Form <b>990</b>
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Department of the Treasury Internal Revenue Service

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For the 0001 colordor week

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# **Return of Organization Exempt From Income Tax**

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

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

► Go to www.irs.gov/Form990 for instructions and the latest information. م مالم مرح الم م



АГ		and a sear, or tax year beginning and	ending			
B c a	heck if pplicable:	C Name of organization		D Employer identified	cation number	
	Address change	PORCHLIGHT FOUNDATION, INC.				
	Name	Doing business as	39-1980214			
	Initial		Room/suite	E Telephone number		
	Final return/	306 N. BROOKS ST.		608-257-2		
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	66,302.	
	Amende		H(a) Is this a group re	turn		
	Applica- tion	F Name and address of principal officer: KARLA THENNES	for subordinates			
	pending	SAME AS C ABOVE	<b>H(b)</b> Are all subordinates in	cluded? Yes No		
11	ax-exen	npt status: 🔀 501(c)(3) 🚺 501(c) ( )◀ (insert no.) 🗌 4947(a)(1) c	or 📃 527	1	list. See instructions	
J١	Vebsite	:▶N/A		H(c) Group exemption	n number 🕨	
KF		rganization: 🚺 Corporation 🔄 Trust 🔄 Association 📄 Other ►	L Year	of formation: 1999 N	State of legal domicile: WI	
Pa		Summary				
	1 в	riefly describe the organization's mission or most significant activities: ${{ m \underline{TO}}}$ ${ m SU}$	JPPORT	PORCHLIGHT,	INC. IN	
Governance	<u> </u>	ROVIDING LOW-COST HOUSING ASSISTANCE AND	RELAT	ED SUPPORT	SERVICES	
rna	<b>2</b> C	heck this box 🕨 🦳 if the organization discontinued its operations or dispos	ed of more	than 25% of its net ass		
ove	<b>3</b> N	umber of voting members of the governing body (Part VI, line 1a)		5		
	4 N	umber of independent voting members of the governing body (Part VI, line 1b)		4		
ses		otal number of individuals employed in calendar year 2021 (Part V, line 2a)		0		
Activities &		otal number of volunteers (estimate if necessary)		5		
	7a⊺o	otal unrelated business revenue from Part VIII, column (C), line 12			0.	
_	b N	et unrelated business taxable income from Form 990-T, Part I, line 11			0.	
				Prior Year	Current Year	
ē	<b>8</b> C	ontributions and grants (Part VIII, line 1h)		17,050.	6,592.	
Revenue	<b>9</b> P	rogram service revenue (Part VIII, line 2g)		0.	0.	
se v		vestment income (Part VIII, column (A), lines 3, 4, and 7d)		21,289.	59,710.	
		ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.	
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		38,339.	66,302.	
		irants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.	
		enefits paid to or for members (Part IX, column (A), line 4)		0.	0.	
es	<b>15</b> S	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) $\ $		0.	0.	
sue	<b>16</b> a P	rofessional fundraising fees (Part IX, column (A), line 11e)		0.	0.	
Expenses	b To	otal fundraising expenses (Part IX, column (D), line 25)	0.	5 41 6	C 100	
	" 0	ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		5,416.	6,190.	
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		5,416.	6,190.	
		evenue less expenses. Subtract line 18 from line 12		32,923.	60,112.	
et Assets or nd Balances			Be	ginning of Current Year	End of Year	
	<b>20</b> T	otal assets (Part X, line 16)		653,983.	729,391.	
		otal liabilities (Part X, line 26)		0.	0.	
Ž		et assets or fund balances. Subtract line 21 from line 20		653,983.	729,391.	
I F C						

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 S	ECRETARY						
	Type or print name and title							
	Print/Type preparer's name	Preparer's signature	Date Check PTIN					
Paid	JOHN HEMMING, CPA	JOHN HEMMING, CPA	1/05/22 self-employed P00856805					
Preparer	Firm's name 🕒 WIPFLI LLP		Firm's EIN ▶ 39-0758449					
Use Only	Firm's address PO BOX 8700							
MADISON, WI 53708-8700 Phone no.608.274.1								
May the II	May the IRS discuss this return with the preparer shown above? See instructions							
132001 12-0	9-21 LHA For Paperwork Reduction Act Notic	e, see the separate instructions.	Form <b>990</b> (2021)					

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	990 (2021) PORCHLIGHT FOUN		NC.	39-1	1980214	Page <b>2</b>
Par	III Statement of Program Service Accom	plishments				
	Check if Schedule O contains a response or note t		art III			
1	Briefly describe the organization's mission: NONE					
2	Did the organization undertake any significant program s	services during the	year which were not	listed on the		
	prior Form 990 or 990-EZ?				Yes	XNo
•	f "Yes," describe these new services on Schedule O.					XNo
3	Did the organization cease conducting, or make significa f "Yes," describe these changes on Schedule O.	ant changes in how	it conducts, any pro	ogram services?	Yes	
4	Describe the organization's program service accomplish	ments for each of i	ts three largest prog	ram services, as measure	d by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required					ıd
4a	revenue, if any, for each program service reported.	including grants of \$		0 • ) (Revenue \$		0.)
ча	THE PORCHLIGHT FOUNDATION, II		MITTED TO	PROVIDING LO	W-INCOME	<u> </u>
	HOUSING ASSISTANCE AND RELAT					
4b	Code: ) (Expenses \$	including grants of \$		) (Bevenue \$		)
ты	Oude.			) (nevenue \$		/
4c	Code: ) (Expenses \$	including grants of \$				
40	Oude.			) (nevenue \$		,
4d	Other program services (Describe on Schedule O.)					
ти	Expenses \$ including grants of \$	6	) (Reven	ue \$	)	
4e	Total program service expenses >		, (			
					Form 9	<b>90</b> (2021)
132002	12-09-21	0				

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 Form 990 (2021)
 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	37
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			х
٨	public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3		<u> </u>
4		4		х
5	during the tax year? <i>If</i> "Yes," <i>complete Schedule C, Part II</i> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
Ŭ	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			v
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
-	as applicable.			
d	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	11a		х
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	114		
~	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
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		Х
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			v
Ŀ.	Schedule D, Parts XI and XII	12a		<u> </u>
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	126	x	
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		x
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		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		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
40	column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	10		х
19	1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"	18		<u></u>
19		19		х
20a	complete Schedule G, Part III 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		Х
132003	12-09-21	Form	<b>990</b>	(2021)

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 PORCHLIGHT FOUNDATION, INC.
 39-1980214
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 Part IV
 Checklist of Required Schedules (continued)
 Ves
 No

			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		
Ь	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	2.10		
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	254		
b	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	250		- 23
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 the Schedule L, Part IV,			
-	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>	00-		x
<b>L</b>	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	00-		x
00	"Yes," complete Schedule L, Part IV	28c		X
29 00	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			- v
~	contributions? If "Yes," complete Schedule M	30		X 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			- v
	Schedule N, Part II	32		<u>x</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		v	
	Part V, line 1	34	Х	v
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
~~	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			- v
~-	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			- v
<b>00</b>	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		X X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		v	
Par	Note: All Form 990 filers are required to complete Schedule O           t V         Statements Regarding Other IRS Filings and Tax Compliance	38	Х	<u> </u>
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		res	NO INC
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
с С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
U	(gambling) winnings to prize winners?	1c		
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Form 990			FOUNDATION,		
Part V	Statements	Regarding Other I	RS Filings and Tax	Compliance	(continued)

					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	0	_		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return			2b		
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions	3				77
3a				3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a			4		x
h	financial account in a foreign country (such as a bank account, securities account, or other financial a If "Yes," enter the name of the foreign country	ccour	it) ?	4a		- 23
D.	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	coun	ts (FBAR)			
5a				5a		x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac			5b		X
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons oi	gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а						X
b				7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					
	to file Form 8282?		1	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	7d	+2	7-		x
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		t?	7e 7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7 <u>g</u> 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained					
				8		
9	Sponsoring organizations maintaining donor advised funds.					
а	a Did the sponsoring organization make any taxable distributions under section 4966?					
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:		1			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a		-		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		-		
11	Section 501(c)(12) organizations. Enter:		1			
	Gross income from members or shareholders	11a		-		
α	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b				
1 <b>2</b> 2	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		2	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			1		
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					
	organization is licensed to issue qualified health plans	13b		4		
	Enter the amount of reserves on hand	13c				
				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			4-		x
	excess parachute payment(s) during the year?			15		
16	If "Yes," see the instructions and file Form 4720, Schedule N.	incor	ne?	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.	nicor		10		- 23
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in	anv				
				17		
	If "Yes," complete Form 6069.					
132005	12-09-21 5			Form	<b>990</b>	(2021)

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PORCHLIGHT FOUNDATION, INC.

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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.

Check if Schedule O contains a response or note to any line in this Part VI	
Section A. Governing Body and Management	

				Yes	N
1a	Enter the number of voting members of the governing body at the end of the tax year	a	5		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent1	b	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship wi	th any other			
	officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or under the dir				
			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990				X
5	Did the organization become aware during the year of a significant diversion of the organization's assets'	?	5		X
6	Did the organization have members or stockholders?		6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint more members of the governing body?		7a	x	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stock				
-	persons other than the governing body?		7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by		1.2		
	The governing body?		8a	х	
	Each committee with authority to act on behalf of the governing body?		8b		X
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached				
-	organization's mailing address? If "Yes." provide the names and addresses on Schedule O		9	х	
ect	tion B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Code )			
				Yes	No
0a	Did the organization have local chapters, branches, or affiliates?		10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapt				
			10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body be		11a		X
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	5			
	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to d			Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes.				
	on Schedule O how this was done		12c	х	
3	Did the organization have a written whistleblower policy?		13	Х	
4	Did the organization have a written document retention and destruction policy?		14	Х	
5	Did the process for determining compensation of the following persons include a review and approval by				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official		15a		X
	Other officers or key employees of the organization		15b		X
~	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				
l6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	t with a			
-	taxable entity during the year?		16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate it:				
-	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organizat	• •			
	exempt status with respect to such arrangements?		16b		
ect	tion C. Disclosure				•
7	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright$ WI				
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 9	990-T (section 501(c)(	)s only)	availa	ble
	for 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)			
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflic	,	nd finan	cial	
	statements available to the public during the tax year.				
20	State the name, address, and telephone number of the person who possesses the organization's books	and records			
	KARLA THENNES - 608-257-2534				
	306 N. BROOKS ST, MADISON, WI 53715				
				<b>י 990</b>	

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

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

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

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

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

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

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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 hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)			than o s both	n an	Reportable compensation from	Reportable compensation from related	Estimated amount of other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	(W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) KARLA THENNES SECRETARY	1.00	x		x				0.		
(2) JEFF FEMRITE	1.00									
PRESIDENT		х		х				0.	0.	0.
(3) PETER MORTENSON	1.00									
VICE PRESIDENT		Х		х				0.	0.	0.
(4) LUANN QUELLA	1.00									
TREASURER	1 00	Х		Х				0.	0.	0.
(5) MARK CONSIGNY DIRECTOR	1.00	х						0.	0.	0.
132007 12-09-21	1							l		Form <b>990</b> (2021)

Form 990 (2021)

Form 990 (2021) PORCHLIGI	HT FOUNI	)AT	<u>'10</u>	N,	I	NC	•		39-198	302	14	Page <b>8</b>
Part VII Section A. Officers, Directors, Trus	tees, Key Em	oloy	ees,	and	d Hig	ghes	st C	ompensated Employee	s (continued)			
(A)	(B)			(0				(D)	(E)		(	F)
Name and title	Average			Pos		ו		Reportable	Reportable			nated
Name and the	hours per					than o is both		compensation	compensation			unt of
	week					or/trus		from	from related			her
	(list any	or						the	organizations			nsation
	hours for	lirect						organization	(W-2/1099-MISC		-	the
	related	or c	ee			sated		(W-2/1099-MISC/	1099-NEC)	′		
	organizations	ustee	trus		9	ben		· ·	1099-NEC)		•	ization
	below	ual tr	ional		ploye	ee		1099-NEC)				elated
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				organi	zations
		Ĩ	ŝ	9	, Ke	ΞĒ	ß					
						-				_		
		-										
						-				_		
1b Subtotal								0.			- ,	-
c Total from continuation sheets to Part VI	I, Section A							0.	C	).		0.
d Total (add lines 1b and 1c)								0.				
2 Total number of individuals (including but n							o re	eceived more than \$100.	000 of reportable			
compensation from the organization						,		,				0
											Y	es No
• Did the experimetion list and former officer	dive stay to ust	1					. la : a					
<b>3</b> Did the organization list any <b>former</b> officer,			•	•			•		•		-	v
line 1a? If "Yes," complete Schedule J for s										·  _	3	<u> </u>
4 For any individual listed on line 1a, is the su	-		-						-			
and related organizations greater than \$150	0,000? If "Yes,	" со	mple	ete S	Sche	edule	e J f	for such individual		L	4	X
5 Did any person listed on line 1a receive or a												
rendered to the organization? If "Yes." con	nolete Schedule	e J fo	or su	ıch ı	pers	on .					5	X
Section B. Independent Contractors	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>					911						
1 Complete this table for your five highest co	mpensated inc	lene	nder	nt co	ontra	acto	rs th	nat received more than \$	100 000 of comper	nsatio	n from	
the organization. Report compensation for	-									loatio		
	the calendar ye	sar c	anun	ig w							(0)	
(A) Name and business	address	NT/	ONE	7				<b>(B)</b> Description of s	ervices	Cor	(C) npensa	ation
		INC		<u> </u>						001	npene	
2 Total number of independent contractors (i	ncluding but n	ot lin	nitec	d to	-		ted	above) who received mo	ore than			
\$100,000 of compensation from the organi	zation 🕨				(	J						
										Fo	orm <b>99</b>	0 (2021)

132008 12-09-21

		2021) PORCHLIGHT FOUNDATIO	N, INC.		39-1980	214 Page
nrt \	VIII	Statement of Revenue				_
		Check if Schedule O contains a response or note to any	(4)	(=)	(2)	
			(A)	(B)	(C)	(D) Revenue exclud
			Total revenue	Related or exempt function revenue	Unrelated	from tax unde
						sections 512 - 3
		Federated campaigns <b>1a</b>				
			-			
2		Membership dues 1b	_			
	С	Fundraising events 1c	_			
5	d	Related organizations 1d				
	е	Government grants (contributions) 1e				
ō	f	All other contributions, gifts, grants, and				
5		similar amounts not included above 1f 6,592	•			
5	~	Noncash contributions included in lines 1a-1f	-			
2	-		6 502			
3	n	Total. Add lines 1a-1f	6,592.			
		Business Cod	e			
2	2 a					
	b					
	с					
	d					
2						
	е					
		All other program service revenue				
	g	Total. Add lines 2a-2f	•			
3	3	Investment income (including dividends, interest, and				
		other similar amounts)	25,412.			25,41
4	L	Income from investment of tax-exempt bond proceeds				
5	)	Royalties (i) Real (ii) Personal	•			
			_			
6	i a	Gross rents 6a	_			
	b	Less: rental expenses 6b				
	с	Rental income or (loss) 6c				
		Not rental income or (loco)				
7		Gross amount from sales of (i) Securities (ii) Other				
'	a		-			
			_			
	b	Less: cost or other basis				
		and sales expenses				
	с	Gain or (loss)				
		Net gain or (loss)	34,298.			34,29
		Gross income from fundraising events (not				
0	a					
		including \$ of				
		contributions reported on line 1c). See				
		Part IV, line 18				
	b	Less: direct expenses 8b				
	с	Net income or (loss) from fundraising events	•			
a		Gross income from gaming activities. See				
1		Part IV, line 19				
1		Less: direct expenses 9b				
1	С	Net income or (loss) from gaming activities	•			
10	) a	Gross sales of inventory, less returns				
1		and allowances 10a				
1	b	Less: cost of goods sold 10b				
1		Net income or (loss) from sales of inventory	•			
+	C					
1.		Business Cod				
11	a					
	b					
	с					
11		All other revenue				
1						
1		Total. Add lines 11a-11d	66.000	0.	0	E0 71
12		Total revenue. See instructions	∙i 00,3U∠.	υ.	0.	59,71

## 11371105 147695 97041

Form 990 (2021
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 Form 990 (2021)
 PORCHLIGHT FOUNDATION, INC.

 Part IX
 Statement of Functional Expenses

	Check if Schedule O contains a respons	(A) Total expenses	(B) Program service	(C) Management and	<b>(D)</b> Fundraising
	9b, and 10b of Part VIII.		expenses	general expenses	expenses
	nts and other assistance to domestic organizations				
and	domestic governments. See Part IV, line 21				
<b>2</b> Gra	ants and other assistance to domestic				
indi	ividuals. See Part IV, line 22				
3 Gra	ants and other assistance to foreign				
-	anizations, foreign governments, and foreign				
indi	ividuals. See Part IV, lines 15 and 16				
4 Ben	nefits paid to or for members				
5 Cor	mpensation of current officers, directors,				
trus	stees, and key employees				
6 Com	npensation not included above to disqualified				
pers	sons (as defined under section 4958(f)(1)) and				
pers	sons described in section 4958(c)(3)(B)				
7 Oth	ner salaries and wages				
	sion plan accruals and contributions (include				
sect	tion 401(k) and 403(b) employer contributions)				
9 Oth	ner employee benefits				
	vroll taxes				
	es for services (nonemployees):				
<b>a</b> Mar	nagement	6,190.		6,190.	
	jal				
	counting				
	bbying				
	fessional fundraising services. See Part IV, line 17				
	estment management fees				
	her. (If line 11g amount exceeds 10% of line 25,				
-	umn (A), amount, list line 11g expenses on Sch O.)				
	vertising and promotion				
	ice expenses				
	prmation technology				
	yalties				
7 Trav	vol				
	ments of travel or entertainment expenses				
,	any federal, state, or local public officials				
	nferences, conventions, and meetings				
	-				
	ments to affiliates				
	ments to affiliates				
	Г				
abov	er expenses. Itemize expenses not covered ve. (List miscellaneous expenses on line 24e. If				
line	24e amount exceeds 10% of line 25, column (A),				
_	ount, list line 24e expenses on Schedule 0.)				
d					
	other expenses	C 100	^	C 100	~
	al functional expenses. Add lines 1 through 24e	6,190.	0.	6,190.	C
	nt costs. Complete this line only if the organization				
repo	orted in column (B) joint costs from a combined				
eduo	cational campaign and fundraising solicitation.				
Chec	ck here b if following SOP 98-2 (ASC 958-720)				

11371105 147695 97041

32

33

653,983.

653,983.

32

33

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

Total net assets or fund balances

Total liabilities and net assets/fund balances

(A) Beginning of year (B) End of year 23,633. 26,448. 1 1 Cash - non-interest-bearing Savings and temporary cash investments 2 2 Pledges and grants receivable, net 3 3 Accounts receivable, net 4 4 Loans and other receivables from any current or former officer, director, 5 trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined 6 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 7 Notes and loans receivable, net 8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 9 **10a** Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D \_\_\_\_\_ 10a b Less: accumulated depreciation 10b 10c 702,943. 630,350. 11 11 Investments - publicly traded securities Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 Intangible assets 14 14 Other assets. See Part IV, line 11 15 15 653,983. 729,391. 16 **Total assets.** Add lines 1 through 15 (must equal line 33) 16 Accounts payable and accrued expenses 17 17 18 18 Grants payable 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 of Schedule D 0. 0. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here 🕨 🔀 and complete lines 27, 28, 32, and 33. 653,983. 729,391. 27 Net assets without donor restrictions 27 Net assets with donor restrictions 28 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31

729,391.

729,391.

Form 990 (2021)

Assets

Liabilities

Net Assets or Fund Balances

Form 990 (2	2021	)	
Part X	Ba	lance	Sheet

Form	PORCHLIGHT FOUNDATION, INC.	39-19	80214	Pag	<sub>je</sub> 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		5,30	
2	Total expenses (must equal Part IX, column (A), line 25)	2		5,19	
3	Revenue less expenses. Subtract line 2 from line 1	3	60	),11	L2.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	653	<u> </u>	
5	Net unrealized gains (losses) on investments	5	15	5,29	<del>)</del> 6.
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	729	), 39	<u>91.</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 on Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u> </u>
	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	х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
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?		<b>3</b> a		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	ugn /	0001)

Form **990** (2021)

Department of the Treasury Internal Revenue Service

(Form 990)

## **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
2021
Open to Public Inspection

Name of	f the	organization
---------	-------	--------------

nploye	' iq	den	tifi	ica	ati	or	۱r	nun	nbe
-			-	-	-	-		-	

Nan	ne or t	the organization							
Da	rt I	Reason for Public (		NDATION, INC					9-1980214
							ee instruction	5.	
	organ	ization is not a private found							
1		A church, convention of ch	-			n 170(b)(1	1)(A)(I).		
2		A school described in sect							
3		A hospital or a cooperative						(:::) Entar	the beenitel's name
4		A medical research organiz	ation operated in cor	junction with a hospital	described	III Sectio	on 170(b)(1)(A)	(III). Enter	the hospital's hame,
F		city, and state: An organization operated for	or the benefit of a col	logo or university owned	d or operat	od by a go	vorpmontal ur	nit docoribo	od in
5		section 170(b)(1)(A)(iv). (0		lege of university owned	u or operati	eu by a go		III UESCIIDE	
6				antal unit described in	contion 17	70/6//4//4/	(s)		
7	$\square$	A federal, state, or local go An organization that norma	•				.,	o gonoral r	aublic described in
'		section 170(b)(1)(A)(vi). (C		ntial part of its support i	ioni a gove	mmentai		e general j	
8		A community trust describe			+ 11 )				
9	$\square$	An agricultural research org			-	ed in conii	inction with a	land-arant	college
Ŭ		or university or a non-land-							
		university:	grant conogo or agrio			lamo, ony	, and state of	and bolloge	
10	$\square$	An organization that norma	Illy receives (1) more	than 33 1/3% of its supr	port from c	ontributior	ns. membershi	p fees, and	d aross receipts from
		activities related to its exen	, ,				,	• •	0
		income and unrelated busir							-
		See section 509(a)(2). (Co	mplete Part III.)						
11		An organization organized	and operated exclusi	vely to test for public sa	fety. See	section 50	09(a)(4).		
12	X	An organization organized	and operated exclusi	vely for the benefit of, to	perform tl	he functio	ns of, or to car	ry out the	purposes of one or
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	or <b>section</b> &	509(a)(2).	See section 5	5 <b>09(a)(3).</b> (	Check the box on
		lines 12a through 12d that	describes the type o	f supporting organization	n and com	plete lines	12e, 12f, and	12g.	
а	X	<b>Type I.</b> A supporting orga	anization operated, s	upervised, or controlled	by its supp	ported org	anization(s), ty	pically by	giving
		the supported organization	on(s) the power to req	gularly appoint or elect a	a majority o	of the direc	tors or trustee	es of the su	ipporting
		organization. You must o	complete Part IV, Se	ections A and B.					
b		<b>Type II.</b> A supporting org	-				-		•
		control or management o			ame perso	ns that co	ntrol or manag	ge the supp	ported
		organization(s). You mus							
с		J Type III functionally inte						y integrate	d with,
		its supported organizatio		-					
d		Type III non-functionally that is not functionally int	• • •					•	
		that is not functionally int requirement (see instruct	• •	• •				anallenin	leness
е		Check this box if the orga						I Type III	
U		functionally integrated, or					турст, турст	i, iype iii	
f	Ente	er the number of supported of	rachizationa						1
q		vide the following information	•						
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	anization listed ng document?	(v) Amount of	monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see in	structions)	support (see instructions)
PO	RCH	LIGHT, INC.	39-1579521	7	X			0.	0.
<del>.</del>								0.	0.
Tota	11							U •	I U•

	A (Form 990)	) 2021
Part II	Suppor	t Sc

3	9 –	1	9	8	0	2	1	4	Page 2
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(Form 990) 2021 PORCHLIGHT FOUNDATION, INC. 39-1980 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(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	<u> </u>					
	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	(a) 2017	(b) 2018	(0) 2019	(u) 2020	(e) 2021	
י 8	Gross income from interest,						
Ŭ	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
-	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instructi	ons)			12	
13	First 5 years. If the Form 990 is for the	ne organization's f	irst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)	
	organization, check this box and stop						
Se	ction C. Computation of Publi	c Support Pe	rcentage				
	Public support percentage for 2021 (I		•			14	%
	Public support percentage from 2020					15	%
16a	<b>33 1/3% support test - 2021.</b> If the o				14 is 33 1/3% or n	nore, check this bo	x and
	stop here. The organization qualifies		•				
k	<b>33 1/3% support test - 2020.</b> If the o	-			d line 15 is 33 1/3%	6 or more, check th	his box
	and <b>stop here.</b> The organization qual	, ,					
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact			-	-	VI how the organi	zation
	meets the facts-and-circumstances te	•	• •	,	•	17a av 18a - 151	►∟
k	0 10% -facts-and-circumstances test		•			-	10% or
	more, and if the organization meets the						
10	organization meets the facts-and-circu Private foundation. If the organization		•				
18	The organization. In the organization	T did Hot Check a		a, 100, 17a, 01 17	D, OHEOR LINS DUX 2		(Form 990) 2021

132022 01-04-22

Schedule A	Form	990	) 2021

PORCHLIGHT FOUNDATION, INC.

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to

# qualify under the tests listed below, please complete Part II.)

See	clion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(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						
	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified 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						
C	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		1	1	1	1	r
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third, <sup>.</sup>	fourth, or fifth tax	year as a section 5	01(c)(3) organizatio	on,
_							
See	ction C. Computation of Publi	<u>c Support Per</u>	centage			1 1	
15	Public support percentage for 2021 (I	ine 8, column (f), d	livided by line 13, o	column (f))		15	%
	Public support percentage from 2020 ction D. Computation of Invest					16	%
	Investment income percentage for 20			ne 13, column (f))		17	%
	Investment income percentage from 2					18	%
	<b>33 1/3% support tests - 2021.</b> If the					3 1/3%, and line 17	7 is not
	more than 33 1/3%, check this box ar						
b	<b>33 1/3% support tests - 2020.</b> If the	-	•				
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organizatio						
	23 01-04-22						(Form 990) 2021
			15				

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<sup>2021.05000</sup> PORCHLIGHT FOUNDATION, IN 97041\_1

#### PORCHLIGHT FOUNDATION, INC.

Yes No

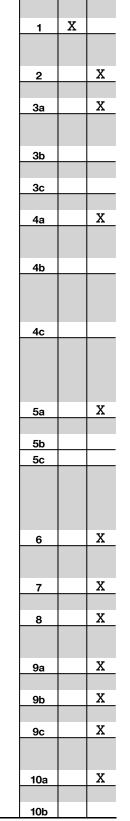
### Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

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

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Schedule A (Form 990) 2021

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Yes No

Yes No

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1

2

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		X
b	A family member of a person described on line 11a above?	11b		X
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		Х
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			

	concentrely operated, supervised, or controlled the organization is activities. If the organization had more than one supported
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
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,

Section C. Type II Supporting Organizations
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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

Section 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 on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

#### Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to sat	sfy the Integral Par	t Test during the year	(see instructions).
	Check the DOX hext to the method that the organization used to sat	אין נוופ ווונפעומו רמו	l rest during the year	

- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. h

c 🗌	] The organization supported a governmental entity	Describe in Part VI how you supported a governmental entity (see instructions).	
-----	--	---	--

17

- 2 Activities Test. Answer lines 2a and 2b below.
- a 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.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

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. 132025 01-04-22

3b Schedule A (Form 990) 2021

2a

2b

3a

Schedule A (F Part IV Supporting Organizations (continued)

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Schedule A	(Form 99	0) 202
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 Schedule A (Form 990) 2021
 PORCHLIGHT FOUNDATION, INC.

 Part V
 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust or	n Nov. 20, 1970 ( <i>explain in</i> I	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	complet	e Sections A through E.	1
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		
Section B - Minimum Asset Amount			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities			
b	Average monthly cash balances			
C	c Fair market value of other non-exempt-use assets			
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 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

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

Schedule A (Form 990) 2021

132026 01-04-22

	dule A (Form 990) 2021 PORCHLIGHT FO		nizotiono		9-1980214	Page 7			
	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)								
	on D - Distributions		Current Ye	ar					
1	Amounts paid to supported organizations to accomplish exer			1					
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		-					
	organizations, in excess of income from activity		2						
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	6	3					
4	Amounts paid to acquire exempt-use assets			4					
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5					
6	Other distributions ( <i>describe in</i> <b>Part VI</b> ). See instructions.			6					
7	Total annual distributions. Add lines 1 through 6.			7					
8	Distributions to attentive supported organizations to which the	le organization is responsive							
	(provide details in <b>Part VI</b> ). See instructions.			8 9					
9	Distributable amount for 2021 from Section C, line 6								
10	Line 8 amount divided by line 9 amount	(;)	(::)	10	(:::)				
			(II) Underdistribution Pre-2021	IS	(iii) Distributat Amount for 2				
1	Distributable amount for 2021 from Section C, line 6								
2	Underdistributions, if any, for years prior to 2021 (reason-								
	able cause required - explain in Part VI). See instructions.								
3	Excess distributions carryover, if any, to 2021								
a	From 2016								
b	From 2017								
C	From 2018								
d	From 2019								
e	From 2020								
f	Total of lines 3a through 3e								
g	Applied to underdistributions of prior years								
h	Applied to 2021 distributable amount								
i	Carryover from 2016 not applied (see instructions)								
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.								
4	Distributions for 2021 from Section D,								
	line 7: \$								
a	Applied to underdistributions of prior years								
b	Applied to 2021 distributable amount								
C	Remainder. Subtract lines 4a and 4b from line 4.								
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h								
	and 4b from line 1. For result greater than zero, explain in								
	Part VI. See instructions.								
7	Excess distributions carryover to 2022. Add lines 3j								
	and 4c.								
8	Breakdown of line 7:								
a	Excess from 2017								
b	Excess from 2018								
C	Excess from 2019								
d	Excess from 2020								
е	Excess from 2021								

Schedule A (Form 990) 2021

Schedule A	(Form 990) 2021	PORCHLIGHT	FOUNDATION	, INC.	39-1980214 Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D,	<b>mation.</b> Provide the , 2, 3b, 3c, 4b, 4c, 5a, 6 lines 2 and 3; Part IV, 5	explanations require 5, 9a, 9b, 9c, 11a, 11 Section E, lines 1c, 2a	d by Part II, line 10; Part I b, and 11c; Part IV, Secti , 2b, 3a, and 3b; Part V,	l, line 17a or 17b; Part III, line 12; on B, lines 1 and 2; Part IV, Section C, line 1; Part V, Section B, line 1e; Part V,
	Section D, lines 5, 6, and (See instructions.)	8; and Part V, Section	E, lines 2, 5, and 6. A	lso complete this part for	any additional information.
132028 01-04-2	2				Schedule A (Form 990) 2021

SCHEDULE	)
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Department of the Treasury

(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.

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

Internal Revenue Service Name of the organization

Employer identification number

	PORCHLIGHT FOUNDATION, INC.	39-1980214
Pa	t I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Ac	counts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised func	ls
	are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used or	
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferri	
	impermissible private benefit?	
Pa		
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
		prically important land area
	Protection of natural habitat	• •
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a contributic in the form of a contribution in th	nservation easement on the last
	day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure	
	listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organized	
	year	5
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservatio	
		0, 1
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation eas	sements during the year
	►\$	3
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)	(i)
	and section 170(h)(4)(B)(ii)?	Yes No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statem	ent and
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that	
	organization's accounting for conservation easements.	
Pa	t III Organizations Maintaining Collections of Art, Historical Treasures, or Other S	imilar 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, not 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 furtheran	ice of public
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance	sheet works of
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance	
	provide the following amounts relating to these items:	. ,
	(i) Revenue included on Form 990, Part VIII, line 1	▶ \$
	(ii) Assets included in Form 990, Part X	► \$
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, p	
-	the following amounts required to be reported under FASB ASC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1	▶ \$
	Assets included in Form 990, Part X	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 132051 10-28-21

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Sche	dule D (Form 990) 2021 PORCHLIC	GHT FOUNDA	TION	, INC.				39-19			age 2
Par	t III Organizations Maintaining Co	ollections of A	rt, Hist	orical Tre	easures, o	r Other S	Similar	<sup>-</sup> Assets	contii	nued)	
3	Using the organization's acquisition, accessic	on, and other record	ds, check	any of the	following tha	t make sigi	nificant u	use of its			
	collection items (check all that apply):										
а	Public exhibition		d 🗌	Loan or exc	hange progra	am					
b	Scholarly research		e 🗌	Other							
с	Preservation for future generations										
4	Provide a description of the organization's co	llections and explai	in how th	ney further th	ne organizatio	on's exemp	ot purpos	se in Part	XIII.		
5	During the year, did the organization solicit or	r receive donations	of art, hi	storical treas	sures, or othe	er similar a	ssets				
	to be sold to raise funds rather than to be ma	intained as part of	the orgar	nization's co	llection?				Yes		No
Par	t IV Escrow and Custodial Arrang reported an amount on Form 990, Parl		lete if the	e organizatic	on answered	"Yes" on F	orm 990	, Part IV,	line 9, or		
1a	Is the organization an agent, trustee, custodia	an or other interme	diary for o	contribution	s or other as	sets not in	cluded				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fo	ollowing t	able:							
									Amoun	t	
с	Beginning balance						1c				
	Additions during the year						1d				
	Distributions during the year						1e				
	Ending balance						1f				
	Did the organization include an amount on Fo						/?		Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the e	xplanatic	on has been	provided on	Part XIII					
Par	t V Endowment Funds. Complete if	f the organization a	nswered	"Yes" on Fo	orm 990, Part	IV, line 10	).		_		
		(a) Current year	(b) F	Prior year	(c) Two yea	rs back (d	<b>d)</b> Three y	ears back	(e) Fou	' years	back
1a	Beginning of year balance										
b	Contributions										
с	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 curre	ent year end baland	ce (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 should	uld equal 100%.									
3a	Are there endowment funds not in the posses	ssion of the organiz	ation tha	t are held ar	nd administe	red for the	organiza	ation			
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organizat								3b		
4	Describe in Part XIII the intended uses of the										
Par	t VI Land, Buildings, and Equipme	ent.									
	Complete if the organization answered	d "Yes" on Form 99	0, Part IV	/, line 11a. S	See Form 990	), Part X, lir	ne 10.				
	Description of property	<b>(a)</b> Cost or basis (invest		• •	t or other (other)		cumulate reciation	ed	<b>(d)</b> Boo	k valu	ie
<b>1</b> a	Land										
b	Buildings										
с	Leasehold improvements										
	Equipment										
	Other										
	. Add lines 1a through 1e. (Column (d) must ec		t X. colun	nn (B) line 1	0c)						0.
		<u></u>						Schedule	D (Forn	n 990	

Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)(E)			
(E)(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	l-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 000 Dart IV line	11d Soc Form 000 Part V line 15	
	Description	- The See Form 390, Fart A, line 13.	(b) Book value
	Description		(b) Dook value
(1) (2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	9 15.)		
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 25	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	,		l

PORCHLIGHT FOUNDATION, INC.

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

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Schedule D (Form 990) 2021

	dule D (Form 990) 2021 PORCHLIGHT FOUNDATION ,	39-1980214	Page 4	
Pa	t XI Reconciliation of Revenue per Audited Financial Sta	tements With Revenu	e per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants			
d				
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			
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			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12	.)		
Pa	ut VII   Decenciliation of Expenses new Audited Einensial St		coc por Doturn	
	rt XII Reconciliation of Expenses per Audited Financial St	atements with Expen	ses per neturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, li			
1		ne 12a.		
1	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.		
-	Complete if the organization answered "Yes" on Form 990, Part IV, li Total expenses and losses per audited financial statements	ne 12a.		
2	Complete if the organization answered "Yes" on Form 990, Part IV, li Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	ne 12a. 		
2 a	Complete if the organization answered "Yes" on Form 990, Part IV, li Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	ne 12a. 		
2 a	Complete if the organization answered "Yes" on Form 990, Part IV, li Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	ne 12a. 2a 2b 2c		
2 a b c d	Complete if the organization answered "Yes" on Form 990, Part IV, li Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	ne 12a. 2a 2b 2c 2d	<b>1</b>	
2 a b c d	Complete if the organization answered "Yes" on Form 990, Part IV, li Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	ne 12a. 2a 2b 2c 2d	1 	
2 a b c d e	Complete if the organization answered "Yes" on Form 990, Part IV, li Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b>	ne 12a. 2a 2b 2c 2d	1 	
2 b c d e 3	Complete if the organization answered "Yes" on Form 990, Part IV, li Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b>	ne 12a.	1 	
2 b c d 3 4	Complete if the organization answered "Yes" on Form 990, Part IV, li Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1:	ne 12a.	1 	
2 b c 3 4 a b	Complete if the organization answered "Yes" on Form 990, Part IV, li Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	ne 12a.		
2 a b c d e 3 4 a b c 5	Complete if the organization answered "Yes" on Form 990, Part IV, li Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	ne 12a.		

- - - - - - -

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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	(Form 990) 2021
David VIII	

Part XIII Supplemental Information (continued)	
	Schedule D (Form 990) 2021

SCHEDULE O (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

EZ
OMB No. 1545-0047
2021
Open to Public
Inspection
Employer identification number

39-1980214

PORCHLIGHT FOUNDATION, INC.

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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 A, LINE 8B:

THE ORGANIZATION DOES NOT DOCUMENT COMMITTEE MEETINGS.

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:

INTEREST FOLICY AND FINANCIAL	STATEMENTS AVAILABLE TO THE PUBLIC UPON
REQUEST.	
FORM 990, PART VII CONTACT AD	DDRESSES FOR OFFICERS, DIRECTORS, ETC:
MARK CONSIGNY - 1 SOUTH PINCK	KNEY ST. SUITE 200, MADISON, WI 53703
JEFF FEMRITE - 533 W. MAIN ST	r. #109, MADISON, WI 53703
PETER MORTENSON - 1 SOUTH PIN	NCKNEY ST. SUITE 200, MADISON, WI 53703
LUANN QUELLA - 10 NORWALK CIF	CLE, MADISON, WI 53717

Schedule O (Form 990) 2021

PORCHLIGHT FOUNDATION, INC.

Name of the organization

Employer identification number

39-1980214

#### 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

2021 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.

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

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity			status (if section	(f) Direct controlling entity	cont	<b>g)</b> 512(b)(13) rolled 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) 2021

#### Schedule R (Form 990) 2021 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	h)	(i)	(		(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 sections 512-514)	Predominant income (related, unrelated, excluded from tax under	nant income unrelated, income income		Disproportionate allocations?		Code V-UBI amount in box 20 of Schedule	General o managinç partner?		Percentage ownership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	No		
	-												
	-												
	-												
	1												
	{												
	4												

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>(b)</b> Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(h) Percentage ownership	(i Sec 512(k contr ent	(i) ction b)(13) rolled tity?														
		country)						Yes	No														
									<u> </u>														
			-	-	-																		
									<u> </u>														
								'															

### Schedule R (Form 990) 2021 PORCHLIGHT FOUNDATION, INC.

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

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		165	
'		4.		x
	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		X
	Gift, grant, or capital contribution to related organization(s)	1b		
	Gift, grant, or capital contribution from related organization(s)	1c		X
	Loans or loan guarantees to or for related organization(s)	1d		X
е	Loans or loan guarantees by related organization(s)	1e		X
f	Dividends from related organization(s)	1f		X
g	Sale of assets to related organization(s)	1g		X
	Purchase of assets from related organization(s)	1h		Х
i	Exchange of assets with related organization(s)	1i		Х
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		Х
-				
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		Х
Т	Performance of services or membership or fundraising solicitations for related organization(s)	11		Х
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m	Х	í – – – – – – – – – – – – – – – – – – –
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Х	
	Sharing of paid employees with related organization(s)	10		Х
a	Reimbursement paid to related organization(s) for expenses	1p	х	1
	Reimbursement paid by related organization(s) for expenses	1q	Х	
ч				
r	Other transfer of cash or property to related organization(s)	1r		х
		" 1s		X
	Other transfer of cash or property from related organization(s)	15		- 23
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			

_	(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
<u>(1)</u>				
<u>(2)</u>				
<u>(3)</u>				
<u>(4)</u>				
<u>(5)</u>				
(6)				

#### Schedule R (Form 990) 2021 PORCHLIGHT FOUNDATION, INC.

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 all		(f)	(g)	(h)		(i)	(j)	(k)
(a) Name, address, and EIN	Primary activity	Legal domicile (state or foreign		Are	e all	1				Code V-LIBI	(J) Genera	
of entity				partners sec. 501(c)(3) orgs.?		total	end-of-year	Dispropor- tionate allocations?		amount in box 20	manag	
,		country)	excluded from tax under sections 512-514)	Yes				Yes	No		Yes N	
				165	NU			165	NU	(1011111000)	Test	

Schedule R (Form 990) 2021

#### PORCHLIGHT FOUNDATION, INC. 39-1980214 Page 5

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

Schedule R (Form 990) 2021

132165 11-17-21