Form 990
(Rev. January 2020)
Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047 **9** 2 Open to Public Inspection

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.

Α	For the	e 2019 calendar year, or tax year beginning and	ending		
B	Check if applicable	c Name of organization		D Employer identific	cation number
	Addre	PORCHLIGHT FOUNDATION, INC.			
	Name chang			39-19802	14
	Initial		Room/suite	E Telephone number	
	Final return/	306 N. BROOKS ST.		608-257-2	2534
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	36,140.
	Ameno	MADISON, WI 53715		H(a) Is this a group re	
	Applic tion pendir	F Name and address of principal officer: KAKLA IIIEMMED		for subordinates	? Yes 🔀 No
		SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
		empt status: 🔀 501(c)(3) 🚺 501(c) ()◀ (insert no.) 🗌 4947(a)(1) (or 527	· · ·	list. (see instructions)
		ke: ► N/A		H(c) Group exemption	
		organization: X Corporation Trust Association Other	L Year	of formation: 1999 N	State of legal domicile: WI
P	art I	Summary	חתסתנו		
e	1	Briefly describe the organization's mission or most significant activities: <u>TO SI</u> PROVIDING LOW-COST HOUSING ASSISTANCE AND			
Governance		Check this box			
/err	2			1 1	5 sets.
ğ	4	Number of independent voting members of the governing body (Part VI, line 1a)			4
		Total number of individuals employed in calendar year 2019 (Part V, line 2a)			0
ities	6	Total number of volunteers (estimate if necessary)			5
Activities &	7a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
Ă	b	Net unrelated business taxable income from Form 990-T, line 39			0.
				Prior Year	Current Year
0	8	Contributions and grants (Part VIII, line 1h)		7,773.	1,565.
nu	9	Program service revenue (Part VIII, line 2g)		0.	0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		26,125.	34,575.
£	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)		33,898.	36,140.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
se	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
en S(16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses	. b	Total fundraising expenses (Part IX, column (D), line 25)	0.	4 000	
ш	1 17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		4,990.	5,215.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		4,990.	5,215.
<u> </u>		Revenue less expenses. Subtract line 18 from line 12		28,908.	30,925.
ts or		Tatal acasta (Dart V. lina 16)		ginning of Current Year 480,364.	End of Year 571,590.
Net Assets	20	Total assets (Part X, line 16)		400,304.	0.
let ∕	21	Total liabilities (Part X, line 26)		480,364.	571,590.
	<u>1 22</u> art II	Net assets or fund balances. Subtract line 21 from line 20			JIT, J90.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign		Signature of	officer					Date		
Here		KARLA	THENNES	, BOARD	SECRETARY					
		Type or prin	t name and title							
	Prin	t/Type prepare	er's name		Preparer's signatu	re	Date	Check] PTIN	
Paid	BR	ITTANY	MERGEN		BRITTANY	MERGEN		/20 self-employed		
Preparer	Firm	n's name 🕒	WIPFLI I	LLP				Firm's EIN 🕨 3	9-0758449	9
Use Only	Firm	n's address 🕨	PO BOX	8700						
		-	MADISON		08-8700			Phone no. 608	.274.1980)
May the I	RS di	scuss this re	turn with the pr	eparer shown a	above? (see instructio	ons)			X Yes	No
932001 01-2	0-20	LHA For	Paperwork Re	duction Act No	otice, see the separ	ate instructions.			Form 990	(2019)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

<u>Form</u>		FOUNDATION,		39-19	80214	Page 2
Par	t III Statement of Program Service	Accomplishment	S			
	Check if Schedule O contains a respons		this Part III			
1	Briefly describe the organization's mission:	NONE				
2	Did the organization undertake any significant	program services durin	a the year which were no	nt listed on the		
2					Yes	XNo
	If "Yes," describe these new services on Sche	dule O.				
3	Did the organization cease conducting, or mal		how it conducts, any pr	ogram services?	Yes	XNo
•	If "Yes," describe these changes on Schedule					
4	Describe the organization's program service a		h of its three largest pro	gram services, as measured b	v expenses.	
	Section 501(c)(3) and 501(c)(4) organizations a					d
	revenue, if any, for each program service repo		0	,	1 /	
4a	(Code:) (Expenses \$		ts of \$	0 •) (Revenue \$		0.)
	THE PORCHLIGHT FOUNDATI	ON, INC. IS	COMMITTED TO	PROVIDING LOW-	INCOME	
	HOUSING ASSISTANCE AND	RELATED SUPP	ORT SERVICES	TO THOSE IN NE	ED.	
4b	(Code:) (Expenses \$	including gran	ts of \$) (Revenue \$)
4.0						
4c	(Code:) (Expenses \$	including gran	ts of \$) (Revenue \$)
4d	Other program services (Describe on Schedule	e O.)				
_		ling grants of \$) (Rever	nue \$)	
4e	Total program service expenses					
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 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	X	L
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
_	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		v
6	similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	6		x
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		x
8	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	-		
0	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			
5	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 donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
_	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		37	
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	v
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13		X X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	<u>14a</u>		
a	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		14b		x
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			
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
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		x
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		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	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
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 PORCHLIGHT FOUNDATION, INC.
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 Part IV
 Checklist of Required Schedules (continued)
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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		<u> </u>
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
20				
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	06		x
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	07		x
00	entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
-	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>	00-		x
L	"Yes," complete Schedule L, Part IV	28a 28b		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	200		
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	28c		x
20	"Yes," complete Schedule L, Part IV	200		X
29 20	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	_29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		x
24	contributions? If "Yes," complete Schedule M	<u>30</u> 31		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	20		x
00	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			x
~ ~	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		х	
05 -	Part V, line 1	34		x
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<u>35a</u>		
a	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	0.51		
	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?			x
07	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
37		27		x
20	and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		
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	
Par		30	21	I
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
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Form 990			FOUNDATION,		
Part V	Statements F	Regarding Other II	RS Filings and Tax	x Compliance	(continued)

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b		
	Note: If the sum of lines 1a and 2a 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		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	•			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	<u>4a</u>		X
b	If "Yes," enter the name of the foreign country				
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac		_		v
5a		tian0	5a		X X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact		5b		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		<u>5c</u>		
ua	any contributions that were not tax deductible as charitable contributions?	-	6a		x
h	If "Yes," did the organization include with every solicitation an express statement that such contribution				
D.	were not tax deductible?	•	6b		
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the pavor?	7a		x
b			7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa				
	to file Form 8282?	· · · · · · · · · · · · · · · · · · ·	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	ict?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ion file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the			
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
a			9a		
b			9b		
10	Section 501(c)(7) organizations. Enter:	10a			
a h	Initiation fees and capital contributions included on Part VIII, line 12	10b	-		
11	Section 501(c)(12) organizations. Enter:				
	Gross income from members or shareholders	11a			
	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the	1			
	organization is licensed to issue qualified health plans	13b			
	Enter the amount of reserves on hand	13c			37
			14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner		45		v
	excess parachute payment(s) during the year?		15		X
16	If "Yes," see instructions and file Form 4720, Schedule N.	incomo?	16		x
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment If "Yes," complete Form 4720, Schedule O.		16		- 23

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PORCHLIGHT FOUNDATION, INC.

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

X

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

1a Enter the number of voting members of the governing body, or if the governing body and generation of the construct committee or similar committee, capita in a Shehule 0. 1a 5 1b Enter the number of voting members included on line 1a, above, who are independent. 1b 4 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officers, director, trustees, or key employees to a management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management down or other person? 2 3D Did the organization have members or stockholders? 3 3D Did the organization have members, stockholders? 6 3D Are any governing body? 7 3D Are any governing body? 7 4D Both the organization contemponaceuly document the meetings hild or vritten actions undersken during the year by the following: 7 4D Are any governing body? 8 8 5D Did the organization contemponaceuly document the meetings hild or vritten actions undersken during the year by the following: 7 4D Are any governing body? 8 8				Yes	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an exacutive commute or similar committee, explain on Schedulo 0. Image: Commute of Voting members included on line 1a, above, who are independent included any officer, director, trustee, or key employees have a tarnity relationship or a business relationship with any other officer, director, trustee, or key employees to a management company or other person? 2 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officer, directors, trustees, or key employees to a management company or other person? 2 3 Did the organization make any significant changes to its governing documents since the prior. Form 990 was filed? 4 4 Did the organization nave members, stockholders? 5 5 Did the organization nave members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7 8 Did the organization notemporaneously document the meetings held or written actions undertaken during the year by the following: 8 9 Is there ary officer, director, trustee, or key employees listed in Part VII, Section A, who cannot be reached at the organization members of the governing body? 8 9 Is there ary officer, director, trustee, or key employees required discusses on Scherkido D 9 9 Is there ary officer, director, trustee, or key em	1a	Enter the number of voting members of the governing body at the end of the tax year 5			T
by delegated hand authority to an excluse committee or similar committee organication Schedule 0. 10 4 b Enter the number of voting members included on line 1a, above, who are independent			1		l
b Enter the number of volting members included on line 1a, above, who are independent 10 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 employees to a management company or other person? 2 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustee, or key employees to a management company or other person? 3 4 Did the organization make any significant changes to its governing documents since the ptor Form 990 vas filed? 4 5 Did the organization have members or stockholders? 6 7 Did the organization notements of the ocheming body? 7 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 7 9 be ach comming body? 8 8 9 be ach comming body? 8 8 9 be ach comming body 8 8 9 be ach comming body and charkness on affonder diversson an Achievalue 9 9 be ach comming body and the governing body and diversson an Achievalue 9 9 be ach comming the activitis and anobach policies and procedures governing the a					l
 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? 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management duties customarily performed by or under the direct supervision of the organization become aware during the year of a significant charges to its governing documents since the prior Form 990 was filed? 4 Did the organization have members or stockholders? 6 Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the odynatization reserved to for subject to approval by/ members, stockholders, or persons other than the governing body? 7 A Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization remains addresses on Schedula O 9 Did the organization have local chapters, branches, or affiliates? 10a 10a the organization have tocal chapters, branches, or affiliates? 10a 10a the organization have exist information about policies and required by the laternal Flavenue Code. 10b 10c the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to continue that estigation is exempt purposes? 10b 11a the discustion prove of the organization to review this Form 900. 12a 12b of the orga	b				
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 12a Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i> 12c 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 14 Did the organization have a written document retention and destruction policy? 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? a The organization is CEO, Executive Director, or top management official b Other officers or key employees of the organization 15b If "Yes," did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section 61.04 requires an organization to make its Forms 1023 (1024 or 1024.A, if applicable), 990, and 990.T (Section 501(c)(3)s only) of public inspection. Indicate how you made these available. Check all that apply. Own website X Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and finance statements available to the public during the tax year. <			11a		
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 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financ statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records ►					
statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records ► KARLA THENNES - 608-257-2534	19		l finan	cial	
20 State the name, address, and telephone number of the person who possesses the organization's books and records ►					
KARLA THENNES - 608-257-2534	20				
CT/CC TM /NOGTAMI 'IG GYOOYD •N OAC		KARLA THENNES - 608-257-2534			
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		47695 97041 2019.04030 PORCHLIGHT FOUNDATION,	T 3-	- 0 -	

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	, unle	ss pei	rson i	s both	ı an	compensation	compensation	amount of
	week		cer ar I	nd a d I	irecto	r/trus I	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC)	from the
	related organizations	ustee	trust		ee	bens		(W-2/1099-MISC)		organization and related
	below	lual tr	tional		nploy	st con	_			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) MARK CONSIGNY	1.00	_			-					
DIRECTOR		х						0.	0.	0.
(2) JEFF FEMRITE	1.00									
PRESIDENT		х		x				0.	Ο.	0.
(3) PETER MORTENSON	1.00									
VICE PRESIDENT		х		X				0.	Ο.	0.
(4) LUANN QUELLA	1.00									
TREASURER		Х		Х				0.	0.	0.
(5) KARLA THENNES	1.00									
SECRETARY	41.00	Х		Х				0.		- ,
						-				
		1								
		1								
932007 01-20-20										Form 990 (2019)

Form	990 (2019) PORCHLIGH	IT FOUND)AT	'IO	N,	I	NC	•		39-19	9802	214	Pa	age 8
Par	VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)				
	(A) Name and title	(B) Average			(C Pos	C) ition			(D) Reportable	(E) Reportable		Es	(F) timate	ed
		hours per week (list any hours for related organizations below line)	box	, unles	ss per	rson i: irecto	Highest compensated store s through the store	an	compensation from the organization (W-2/1099-MISC)	compensatio from related organizations (W-2/1099-MIS	s	com fr orga	ount o other oensa om the anizati d relate	tion e ion ed
			Inc	Ins	Off	Key	En.	Fo						
			-											
			-											
			-											
с	Subtotal Total from continuation sheets to Part VI	I, Section A							0.		0.			0.
	Total (add lines 1b and 1c)							► o re	0. eccived more than \$100,	000 of reportable			-	0
3	compensation from the organization	director trust			mol	0.101	o or	hia	host componented ampl]		Yes	No
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su	uch individual										3		х
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a),000? If "Yes,	" со	mple	ete S	Sche	edule	J f	or such individual	-		4		Х
Sect	rendered to the organization? <i>If "Yes," com</i> ion B. Independent Contractors	plete Schedule	∋ <i>J f</i> e	or su	ıch r	bers	on .		-			5		Х
1	Complete this table for your five highest co the organization. Report compensation for t	-	-								ensat	ion fro	m	
	(A) Name and business			ONE			<u>, , , , , , , , , , , , , , , , , , , </u>		(B) Description of s		С	(C omper		n
2	Total number of independent contractors (in		ot lin	nitec	to	-		ted	above) who received mo	ore than				
	\$100,000 of compensation from the organiz	zation 🕨				C	J					Form	990 (2	2019)

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Form	1 990) (2	2019) PORCHLIGH	T FO	UNDATION,	INC.		39-1980	214 Page 9
	rt VI		Statement of Revenue		-				
			Check if Schedule O contains a re	sponse	or note to any line	in this Part VIII			
					,	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
									Sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	18			a					
Gra	r			lb					
ts, An	C		• • • • • • • • • • • • • • • • • • • •						
Gif	C			ld					
ons, Sim	•		5 ()	le					
utio	Т	T	All other contributions, gifts, grants, and	If	1,565.				
Otho		~		ig \$	1,303.				
oni nd	<u>د</u>	-				1,565.			
0 0	- 1		Total. Add lines 1a-1f		Business Code	1,505.			
	0.0	_			Dusiness Coue				
Program Service Revenue	2 8	a b							
Serv		с С							
ver ver		d							
gra Re		e							
Pro	f		All other program service revenue						
			Total. Add lines 2a-2f						
	3	3	Investment income (including dividend						
	-		other similar amounts)			18,753.			18,753.
	4		Income from investment of tax-exempt						•
	5		Royalties		F				
			(i) F	Real	(ii) Personal				
	6 a	а	Gross rents 6a						
	-		Less: rental expenses 6b						
	c		Rental income or (loss) 6c						
	c	d	Net rental income or (loss)		►				
				urities	(ii) Other				
			assets other than inventory 7a 15 ,	822.					
	k	b	Less: cost or other basis						
ne			and sales expenses 7b	0.					
venue	c	с	Gain or (loss) 7c 15,	822.					
	c	d	Net gain or (loss)	<u></u>	>	15,822.			15,822.
Other Re	8 a	а	Gross income from fundraising events (not including \$ c						
			contributions reported on line 1c). See						
			Part IV, line 18						
	k	b	Less: direct expenses						
	c	с	Net income or (loss) from fundraising e	events	►				
	9 a	а	Gross income from gaming activities.	See					
			Part IV, line 19	9a					
	k	b	Less: direct expenses						
	c	с	Net income or (loss) from gaming activ	rities	>				
	10 a	а	Gross sales of inventory, less returns						
			and allowances						
	k	b	Less: cost of goods sold	10b					
	C	с	Net income or (loss) from sales of inve	ntory	>				
s					Business Code				
sou: e	11 a	а			ļļ				
ane	k	b			ļ ļ				
cell eve	C	с			ļļ				
Miscellaneous Revenue	C		All other revenue						
2	e		Total. Add lines 11a-11d		►				
	12		Total revenue. See instructions		►	36,140.	0.	0.	34,575.
93200	9 01-2	20-2	20		-				Form 990 (2019)

Form	990	(201	9

 Form 990 (2019)
 PORCHLIGHT FOUNDATION,

 Part IX
 Statement of Functional Expenses

Check if Schedule O contains a resp o not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	ivianagement and	(D) Fundraising
b, 8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
Grants and other assistance to domestic organizatio	ns			
and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic				
individuals. See Part IV, line 22				
B Grants and other assistance to foreign				
organizations, foreign governments, and foreig	gn			
individuals. See Part IV, lines 15 and 16				
Benefits paid to or for members				
5 Compensation of current officers, directors,				
trustees, and key employees				
Compensation not included above to disqualified				
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)				
 Other salaries and wages				
Pension plan accruals and contributions (include				
section 401(k) and 403(b) employer contributions)				
 Other employee benefits 				
Payroll taxes				
Fees for services (nonemployees):	·			
(1) ,	5,215.		5,215.	
a Management			5,215.	
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 1				
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				
2 Advertising and promotion				
3 Office expenses				
Information technology				
6 Royalties				
Cccupancy				
7 Travel	-			
B Payments of travel or entertainment expenses				
for any federal, state, or local public officials				
O Conferences, conventions, and meetings				
) Interest				
Payments to affiliates				
2 Depreciation, depletion, and amortization				
Insurance				
Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
, , , ,				
a	-			
b				
C				
d				
e All other expenses		<u> </u>	E 01E	
5 Total functional expenses. Add lines 1 through 24e		0.	5,215.	
Joint costs. Complete this line only if the organization				
reported in column (B) joint costs from a combined				
educational campaign and fundraising solicitation.				

INC.

932010 01-20-20

10 2019.04030 PORCHLIGHT FOUNDATION, IN 97041_1

Form 990 (2019)

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PORCHLIGHT FOUNDATION, INC. 39-1980214 Page 11 Part X Balance Sheet

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

					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			13,149.	1	11,999.
	2	Savings and temporary cash investments				2	/
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or				_	
	_	trustee, key employee, creator or founder, subst		, ,			
		controlled entity or family member of any of thes				5	
	6	Loans and other receivables from other disgualif		l l l l l l l l l l l l l l l l l l l			
	•	under section 4958(f)(1)), and persons described	•	,		6	
	7	Notes and loans receivable, net		l l l l l l l l l l l l l l l l l l l		7	
Assets	8	Inventories for sale or use				8	
Ass	9	_				9	
			 I				
	104	basis. Complete Part VI of Schedule D	102				
	ь	Less: accumulated depreciation				10c	
	11	Investments - publicly traded securities			467,215.	11	559,591.
	12	Investments - other securities. See Part IV, line 1			10772131	12	
	13	Investments - program-related. See Part IV, line 1				13	
	14					14	
	15	Intangible assets Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equa			480,364.	16	571,590.
	17	Accounts payable and accrued expenses			100,001.	17	571,550.
	18	Grants payable and accrued expenses				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	
	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subst					
bili		controlled entity or family member of any of thes				22	
Lia	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated		r		24	
	25	Other liabilities (including federal income tax, pay					
	20	parties, and other liabilities not included on lines	-				
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25		ſ	0.	26	0.
		Organizations that follow FASB ASC 958, che			•••		
es		and complete lines 27, 28, 32, and 33.					
anc	27				480,364.	27	571,590.
Bala	28	Net assets with donor restrictions		28			
Βpt		Organizations that do not follow FASB ASC 9					
Fur		and complete lines 29 through 33.	,				
P	29	Capital stock or trust principal, or current funds			29		
ets	30	Paid-in or capital surplus, or land, building, or eq				30	
Ass	31	Retained earnings, endowment, accumulated inc		ſ		31	
Net Assets or Fund Balances	32				480,364.	32	571,590.
Z	33	Total liabilities and net assets/fund balances		ſ	480,364.	33	571,590.
							Form 990 (2019)

Form 990 (2019)

Form	PORCHLIGHT FOUNDATION, INC.	39-1	980214	Pag	_{je} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		5,14	
2	Total expenses (must equal Part IX, column (A), line 25)	2		5,21	
3	Revenue less expenses. Subtract line 2 from line 1	3),92	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4),36	
5	Net unrealized gains (losses) on investments	5	60),30)1.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	571	.,59	<u>)).</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.			
2a			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	e 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	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	0			
	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 requi				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				
			Form	uun //	0010

Form **990** (2019)

SCH	IED	ULE	Α
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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
2019
Open to Public Inspection

Name of the	e organization
-------------	----------------

Nar	ne o	t tr	ne organizat								· identification num	ber
			Decen			NDATION, INC.					9-1980214	
	Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.											
The	orga	aniz	zation is not	a private found	ation because it is: (F	For lines 1 through 12, cl	heck only o	one box.)				
1			A church, co	onvention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)(1	I)(A)(i).			
2			A school de	scribed in sect i	ion 170(b)(1)(A)(ii). (Attach Schedule E (Form	n 990 or 99	90-EZ).)				
3			A hospital o	r a cooperative	hospital service orga	nization described in se	ection 170	(b)(1)(A)(ii	ii).			
4			A medical re	esearch organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name	,
	city, and state:											
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in											
			section 170	0(b)(1)(A)(iv). (C	Complete Part II.)							
6			A federal, st	ate, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).			
7		_			-	ntial part of its support fr				ne deneral i	oublic described in	
			-		omplete Part II.)		0					
8		-				1)(A)(vi). (Complete Par	t II.)					
9		-		-		in section 170(b)(1)(A)(-	ed in coniu	unction with a	land-grant	college	
-			-	-		ulture (see instructions).		-		-	-	
			university:		, and conego or agrice				,	and demogra		
10		-		tion that norma	Ilv receives: (1) more	than 33 1/3% of its supp	ort from c	ontributio	ns members	nin fees an	d aross receipts from	 m
	L		•			t to certain exceptions,				•	•	
						(less section 511 tax) fro	• •					
				1 509(a)(2). (Col				ses acqui		Janization e		
11		-				vely to test for public sat	fotu Soo u	section 50	10(2)(4)			
	X	_	-	•	-	vely for the benefit of, to	•			rny out the	nurnoses of one or	
12			-	•	-	d in section 509(a)(1) o	-			•		
			-		-	f supporting organization						
_	. Г	X	1	-						-	aivina	
a	a	23	••		-	upervised, or controlled	•	-				
				-		gularly appoint or elect a	majonty o		lors or truste		ipporting	
	. г		1 -		complete Part IV, Se							
k	_ נ				-	or controlled in connect			-		-	
				-		anization vested in the sa	ame perso	ns that col	ntrol or mana	ge the supp	ported	
	Г		1 -		t complete Part IV,							
c				-		g organization operated				ly integrate	ed with,	
	. г		1	•		. You must complete I						
C				-		orting organization oper				-		
				-		ation generally must sat	•		-	an attentiv	/eness	
	Г					nplete Part IV, Sections						
e	• [vritten determination from			Туре I, Туре	II, Type III		
				, ,	, i	nally integrated supporting	ng organiz	ation.			1	
				r of supported o	•							
ç), Pr		ide the follov Name of sup		about the supporte (ii) EIN	d organization(s). (iii) Type of organization	(iv) Is the orga	inization listed	(v) Amount o	fmonetany	(vi) Amount of othe	
		(1)	organizatio			(described on lines 1-10	in your governi	ng document?	support (see ii		support (see instructio	
			organizatio			above (see instructions))	Yes	No				
~ ~			TOTT	TNG		-				~		0
PO	RC.	HI	LIGHT,	INC.	39-1579521	7	X			0.		0.
											ļ	
Tot	al									0.		0.
	_	-					~~~ ==		<u> </u>			~ ~ ~

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

39-1980214 Page 2

(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.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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)						
	Public support. Subtract line 5 from line 4.						
	ction B. Total Support	()	(1) 00 (0	() 00/7	()) 00 (0)	() 22/2	(0
	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	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						
40	business is regularly carried on						
10	6						
	or loss from the sale of capital						
44	assets (Explain in Part VI.)						
	Total support. Add lines 7 through 10					10	
12	Gross receipts from related activities, First five years. If the Form 990 is for	,	,	rd faunth ar fifth t		12	
13	organization, check this box and stop		, ,	, ,	5	()()	
Se	ction C. Computation of Publi		centage		<u></u>		
	Public support percentage for 2019 (li			column (f))		14	%
	Public support percentage from 2018		•			15	% %
	33 1/3% support test - 2019. If the c						
100	stop here. The organization qualifies			_			
r	33 1/3% support test - 2018. If the c		•		h line 15 is 33 1/3%		······
~	and stop here. The organization qual						
17a	10% -facts-and-circumstances test				e 13, 16a, or 16b a		
	and if the organization meets the "fac	-	-				
	meets the "facts-and-circumstances"			-	-	-	
F	10% -facts-and-circumstances test						
~	more, and if the organization meets the	-	-				
	organization meets the "facts-and-circ						▶□
18	Private foundation. If the organizatio						
			, ••	. , .,		edule A (Form 990	

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932022 09-25-19

Schedule A (Form 990 or 990-EZ) 2019 PORCHLIGHT FOUNDATION, INC.

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

39-1980214 Page 3

(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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
-	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
70	3 received from disgualified persons						
	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8 Sec	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
с	Add lines 10a and 10b						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	<u> </u>					
14	First five years. If the Form 990 is for	the organization?	s first, second, thi	rd, fourth, or fifth t	tax year as a sectio	n 501(c)(3) organiz	zation,
_	check this box and stop here		-				
Sec	tion C. Computation of Publi	c Support Per	rcentage			 	
15	Public support percentage for 2019 (li	ne 8, column (f), c	divided by line 13,	column (f))		15	%
	Public support percentage from 2018					16	%
	tion D. Computation of Inves					1 1	
17	Investment income percentage for 20	19 (line 10c, colu	mn (f), divided by I	ine 13, column (f))		17	%
	Investment income percentage from 2					18	%
19a	33 1/3% support tests - 2019. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than 3	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box an	-					▶∟
b	33 1/3% support tests - 2018. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organizatio	n did not check a	box on line 14, 19	a, or 19b, check t			>
93202	3 09-25-19		1 6	-	Sch	edule A (Form 99	0 or 990-EZ) 2019

15 2019.04030 PORCHLIGHT FOUNDATION, IN 97041_1

Schedule A (Form 990 or 990-EZ) 2019 PORCHLIGHT FOUNDATION, INC.

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

932024 09-25-19

Х 1 Х 2 х 3a 3b 3c Х 4a 4b 4c Х 5a 5b 5c х 6 Х 7 х 8 х 9a Х 9b Х 9c Х 10a

Yes

No

39-1980214 Page 4

Schedule A (Form 990 or 990-EZ) 2019

10b

16

Schedule A (Form 990 or 990-EZ) 2019 PORCHLIGHT FOUNDATION, INC. 39-1980214 Page 5 Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		Х
b	A family member of a person described in (a) above?	11b		Х
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a. b. or c. provide detail in Part VI.	11c		Х
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		100	
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	-	v	
-	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	X	
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		X
Sec	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 trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
U	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	3		
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)	•		
a	The organization satisfied the Activities Test. <i>Complete</i> line 2 <i>below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below</i> .			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions)		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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Schedule A (Form 990 or 990-EZ) 2019

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	(Form 990 or 990-EZ) 2019			
Part V	Type III Non-Function	onally Integrated	509(a)(3) Supporti	ng Organizations

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2019

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Schedule A (Form 990 or 990-EZ) 2019 PORCHLIGHT FOUNDATION, INC. 39-1980214 Page 7

Par	t V Type III Non-Functionally Integrated 509		nizations (continued)	J-1900214 Page			
Secti	on D - Distributions		(0011111000)	Current Year			
1	Amounts paid to supported organizations to accomplish exe	mpt purposes					
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported					
	organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	6				
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 2019 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-2019	Distributable Amount for 2019			
1	Distributable amount for 2019 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2019 (reason-						
	able cause required- explain in Part VI). See instructions.						
3	Excess distributions carryover, if any, to 2019						
а	From 2014						
b	From 2015						
с	From 2016						
d	From 2017						
е	From 2018						
f	Total of lines 3a through e						
g	Applied to underdistributions of prior years						
h	Applied to 2019 distributable amount						
i	Carryover from 2014 not applied (see instructions)						
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.						
4	Distributions for 2019 from Section D,						
	line 7: \$						
а	Applied to underdistributions of prior years						
b	Applied to 2019 distributable amount						
с	Remainder. Subtract lines 4a and 4b from 4.						
5	Remaining underdistributions for years prior to 2019, if						
	any. Subtract lines 3g and 4a from line 2. For result greater						
	than zero, explain in Part VI. See instructions.						
6	Remaining underdistributions for 2019. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2020. Add lines 3j						
	and 4c.						
8	Breakdown of line 7:						
а	Excess from 2015						
b	Excess from 2016						
с	Excess from 2017						
d	Excess from 2018						
е	Excess from 2019						

Schedule A (Form 990 or 990-EZ) 2019

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Schedule A	(Form 990 or 990-EZ) 2019 POF	CHLIGHT	FOUNDATIO	N, INC.	39-1980214 Page 8
Part VI	Supplemental Informatio Part IV, Section A, lines 1, 2, 3b, line 1; Part IV, Section D, lines 2	n. Provide the 3c, 4b, 4c, 5a, 6 and 3; Part IV, 5	explanations requir 5, 9a, 9b, 9c, 11a, 1 Section E, lines 1c, 2	ed by Part II, line 1b, and 11c; Par 2a, 2b, 3a, and 3t	10; Part II, line 17a or 17b; Part III, line 12; t IV, Section B, lines 1 and 2; Part IV, Section C, ; Part V, line 1; Part V, Section B, line 1e; Part V, is part for any additional information.
932028 09-25-1	9		20		Schedule A (Form 990 or 990-EZ) 2019

SCHEDULE D)
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Department of the Treasury Internal Revenue Service

(Form 990))
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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.



Nam	e of the organization PORCHLIGHT FOUNDATI	ON, INC.	Employer identification number 39-1980214
Par			
	organization answered "Yes" on Form 990, Part IV, line		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Γ		
- 5	Aggregate value at end of year L Did the organization inform all donors and donor advisors in v	writing that the assets hold in deper advised	funde
5	are the organization's property, subject to the organization's e	-	
6	Did the organization inform all grantees, donors, and donor ad		
0	for charitable purposes and not for the benefit of the donor or		
Par	impermissible private benefit?		
1	Purpose(s) of conservation easements held by the organization		
•	Preservation of land for public use (for example, recreat		historically important land area
	Protection of natural habitat		certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ad conservation contribution in the form of	a conservation easement on the last
2	day of the tax year.		Held at the End of the Tax Year
а			
b			
c	Number of conservation easements on a certified historic stru	ucture included in (a)	
d	Number of conservation easements included in (c) acquired a		
u	listed in the National Register		
3	Number of conservation easements modified, transferred, rele		
U	year	ased, extinguished, or terminated by the or	gamzation during the tax
4	Number of states where property subject to conservation eas	ement is located	
5	Does the organization have a written policy regarding the peri		
-	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, k		
-	•	······································	· · · · · · · · · · · · · · · · · · ·
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and enforcing conservation	n easements during the year
-	► \$		······································
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)(4	4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footn		
	organization's accounting for conservation easements.	-	
Par	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Othe	er Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its revenue statement and	balance sheet works
	of art, historical treasures, or other similar assets held for pub	lic exhibition, education, or research in furth	nerance of public
	service, provide in Part XIII the text of the footnote to its finan	cial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenue statement and bala	ance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in further	ance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		• • •
2	If the organization received or held works of art, historical trea	sures, or other similar assets for financial g	ain, provide
	the following amounts required to be reported under FASB AS	SC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		• • •
b	Assets included in Form 990, Part X		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 932051 10-02-19

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Sche		GHT FOUNDA						39-19			age 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	easures, o	r Othe	r Simila	r Assets	conti	nued)	
3	Using the organization's acquisition, accession	on, and other record	ls, check	any of the	following that	t make s	ignificant	use of its		,	
	collection items (check all that apply):										
а	Public exhibition	c	d 🗌	Loan or exc	change progra	am					
b	Scholarly research	e	• 🗌	Other							
с	Preservation for future generations										
4	Provide a description of the organization's co	llections and explain	n how th	ey further th	ne organizatio	on's exe	mpt purpo	se in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations	of art, his	storical trea	sures, or othe	er simila	r assets		_		_
_	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arrange		ete if the	organizatio	on answered	"Yes" or	n Form 99	0, Part IV,	ine 9, or		
	reported an amount on Form 990, Par										
1a	Is the organization an agent, trustee, custodi								-		-
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing t	able:				1			
									Amoun	<u>t</u>	
	Beginning balance										
	Additions during the year										
	Distributions during the year										
	Ending balance								Yes		No
	Did the organization include an amount on Fo If "Yes," explain the arrangement in Part XIII.						• • • • • • •	∟			
Par											<u>_</u>
		(a) Current year		Prior year	(c) Two yea			years back	(a) Fou	r vears	hack
1a	Beginning of year balance	(u) ourient you		nor your	(0) 1 W0 y0u			youro buok	(0) 1 00	youro	buok
b	Contributions										
c	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
-	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr		e (line 1g	g, column (a)) held as:						
а	Board designated or quasi-endowment	-	%								
b	Permanent endowment	_%									
с	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.									
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that	t are held a	nd administer	red for tl	ne organiz	ation			
	by:									Yes	No
	(i) Unrelated organizations								3a(i)	I	
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza								3b		
4	Describe in Part XIII the intended uses of the		wment f	unds.							
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answered										
	Description of property	(a) Cost or o basis (investr		• •	t or other (other)		Accumulat epreciatior		(d) Boo	k valu	e
1a	Land										
b	Buildings										
с	Leasehold improvements										
d	Equipment										
	Other										
<u>Total</u>	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colur	nn (B), line 1	0c.)						0.
								Cohodulo		- 000	0040

Schedule D (Form 990) 2019

(F)	
(G)	

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ► Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities.	🕨
Part X Other Liabilities.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line	ne 25
1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	►

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

Schedule D (Form 990) 2019

X

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(c) Method of valuation: Cost or end-of-year market value

Schedule D (Form 990) 2019 PORCHLIGHT FOUNDATION, INC.

Part VII Investments - Other Securities.

(a) Description of security or category (including name of security)

(1) Financial derivatives(2) Closely held equity interests

(3) Other (A) (B) (C) (D) (E) (E)

(H)

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(b) Book value

Sche	dule D (Form 990) 2019 PORCHLIGHT FOUNDATION ,	INC.	39-	1980214 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Sta	atements With F		
	Complete if the organization answered "Yes" on Form 990, Part IV, I	ine 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	96,441.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a	60,301.	
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	60,301.
3	Subtract line 2e from line 1			36,140.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12	<u>2.)</u>		36,140.
Pa	t XII Reconciliation of Expenses per Audited Financial S	tatements With	Expenses per Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, I	ine 12a.		
1	Total expenses and losses per audited financial statements		1	5,215.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
с	Other losses	2c		
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	5,215.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b		4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	18.)		5,215.
Pa	t XIII Supplemental Information.	-		

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

PART X, LINE 2:

THE ORGANIZATIONS ARE REQUIRED TO ASSESS WHETHER IT IS MORE LIKELY THAN
NOT THAT A TAX POSITION WILL BE SUSTAINED UPON EXAMINATION ON THE
TECHNICAL MERITS OF THE POSITION ASSUMING THE TAXING AUTHORITY HAS FULL
KNOWLEDGE OF ALL INFORMATION. IF THE TAX POSITION DOES NOT MEET THE MORE
LIKELY THAN NOT RECOGNITION THRESHOLD, THE BENEFIT OF THAT POSITION IS NOT
RECOGNIZED IN THE CONSOLIDATED FINANCIAL STATEMENTS. THE ORGANIZATIONS
HAVE DETERMINED THERE ARE NO AMOUNTS TO RECORD AS ASSETS OR LIABILITIES
RELATED TO UNCERTAIN TAX POSITIONS.

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Schedule D	(Form 990) 201	9
Dart XIII	Supplement	

Part XIII	Supplemental Information	n (continued)		
				Schedule D (Form 990) 2019

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization 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.



PORCHLIGHT FOUNDATION, INC.

FOUNDATION, INC.

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

REQUEST.

 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) (2019)

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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.

Attach to Form 990.
 Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019 Open to Public Inspection

Employer identification number

39-1980214

Department of the Treasury Internal Revenue Service Name of the organization

PORCHLIGHT FOUNDATION, INC.

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	Section	g) 512(b)(13)
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	cont	rolled
of related organization		foreign country)	sound y		entity		tity?
				501(c)(3))		Yes	No
PORCHLIGHT, INC 39-1579521							
306 N. BROOKS ST.							
MADISON, WI 53715	LOW INCOME HOUSING	WISCONSIN	501(C)(3)	LINE 7	N/A		Х

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

Schedule R (Form 990) 2019

Schedule R (Form 990) 2019 PORCHLIGHT FOUNDATION, INC.

39-1980214 Page 2

Part III 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.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	n)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year			tions? amount in box		or Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	lo
										$ \vdash $	
	1										

Part IV 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) Name, address, and EIN of related organization	(b) Primary activity			(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?						
		country)		01 11 03 0		233013		Yes	No					

PORCHLIGHT FOUNDATION, INC. Schedule R (Form 990) 2019

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

: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	; N
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?			
Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Σ
Gift, grant, or capital contribution to related organization(s)	1b		2
Gift, grant, or capital contribution from related organization(s)	1c		2
Loans or loan guarantees to or for related organization(s)			2
Loans or loan guarantees by related organization(s)			2
Dividends from related organization(s)	<u>1f</u>		2
Sale of assets to related organization(s)	1g		2
Purchase of assets from related organization(s)	1 h		2
Exchange of assets with related organization(s)			
Lease of facilities, equipment, or other assets to related organization(s)		+	-
Lease of facilities, equipment, or other assets from related organization(s)			
Performance of services or membership or fundraising solicitations for related organization(s)	1		
Performance of services or membership or fundraising solicitations by related organization(s)			
Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		
Sharing of paid employees with related organization(s)		+	-
Reimbursement paid to related organization(s) for expenses	<u>1p</u>		
Reimbursement paid by related organization(s) for expenses	<u>1q</u>	+	
Other transfer of cash or property to related organization(s)	<u>1r</u>		
Other transfer of cash or property from related organization(s)	1s		

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
<u>(4)</u>			
(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)	(b)	(c)	(d)	(e Are	e) e all	(f)	(g)	(r	1)	(i)	(j)		(k)
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partne 501(org	rs sec. c)(3) s.?			Dispr tior allocat	opor- iate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera manag partne	il or Pei ing er? OW	ercentage wnership
		country)	sections 512-514)	Yes	No	income	assets	Yes	No	(Form 1065)	Yes I	10	
	4												
											\vdash		

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Provide additional information for responses to questions on Schedule R. See instructions.

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