)	(** 2/ 1000 141100)	organization	
	organizations	truste	al tru		oyee	n be		(** =* **** - *,		and related	
	below	/idual	In stit utio nal tru stee	Je.	Key employee	loyee	Jer.			organizations	
	line)	Indi	Insti	Officer	Key	Highest compensated employee	Forn				
(1) MARK CONSIGNY	1.00										
DIRECTOR		Х						0.	0.	0.	
(2) JEFF FEMRITE	1.00										
PRESIDENT		Х		Х				0.	0.	0.	
(3) PETER MORTENSON	1.00										
VICE PRESIDENT		Х		Х				0.	0.	0.	
(4) LUANN QUELLA	1.00										
TREASURER		Х		Х				0.	0.	0.	
(5) STEVEN J. SCHOOLER	1.00										
SECRETARY		Х		Х				0.	0.	0.	
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Fai	Section A. Officers, Directors, Trus		<u>oloy</u>	ees,			ghes	st C					
	(A)	(B) Average			Pos	C) ition	1		(D)	(E)		(F	
	Name and title	hours per		not c	heck	more	than is botl		Reportable compensation	Reportable compensation		Estim amou	
		week					or/trus		from	from related		oth	
		(list any	ector					the	organization	ıs	comper	nsation	
		hours for	or dire	ao			rted		organization	(W-2/1099-MIS	SC)	from	
		related	stee	truste		a.	bens		(W-2/1099-MISC)			organi	
		organizations below	ual tru	ional		ploye	t com					and re	
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				organiz	alions
		,	=	-	0	×	工品	Œ					
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			<u></u>										
	Sub-total								0.		0.		0.
С	Total from continuation sheets to Part VI	I, Section A							0.		0.		0.
	Total (add lines 1b and 1c)							<u> </u>	0.		0.		0.
2	Total number of individuals (including but n	ot limited to th	ose	liste	d ab	oove	e) wh	no re	eceived more than \$100,	000 of reportable	€		0
	compensation from the organization											Ye	0 es No
_	Did the consciention list and former affice.		4_	- 1					h:-ht		ſ	16	S NO
3	Did the organization list any former officer,	•		,	•	•	•	,		. ,			х
4	line 1a? If "Yes," complete Schedule J for s								or componentian from t			3	^A
4	For any individual listed on line 1a, is the su											4	х
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a											4	125
J	rendered to the organization? If "Yes," com	•				,			•	dal for services		5	Х
Sec	etion B. Independent Contractors	ipiete Scrieduli	5 U 1 0	UI SL	<i>ICIT</i>	JEIS	OH						
1	Complete this table for your five highest co	mpensated inc	depe	nde	nt co	ontra	acto	rs th	nat received more than \$	100.000 of com	oensa ^t	tion from	
	the organization. Report compensation for												
	(A)								(B)			(C)	
	Name and business	address	NO	INC	3				Description of s	ervices	С	ompensa	ition
											ı		
											ı		
											ı		
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	Tatal acceptance in decrease death and the control of	a ali ralia l l							ala aval vola a varativa t	41			
2	Total number of independent contractors (ii		ot III	пітес	ı to		se lis)	sted	above) who received mo	ore triah			
	\$100,000 of compensation from the organic	ZatiOH -	—									- 00	

			Check if Schedule O conta	ains a response	or note to any line	e in this Part VIII			
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
တ္ တ	1	a	Federated campaigns	1a					
ant	-		Membership dues						
호립			Fundraising events						
ifts			Related organizations		101,447.				
pig.			Government grants (contribution						
Sir			All other contributions, gifts, grant	' 					
et j		•	similar amounts not included abov	· I I	22,791.				
를 를 를		g	Noncash contributions included in lines 1						
Contributions, Gifts, Grants and Other Similar Amounts		_	Total. Add lines 1a-1f			124,238.			
<u> </u>		<u></u>	Totali / Ida iirico Ta Ti		Business Code				
o o	2	а			Business esus				
<u>vi</u>	_	b							
Ser		c							
an S		d							
Program Service Revenue		e							
Pro			All other program service rever	nue					
			Total. Add lines 2a-2f						
	3		Investment income (including						
			other similar amounts)			7,004.			7,004.
	4		Income from investment of tax						
	5		Royalties						
				(i) Real	(ii) Personal				
	6	а	Gross rents						
		b	Less: rental expenses						
		С	Rental income or (loss)						
		d	Net rental income or (loss)						
	7	а	Gross amount from sales of	(i) Securities	(ii) Other				
			assets other than inventory	58,488.					
		b	Less: cost or other basis						
			and sales expenses	47,721.					
		С	Gain or (loss)	10,767.					
		d	Net gain or (loss)		·····	10,767.			10,767.
<u>e</u>	8	а	Gross income from fundraising						
Other Revenu			including \$						
3eV			contributions reported on line						
ē			Part IV, line 18						
₽			Less: direct expenses						
			Net income or (loss) from fund		·····				
	9	а	Gross income from gaming ac						
		L	Part IV, line 19						
			Less: direct expenses Net income or (loss) from game						
			Gross sales of inventory, less r						
	10	а	and allowances						
		h	Less: cost of goods sold						
			Net income or (loss) from sales						
			Miscellaneous Revenue		Business Code				
ŀ	11	a	- Wiscellaneous Neverius						
	•	b							
		c							
			All other revenue						
			Total. Add lines 11a-11d						
	12		Total revenue. See instructions.			142,009.	0.	0.	17,771.

Form 990 (2017) PORCHLIGHT FOUNDATION, Part IX Statement of Functional Expenses

Do r	Check if Schedule O contains a respons	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	5,000.	5,000.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
_	trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management	3,546.		3,546.	
b	Legal				
С	Accounting				
d					
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	InterestPayments to affiliates				
21 22	Depreciation, depletion, and amortization				
22 23	Insurance				
23 24	Other expenses. Itemize expenses not covered				
27	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 0.)				
а					
b					
С					
d					
е	All other expenses				_
25	Total functional expenses. Add lines 1 through 24e	8,546.	5,000.	3,546.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				1

Form 990 (2017)
Part X Balance Sheet

Pa	rt X	Balance Sheet				
		Check if Schedule O contains a response or no	ote to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		9,210.	1	98,275.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		49,916.	3	0.
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and				
		trustees, key employees, and highest compens	sated employees. Complete			
		Part II of Schedule L	. ,		5	
	6	Loans and other receivables from other disqua				
		section 4958(f)(1)), persons described in section	, ,			
		employers and sponsoring organizations of sec	-			
w		employees' beneficiary organizations (see instr	·		6	
Assets	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		8		
	9	Duran side company and all defended by the company			9	
		Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D				
	l b	Less: accumulated depreciation	1		10c	
	11	Investments - publicly traded securities	280,061.	11	412,813.	
	12	Investments - other securities. See Part IV, line		12	, -	
	13	Investments - program-related. See Part IV, line		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must eq		339,187.	16	511,088.
	17	Accounts payable and accrued expenses			17	,
	18	Grants payable		18		
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete			21	
(0	22	Loans and other payables to current and former				
Liabilities		key employees, highest compensated employe				
ij		Complete Part II of Schedule L			22	
Ë	23	Secured mortgages and notes payable to unre			23	
	24	Unsecured notes and loans payable to unrelate			24	
	25	Other liabilities (including federal income tax, p				
		parties, and other liabilities not included on line	-			
		0 1 1 1 5	· · · · · · · · · · · · · · · · · · ·		25	
	26	Total liabilities. Add lines 17 through 25		0.	26	0.
		Organizations that follow SFAS 117 (ASC 95	8), check here ▶ X and			
ý		complete lines 27 through 29, and lines 33 a	nd 34.			
ပို့	27	Unrestricted net assets		339,187.	27	511,088.
<u>a</u>	28	Temporarily restricted net assets			28	
В В	29	Permanently restricted net assets			29	
뎚		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ 🔙			
ō		and complete lines 30 through 34.	ļ			
ets	30	Capital stock or trust principal, or current funds	s		30	
SS	31	Paid-in or capital surplus, or land, building, or e	equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated i			32	
Ž	33	Total net assets or fund balances	339,187.	33	511,088.	
	34	Total liabilities and net assets/fund balances		339,187.	34	511,088.

Pai	T XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1			09.		
2	Total expenses (must equal Part IX, column (A), line 25)	2			46.		
3	Revenue less expenses. Subtract line 2 from line 1	3			63. 87.		
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))4						
5	5 Net unrealized gains (losses) on investments 5						
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain 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	51	1,0	88.		
Pai	t XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b	X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,					
	consolidated basis, or both:						
	Separate basis X Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,					
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X			
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule 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	gle Audit					
	Act and OMB Circular A-133?		3a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required						
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b				
			Form	990	(2017)		

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization **Employer identification number** PORCHLIGHT FOUNDATION, 39-1980214 INC. Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed in your governing document? (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions)) 39-1579521 5,000 PORCHLIGHT, INC. X

Total

0.

5,000.

Schedule A (Form 990 or 990-EZ) 2017 PORCHLIGHT FOUNDATION, INC. 39-1980 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
Sec	ction B. Total Support				_		
Cale	ndar year (or fiscal year beginning in) ► 📙	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, e	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	the organization's	s first, second, thir	rd, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
<u> </u>	organization, check this box and stop	here Do					>
Sec	ction C. Computation of Public	Support Per	centage				
	Public support percentage for 2017 (lin		•	***		14	<u>%</u>
	Public support percentage from 2016					15	%
16a	33 1/3% support test - 2017. If the or	-			14 is 33 1/3% or m	nore, check this box	k and
	stop here. The organization qualifies a		-				
b	33 1/3% support test - 2016. If the or						
4-	and stop here. The organization qualif						
1/a	10% -facts-and-circumstances test						
	and if the organization meets the "fact			=			
	meets the "facts-and-circumstances" to						
b	10% -facts-and-circumstances test	_					
	more, and if the organization meets the				-		
40	organization meets the "facts-and-circu		-				P
18	Private foundation. If the organization	ı aıa not check a	pox on line 13, 16	oa, 160, 1/a, or 17b	o, cneck this box a	ind see instructions	· P

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

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

Se	ction A. Public Support	now, please comp	Diete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŀ	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
(Add lines 7a and 7b						
8 Se	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
ŀ	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiza	ation,
_	check this box and stop here						.
	ction C. Computation of Publi					T 1	
	Public support percentage for 2017 (li			olumn (f))		15	%
	Public support percentage from 2016					16	%
	ction D. Computation of Inves					T .= I	
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from 2					18	% 7 is not
198	a 33 1/3% support tests - 2017. If the						/ is not
k	more than 33 1/3%, check this box an 33 1/3% support tests - 2016. If the	organization did r	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	
	line 18 is not more than 33 1/3%, chec	ck this box and st	top here. The orga	inization qualifies a	as a publicly supp	orted organization	▶∐
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	nis box and see in:	structions	▶□

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

		_
	Yes	No
1	х	
2		Х
За		Х
3b		
3c		
40		Х
4a		23
4b		
4c		
5a		Х
5b		
5c		
6		Х
7		Х
8		Х
<u> </u>		
9a		Х
		77
9b		Х
9c		Х
10a		Х
10b 990 or 99	VO E-7	004-
220 Or 35	ハーロム)	ZU1/

Par	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has t	he organization accepted a gift or contribution from any of the following persons?			
а	A per	son who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	belov	v, the governing body of a supported organization?	11a		X
b	A fam	nily member of a person described in (a) above?	11b		X
С	A 359	% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		X
Sec	tion I	B. Type I Supporting Organizations			
				Yes	No
1	Did th	ne directors, trustees, or membership of one or more supported organizations have the power to			
	regula	arly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax ye	ear? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	contr	olled the organization's activities. If the organization had more than one supported organization,			
	descr	ribe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organ	nizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	X	
2		ne organization operate for the benefit of any supported organization other than the supported			
	organ	nization(s) that operated, supervised, or controlled the supporting organization? If "Yes, " explain in			
	Part '	Now providing such benefit carried out the purposes of the supported organization(s) that operated,			
		vised, or controlled the supporting organization.	2		X
Sect	tion (C. Type II Supporting Organizations			
				Yes	No
1	Were	a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or tru	stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or ma	anagement of the supporting organization was vested in the same persons that controlled or managed			
		upported organization(s).	1		
Sec	tion I	D. All Type III Supporting Organizations			
		·		Yes	No
1	Did th	ne organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organ	nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year,	(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organ	nization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organ	nization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the o	rganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By re	ason of the relationship described in (2), did the organization's supported organizations have a			
	_	icant voice in the organization's investment policies and in directing the use of the organization's			
		ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supp	orted organizations played in this regard.	3		
Sec	tion i	E. Type III Functionally Integrated Supporting Organizations			
1	Chec	k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	\vdash	The organization satisfied the Activities Test. Complete line 2 below.			
b	Н	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)	uctions)		
2		ities Test. Answer (a) and (b) below.		Yes	No
а		ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
		upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		e supported organizations and explain how these activities directly furthered their exempt purposes,			
		the organization was responsive to those supported organizations, and how the organization determined	0-		
h		hese activities constituted substantially all of its activities.	2a		
b		ne activities described in (a) constitute activities that, but for the organization's involvement, one or more			
		e organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
		ns for the organization's position that its supported organization(s) would have engaged in these	Oh		
2		ties but for the organization's involvement.	2b		
3		nt of Supported Organizations. Answer (a) and (b) below.			
а		ne organization have the power to regularly appoint or elect a majority of the officers, directors, or each of the supported organizations? <i>Provide details in</i> Part VI.	3a		
b		ne organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
D		supported organizations? If "Voc." december in Part VI the vale placed by the experiencies in this reward	3h		

Pai	TV Type III Non-Functionally Integrated 509(a)(3) Supporting	ıg Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyir	g trust on I	Nov. 20, 1970 (explain in F	Part VI.) See instructions. All
	other Type III non-functionally integrated supporting organizations must co	omplete Se	ctions A through E.	
Sect	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functiona	lly integrate	ed Type III supporting orga	anization (see
	instructions)	. 0		•

Schedule A (Form 990 or 990-EZ) 2017

	1 Type in Non Tanotionally integrated 505	ajtoj Gapporting Grga	(continuea)	
Secti	on D - Distributions		,	Current Year
1	Amounts paid to supported organizations to accomplish exer			
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	•	(i)	(ii)	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2017	Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
С	From 2014			
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i_	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

Schedule A	(Form 990 or 990 EZ) 2017 PORCHLIGHT FOUNDATION, INC.	39-1900214	Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 1 Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 a line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, Ine 1; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional (See instructions.)	and 2; Part IV, Section C Section B, line 1e; Part), V,

Schedule B (Form 990, 990-EZ,

or 990-PF) Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of the organization **Employer identification number** PORCHLIGHT FOUNDATION, INC. 39-1980214

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

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

PORCHLIGHT FOUNDATION, INC.

39-1980214

Part I	art I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
1	PORCHLIGHT, INC. 306 N. BROOKS ST. MADISON, WI 53715	\$101,447.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
			Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
			Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
No.	Name, address, and ZIP + 4	- \$	Person Payroll Noncash Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		

PORCHLIGHT FOUNDATION, INC.

39-1980214

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

the year from any one contributor. Complete of	columns (a) through (e) and the follow	n section 501(c)(7), (8), or (10) that total more than \$1,000 for wing line entry. For organizations		
Use duplicate copies of Part III if additiona	al space is needed.	Line and motions,		
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
Transferee's name, address, ar	(e) Transfer of gift	Relationship of transferor to transferee		
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
Transferee's name, address, ar	(e) Transfer of gift	Relationship of transferor to transferee		
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
Transferee's name, address, ar	(e) Transfer of gift	nsfer of gift Relationship of transferor to transferee		
(h) Purpose of nift	(c) Use of gift	(d) Description of how gift is held		
(a) i di poso di gill	(0) 030 01 9111	(a) Besonption of now girt is field		
	(e) Transfer of gift	t .		
	the year from any one contributor. Complete of completing Part III, enter the total of exclusively religious Use duplicate copies of Part III if additiona (b) Purpose of gift Transferee's name, address, are (b) Purpose of gift Transferee's name, address, are (b) Purpose of gift	the year from any one contributor. Complete columns (a) through (e) and the follocompleting Part III enter the total of exclusively religious, charitally, etc., contributions of \$1,000 or I Use duplicate copies of Part III if additional space is needed. (b) Purpose of gift (c) Use of gift Transferee's name, address, and ZIP + 4 (b) Purpose of gift (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 (b) Purpose of gift (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 (b) Purpose of gift (c) Use of gift (c) Use of gift (d) Use of gift (e) Transfer of gift (e) Transfer of gift (f) Use of gift (g) Use of gift (g) Use of gift (g) Use of gift		

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

PORCHLIGHT FOUNDATION, INC. **Employer identification number** 39-1980214

Part	t I Organizations Mai	ntaining Donor Advised I	Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "	Yes" on Form 990, Part IV, line 6		
		_	(a) Donor advised funds	(b) Funds and other accounts
	Total number at end of year			
	Aggregate value of contribution			
	Aggregate value of grants from			
	Aggregate value at end of year			
	_		ting that the assets held in donor adv	
			clusive legal control?	
			sors in writing that grant funds can b	
	···		onor advisor, or for any other purpose	
Part			ization answered "Yes" on Form 990	
				r, Part IV, line 7.
1	<u> </u>	ements held by the organization ublic use (e.g., recreation or edu	`	interioelly important land area
	Protection of natural hab	· ·		istorically important land area ertified historic structure
	Preservation of open spa		Preservation of a ce	ertined historic structure
2			conservation contribution in the form	n of a conservation easement on the last
	day of the tax year.	the organization held a qualified	Conservation Contribution in the for	Held at the End of the Tax Year
	, ,	asamants		
	Total acreage restricted by con			0.
	,		ure included in (a)	
			r 7/25/06, and not on a historic struc	
		` ' '		
			sed, extinguished, or terminated by the	
	year >	onto modinod, transferred, releat	sea, extinguished, or terminated by the	to organization during the tax
	· —	ty subject to conservation easen	nent is located	
	·	•	lic monitoring, inspection, handling o	_ f
	· ·	the conservation easements it ho		
				nservation easements during the year
	>	G/ 1 G/	, ,	5 ,
7	Amount of expenses incurred in	n monitoring, inspecting, handlin	g of violations, and enforcing conserv	vation easements during the year
	▶ \$			Ç
8	Does each conservation easem	— ent reported on line 2(d) above s	atisfy the requirements of section 17	O(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?			Yes No
9				se statement, and balance sheet, and
i	include, if applicable, the text of	f the footnote to the organizatior	s financial statements that describe	s the organization's accounting for
	conservation easements.			
Part	t III Organizations Mai	ntaining Collections of A	rt, Historical Treasures, or C	Other Similar Assets.
	Complete if the organiza	tion answered "Yes" on Form 99	0, Part IV, line 8.	
1a	If the organization elected, as p	ermitted under SFAS 116 (ASC	958), not to report in its revenue state	ement and balance sheet works of art,
	historical treasures, or other sir	nilar assets held for public exhibi	tion, education, or research in further	rance of public service, provide, in Part XIII,
	the text of the footnote to its fir	nancial statements that describes	s these items.	
b	If the organization elected, as p	ermitted under SFAS 116 (ASC	958), to report in its revenue stateme	nt and balance sheet works of art, historical
	treasures, or other similar asset	s held for public exhibition, educ	ation, or research in furtherance of p	ublic service, provide the following amounts
	relating to these items:			
	(i) Revenue included on Form	990, Part VIII, line 1		
	(ii) Assets included in Form 99			> \$
2	If the organization received or h	eld works of art, historical treasu	ires, or other similar assets for financ	ial gain, provide
		•	(ASC 958) relating to these items:	
а	Revenue included on Form 990	, Part VIII, line 1		> \$
b .	Assets included in Form 990, P	art X		

Par	rt III Organizations Maintaining Co	ollections of Ar	t, Histo	rical Tre	asures, o	r Other	Similar	Assets	(contir	nued)	
3	Using the organization's acquisition, accession	n, and other record	s, check a	any of the f	ollowing that	t are a sig	nificant us	se of its o	ollection	items	
	(check all that apply):										
а	Public exhibition	C	j 🔲 Lo	oan or exc	hange progra	ams					
b	Scholarly research	6	• 🔲 o	ther							
С	Preservation for future generations										
4	Provide a description of the organization's col	lections and explain	n how they	y further th	ne organizatio	on's exem	npt purpos	e in Part	XIII.		
5	During the year, did the organization solicit or	receive donations	of art, hist	orical treas	sures, or othe	er similar	assets				
	to be sold to raise funds rather than to be mai	intained as part of t	he organiz	zation's co	llection?				Yes		No
Par	rt IV Escrow and Custodial Arrang	ements. Compl	ete if the c	organizatio	n answered	"Yes" on	Form 990,	Part IV,	line 9, or		
	reported an amount on Form 990, Part										
1a	Is the organization an agent, trustee, custodia	n or other intermed	liary for co	ontributions	s or other ass	sets not ir	ncluded				
	on Form 990, Part X?							\square	Yes		No
b											
									Amoun	t	
С	Beginning balance						1c				
d	Additions during the year										
е	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on Fo	rm 990, Part X, line	21, for es	crow or cu	ıstodial acco	unt liabili	ty?		Yes		No
b	If "Yes," explain the arrangement in Part XIII.]
Par	rt V Endowment Funds. Complete if	the organization ar	swered "	Yes" on Fo	rm 990, Part	IV, line 1	0.				
		(a) Current year	(b) Pri	or year	(c) Two yea	rs back	(d) Three y	ears back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, 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 curre	ent year end balanc	e (line 1g,	column (a)) held as:						
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
С	Temporarily restricted endowment >	%									
	The percentages on lines 2a, 2b, and 2c should	ld equal 100%.									
3a	Are there endowment funds not in the posses	sion of the organiza	ation that a	are held ar	nd administer	red for the	e organiza	tion	-		
	by:									Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organizat	ions listed as requir	red on Sch	nedule R?					3b		
4	Describe in Part XIII the intended uses of the		wment fur	nds.							
Pai	rt VI Land, Buildings, and Equipme										
	Complete if the organization answered	"Yes" on Form 990), Part IV,	line 11a. S	ee Form 990), Part X, I	ine 10.				
	Description of property	(a) Cost or obasis (investr			or other (other)		ccumulate preciation	d	(d) Boo	k value	Э
1a	Land										
b	Buildings	I									
С	Leasehold improvements										
d		I									
	Other	I									
Total	I. Add lines 1a through 1e. (Column (d) must ed	ual Form 990, Part	X. column	(B). line 1	0c.)			>			0.

Schedule D (Form 990) 2017

Schedule D (Form 990) 2017 PORCHLIGHT I	FOUNDATION	, INC.	39-	-1980214	Page
Part VII Investments - Other Securities.					
Complete if the organization answered "Yes" o					
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of v	aluation: Cost or end-	of-year market \	/alue
(1) Financial derivatives					
(2) Closely-held equity interests					
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)					
Part VIII Investments - Program Related.					
Complete if the organization answered "Yes" of	on Form 990. Part IV	. line 11c. See Form 990. I	Part X. line 13.		
(a) Description of investment	(b) Book value		aluation: Cost or end-	of-year market \	/alue
(1)					-
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.					
	F 000 D+ IV	Ulin a 44 d. O a a Farma 000	David V. Para 45		
Complete if the organization answered "Yes" o		, line 11d. See Form 990,	Part X, line 15.	(h) Dook w	
	Description			(b) Book va	alue
<u>(1)</u>					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Column (b) must equal Form 990. Part X. col. (B) line	15.)		>		
Part X Other Liabilities.					
Complete if the organization answered "Yes" of	on Form 990, Part IV	, line 11e or 11f. See Form	990, Part X, line 25.		
1. (a) Description of liability		(b) Book value			
(1) Federal income taxes					
(2)					

(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) \triangleright

^{2.} Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Cobo	odulo D /Form 000\ 2017 PORCHI.TCH	T FOUNDATION, INC.			30_10	980214 Page 4
	redule D (Form 990) 2017 PORCHLIGE Art XI Reconciliation of Revenue per		ts With F			700214 Page
	Complete if the organization answered "			•		
1	Total revenue, gains, and other support per aud	· · · · · · · · · · · · · · · · · · ·			1	175,447.
2	, , , , , , , , , , , , , , , , , , , ,					- ,
a		· ·	2a	38,438.		
b			2b	•		
С			2c			
d			2d	-5,000.		
				-	2e	33,438.
3	Subtract line 2e from line 1				3	142,009.
4	Amounts included on Form 990, Part VIII, line 12					
а	Investment expenses not included on Form 990	, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)		4b			
С					4c	0.
5	Total revenue. Add lines 3 and 4c. (This must ed	gual Form 990. Part I. line 12.)			5	142,009.
Pa	art XII Reconciliation of Expenses per	r Audited Financial Stateme	nts With	Expenses per F	Return.	
	Complete if the organization answered "	Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial	statements			1	3,546.
2	Amounts included on line 1 but not on Form 990	0, Part IX, line 25:				
а	a Donated services and use of facilities		2a			
b	Prior year adjustments		2b			
С	Other losses		2c			
d	d Other (Describe in Part XIII.)		2d			
е	Add lines 2a through 2d				2e	0.
3	Subtract line 2e from line 1				3	3,546.
4	Amounts included on Form 990, Part IX, line 25	, but not on line 1:				
а	a Investment expenses not included on Form 990	, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)		4b	5,000.		
С	Add lines 4a and 4b				4c	5,000.
5	THICHIGE	equal Form 990, Part I, line 18.)			5	8,546.
Pa	art XIII Supplemental Information.					
	vide the descriptions required for Part II, lines 3, 5, s 2d and 4b; and Part XII, lines 2d and 4b. Also co				; Part X, li	ine 2; Part XI,
PAI	RT X, LINE 2:					
THI	E ORGANIZATIONS ARE REQUI	RED TO ASSESS WHET	HER IT	IS MORE L	IKELY	THAN
NO	T THAT A TAX POSITION WIL	L BE SUSTAINED UPO	N EXAM	INATION ON	THE	
TEC	CHNICAL MERITS OF THE POS	ITION ASSUMING THE	TAXIN	G AUTHORIT	Y HAS	FULL
KNO	OWLEDGE OF ALL INFORMATIO	N. IF THE TAX POS	ITION	DOES NOT M	EET I	HE MORE
LIE	KELY THAN NOT RECOGNITION	THRESHOLD, THE BE	NEFIT	OF THAT PO	SITIC	N IS NOT
	COGNIZED IN THE CONSOLIDA					
	VE DETERMINED THERE ARE N					

PART XI, LINE 2D - OTHER ADJUSTMENTS:

RELATED TO UNCERTAIN TAX POSITIONS.

CONTRIBUTION TO PORCHLIGHT, INC.

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

OMB No. 1545-0047

2017

Open to Public

Inspection

Employer identification number Name of the organization 39-1980214 PORCHLIGHT FOUNDATION, INC. Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? X Yes Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant non-cash noncash assistance or assistance FMV, appraisal, assistance other) PORCHLIGHT, INC. 306 N. BROOKS ST. 39-1579521 501(C)(3) MADISON, WI 53715 5,000. 0 GENERAL SUPPORT Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
art IV Supplemental Information. Provide the information	n required in Part I, line	e 2; Part III, columr	ו ח (b); and any other ad	l dditional information.	
ART I, LINE 2:					
IE ORGANIZATION MONITORS THE US	SE OF GRANT	FUNDS THR	OUGH COMPLI	ANCE WITH	
UNDING SOURCE REQUIREMENTS.					

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.

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

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

PORCHLIGHT FOUNDATION, INC. **Employer identification number** 39-1980214

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: TO THOSE IN NEED.

FORM 990, PART VI, SECTION A, LINE 7A:

THE BOARD OF DIRECTORS OF PORCHLIGHT, INC. SHALL APPOINT THE MEMBERS OF THE GOVERNING BODY.

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

THE FINANCE COMMITTEE IS PROVIDED A COPY OF THE FORM 990 FOR THEIR REVIEW AND APPROVAL PRIOR TO IT BEING FILED WITH THE INTERNAL REVENUE SERVICE.

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

EACH DIRECTOR SHALL DISCLOSE TO THE BOARD OF DIRECTORS ANY DUALITY OF INTEREST OR POSSIBLE CONFLICT OF INTEREST WHENEVER THE DUALITY OR CONFLICT PERTAINS TO A MATTER BEING CONSIDERED BY THE BOARD. ANY DIRECTOR HAVING DUALITY OF INTEREST OR CONFLICT OF INTEREST ON ANY MATTER SHALL ABSTAIN FROM VOTING ON THE MATTER BUT MAY BE COUNTED IN DETERMINING THE QUORUM FOR THE VOTE ON THE MATTER. IN ADDITION, HE OR SHE SHALL NOT USE HIS OR HER PERSONAL INFLUENCE ON THE MATTER, BUT MAY BRIEFLY STATE HIS OR HER POSITION ON THE MATTER AND MAY ANSWER PERTINENT QUESTIONS FROM OTHER DIRECTORS SINCE HIS OR HER KNOWLEDGE MAY BE OF GREAT ASSISTANCE.

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

PORCHLIGHT FOUNDATION, INC. MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

• Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

PORCHLIGHT FOUNDATION, INC.

Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

39-1980214

(a)	(b)	(c)	(d)	(e)) T		(f)	
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state o foreign country)	I	me End-of-yea	r assets		ontrollino ntity	g
Part II Identification of Related Tax-Exempt Organizations during the tax year.	ations. Complete if the organizat	ion answered "Yes" on Form 990), Part IV, line 34, I	pecause it had one	or more re	elated tax-exer	mpt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))		(f) controlling entity	contr	g) 512(b)(13) rolled tity?
PORCHLIGHT, INC 39-1579521				301(0)(0))			Yes	No
306 N. BROOKS ST. MADISON, WI 53715	LOW INCOME HOUSING	WISCONSIN	501(C)(3)	LINE 7	N/A			Х

Page 2

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year. Part III

		,	ı	•			_				
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Direct controlling	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of	1	ortionate	Code V-UBI	General	Percentage ownership
of related organization		(state or foreign	entity	excluded from tax under	income	end-of-year assets		itions?	amount in box 20 of Schedule K-1 (Form 1065)	partner	ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	0
	1										
	1										
	1										
	1										
	1										
	1										
	1										
	1										
		l .					l				

Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	Sec.	i) ction
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership		(i) ction (b)(13) rolled tity?
		Couriery)						Yes	No
								Ь	<u> </u>
								↓	<u> </u>

1a

Page 3

X

Yes No

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

b Gift, g	grant, or capital contribution to related organization(s)				1b	X			
c Gift, g					_	Х			
d Loans	s or loan guarantees to or for related organization(s)				1d		X		
e Loans	s or loan guarantees by related organization(s)						X		
f Divide	ends from related organization(s)				1f		X		
g Sale o	of assets to related organization(s)				1g		X		
h Purch	nase of assets from related organization(s)				1h		X		
i Excha	ange of assets with related organization(s)				1i		X		
j Lease	e of facilities, equipment, or other assets to related organization(s)				<u>1j</u>		_X_		
k Lease	e of facilities, equipment, or other assets from related organization(s)				1k		_X_		
	rmance of services or membership or fundraising solicitations for related organ				l		X		
	rmance of services or membership or fundraising solicitations by related organ						X		
n Sharir	ng of facilities, equipment, mailing lists, or other assets with related organization	on(s)			1n		X		
Sharir	ng of paid employees with related organization(s)				1o		<u>X</u>		
							X		
p Reimbursement paid to related organization(s) for expenses									
q Reimb	oursement paid by related organization(s) for expenses				1q		X		
							<u>X</u>		
	transfer of cash or property from related organization(s)				1s		X		
2 If the	answer to any of the above is "Yes," see the instructions for information on wh	no must complete th	is line, including covered rel	ationships and transaction thresholds.					
	(a) Name of related organization	(b)	(c)	(d)					
	Name of related organization	Transaction	Amount involved	Method of determining amoun	t involved				
		type (a-s)							
(1)									
(2)									
(0)									
(3)									
(4)									
(4)									
(F)									
(5)									
(6)									
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Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Dispretion allocat	opor- late tions?	General manage partne	(k) Percentage ownership
									000) 004