Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A F	or the	2021 calendar year, or tax year beginning and	ending		
B c	Check if pplicable	C Name of organization		D Employer identific	cation number
	Addres	PORCHLIGHT, INC.			
	Name change			39-15795	21
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	r
	Final return/	306 N. BROOKS ST.		608-257-	
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	8,250,426.
	Ameno			H(a) Is this a group re	
	Application	F Name and address of principal officer: KARLA THENNES		for subordinates	
	pendin	SAME AS C ABOVE		H(b) Are all subordinates in	
<u> </u>	Гах-ехе	empt status: $X = 501(c)(3) = 501(c)(3)$ (insert no.) $4947(a)(1)$	or 527		list. See instructions
		e: ► WWW.PORCHLIGHTINC.ORG		H(c) Group exemptio	
K F	orm of	organization: X Corporation Trust Association Other	L Year		■ State of legal domicile: WI
Pa	art I	Summary	•	•	<u>.</u>
	1	Briefly describe the organization's mission or most significant activities: SERV	E THE	HOUSING & RI	ELATED
Governance	:	NEEDS OF HOMELESS, LOW-INCOME, OR MENTALL	Y OR I	PHYSICALLY D	ISABLED
ja Ja	2	Check this box 🕨 🔲 if the organization discontinued its operations or dispos	sed of more	than 25% of its net ass	sets.
Ş.	3	Number of voting members of the governing body (Part VI, line 1a)		3	19
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			19
ος O		Total number of individuals employed in calendar year 2021 (Part V, line 2a)			107
iŧie		Total number of volunteers (estimate if necessary)			600
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
_<		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
ø.	8	Contributions and grants (Part VIII, line 1h)		4,704,288.	6,121,297.
Ž	9	Program service revenue (Part VIII, line 2g)		1,688,759.	1,728,497.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	197,547.
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		795,659.	6,678.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		7,188,706.	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		228,677.	289,139.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ý	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,525,781.	2,709,775.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
- be	b ·	Total fundraising expenses (Part IX, column (D), line 25)	40.		
û	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,620,707.	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		5,375,165.	6,932,600.
	19	Revenue less expenses. Subtract line 18 from line 12		1,813,541.	1,121,419.
O.S.			Ве	eginning of Current Year	End of Year
Net Assets or	20	Total assets (Part X, line 16)		19,881,124.	20,932,700.
ASS	21	Total liabilities (Part X, line 26)		4,829,748.	4,759,905.
	22	Net assets or fund balances. Subtract line 21 from line 20		15,051,376.	16,172,795.
	art II	Signature Block			
Und	er pena	ties of perjury, I declare that I have examined this return, including accompanying schedules	s and statem	ents, and to the best of my	knowledge and belief, it is
true,	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich preparer	has any knowledge.	
		O'construct officers		Data	
Sigi	n	Signature of officer		Date	
Her	е	KARLA THENNES, EXECUTIVE DIRECTOR			
		Type or print name and title	Г	Doto I	DTIN
		Print/Type preparer's name Preparer's signature	l l	Date Check	PTIN
Paid		JOHN HEMMING, CPA JOHN HEMMING, CI	PA []	L1/05/22 self-employ	P00856805
	arer	Firm's name WIPFLI LLP		Firm's EIN ▶	39-0758449
Use	Only	Firm's address PO BOX 8700			0 074 1000
		MADISON, WI 53708-8700		Phone no. 6 0	8.274.1980 X Ves No
N/ION	/ tha IE	S discuss this roturn with the property shown above? See instructions			I A I VOC I I NO

Par	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	PORCHLIGHT, INC. STRIVES TO DECREASE THE HOMELESS POPULATION BY
	PROVIDING SHELTER, HOUSING, SUPPORTIVE SERVICES AND A SENSE OF
	COMMUNITY IN WAYS THAT EMPOWER RESIDENTS AND PROGRAM PARTICIPANTS TO
	POSITIVELY SHAPE THEIR LIVES.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$3,170,997. including grants of \$212,915.) (Revenue \$1,105,612.)
	HOUSING-
	PORCHLIGHT OFFERS OVER 370 UNITS OF TOTAL AFFORDABLE HOUSING AT 26
	MADISON-AREA LOCATIONS TO FAMILIES AND INDIVIDUALS ON A TRANSITIONAL OR
	PERMANENT BASIS, THROUGH AN ARRAY OF HOUSING PROGRAMS DESIGNED TO
	ADDRESS SPECIFIC CLIENT NEEDS. PORCHLIGHT PROVIDES CASE MANAGEMENT
	SERVICES TO EACH RESIDENT, INCLUDING ASSISTANCE WITH BUDGETING,
	APARTMENT MAINTENANCE, AND EMPLOYMENT TRAINING SKILLS. THROUGH
	PORCHLIGHT HOUSING, RESIDENTS ESTABLISH HOUSING AND CREDIT REFERENCES
	CRITICAL TO OBTAINING FUTURE HOUSING. PORCHLIGHT HOUSING AS A WHOLE
	SERVED 557 MEN, WOMEN, AND CHILDREN IN 2021. THIS PROGRAM IS SUPPORTED
	IN PART BY THE WISCONSIN COMMUNITY FUND.
4b	(Code:) (Expenses \$ $\frac{1,764,416.}{}$ including grants of \$ $\frac{53,751.}{}$) (Revenue \$ $\frac{0.}{}$)
	HOMELESS MEN'S DROP-IN SHELTER-
	PORCHLIGHT PROVIDES TEMPORARY EMERGENCY SHELTER TO SINGLE MEN AT ITS
	DROP-IN SHELTER AND TWO OVERFLOW SHELTERS. GUESTS RECEIVE TWO HOT MEALS
	PER DAY, PERSONAL GROOMING SUPPLIES, LAUNDRY FACILITIES, AND COUNSELING
	SERVICES. IN 2021, WE SERVED 1,019 UNIQUE INDIVIDUALS, FOR A TOTAL OF
	36,136 NIGHTS OF SHELTER.
	740 (02 0 000
4c	(Code:) (Expenses \$
	BROOKS STREET-
	THE BROOKS STREET SRO PROGRAM PROVIDES 102 UNITS OF AFFORDABLE HOUSING
	WITH SUPPORTIVE SERVICES FOR SINGLE ADULTS.
۸،،	Other program conject (Describe on Schodule O.)
4 0	Other program services (Describe on Schedule O.) (Expenses \$ 437,736. including grants of \$ 12,585.) (Revenue \$ 58,575.)
4 e	(Expenses \$ 437,736 · including grants of \$ 12,585 ·) (Revenue \$ 58,575 ·) Total program service expenses ► 6,122,842 ·
-7-0	Form 990 (2021)

Form 990 (2021) PORCHLIGHT, 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	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
-	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
•	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
U	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,	-		
′		7		x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	-		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8_		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			.,
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		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		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
_	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	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		х
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	110		
13		15		x
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		-23
10		46		x
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
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? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	ا مد ا	v	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			3,7
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		X

Ра	rt IV Checklist of Required Schedules (continued)			
			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	Х	-
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			٠,
	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			_v
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		├
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		├
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		₩
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			٠,
_	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			١.,
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			l
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		<u> </u>
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			l
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		<u> </u>
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	Ь
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
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		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		N/-
1.	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 1b	_		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		
C	(gambling) winnings to prize winners?	1c		

Form **990** (2021)

Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 107			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
··u	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
h	If "Yes," enter the name of the foreign country			
D	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	4		
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	4		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans	4		
С	Enter the amount of reserves on hand			37
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		-
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
46	If "Yes," see the instructions and file Form 4720, Schedule N.	40		v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
17	If "Yes," complete Form 4720, Schedule O. Section 501(a)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17	i	1

If "Yes," complete Form 6069.

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

53715

306 N. BROOKS ST., MADISON,

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.

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

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

(A) Name and title	(B) Average hours per week	box	Position (do not check more than one box, unless person is both an officer and a director/trustee)		(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other			
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) KARLA THENNES	44.00	_							_	
EXECUTIVE DIRECTOR	1.00			Х				. •	0.	- • -
(2) DANIEL BARNES	42.00	-		7.7						
DIRECTOR OF FINANCE	1 00			X					0.	- •
(3) SHERI CARTER PRESIDENT	1.00	х		х				0.	0.	0.
(4) CHRISTINE THOMAS	1.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(5) KEVIN HUFF	1.00									
SECRETARY		Х		Х				0.	0.	0.
(6) BRIAN DONLEY	1.00									
TREASURER		Х		Х				0.	0.	0.
(7) JOHN CASSIDY	1.00									
DIRECTOR		Х						0.	0.	0.
(8) PHIL CALKINS	1.00									
DIRECTOR		Х						0.	0.	0.
(9) BRIAN DONARSKI	1.00								_	_
DIRECTOR		Х						0.	0.	0.
(10) JOHN ERIKSON	1.00								_	_
DIRECTOR		Х						0.	0.	0.
(11) RONALD LUSKIN	1.00	-								_
DIRECTOR		Х						0.	0.	0.
(12) BEATRICE MCCOY	1.00	ļ								
DIRECTOR	1 00	Х						0.	0.	0.
(13) JEFFREY MCINTYRE	1.00	ļ								
DIRECTOR	1 00	Х						0.	0.	0.
(14) LAYTON RIKKERS	1.00	١							•	•
DIRECTOR	1 00	Х						0.	0.	0.
(15) GENE SCHAEFFER, JR.	1.00	. ,							_	_
DIRECTOR (16) KETTIN COUNTRY	1 00	Х	\vdash				_	0.	0.	0.
(16) KEITH SCHMIDT	1.00	₩.							_	^
OIRECTOR (17) MOLLY SCHMIDT	1 00	Х	\vdash			\vdash		0.	0.	0.
DIRECTOR	1.00	х						0.	0.	0.
DIRECTOR	L	Λ	İ.			l		<u> </u>	U •	Form 990 (2021)

Form 990 (2021)

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Part VII Section A. Officers, Directors, Trus	tees, Key Em	oloy	ees,	and	j Hi	ghes	st C	ompensated Employee	s (continued)				
(A) Name and title	(B) Average hours per	box	not c , unle:	Pos heck ss per	ses person is both an compensation compensat		Reportable compensatio		am	(F) timated			
	week (list any hours for related organizations below line)	tee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MIS 1099-NEC)	s	comp fro orga and	other pensat om the anization I relate nization	e on ed
(18) JEFF SCHRAML	1.00												_
DIRECTOR	1 00	Х						0.		0.			0.
(19) JEREMEY SHEPHERD DIRECTOR	1.00	х						0.		0.			0.
(20) SAL TROIA	1.00	Λ						0.		٠.			<u> </u>
DIRECTOR	1,00	х						0.		0.			0.
(21) JOHN TUCKER	1.00							•					
DIRECTOR		Х						0.		0.			0.
			_			_							
		-											
		-											
										-			
										\neg			
1b Subtotal							▶	,		0.			
c Total from continuation sheets to Part VI	I, Section A						▶	0.		0.			0.
d Total (add lines 1b and 1c)							<u> </u>	,		0.			
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	oove	e) wh	o re	eceived more than \$100,	000 of reportable	,			
compensation from the organization												Vaa	<u>1</u>
O Did the conscionation list and former of	Post Association and						. 1. 1			1		Yes	No
3 Did the organization list any former officer,											3		X
line 1a? If "Yes," complete Schedule J for so 4 For any individual listed on line 1a, is the su								ner compensation from t					
and related organizations greater than \$150	•		•					•	· ·		4		Х
5 Did any person listed on line 1a receive or a													
rendered to the organization? If "Yes." com	=				-						5		Х
Section B. Independent Contractors	,												
1 Complete this table for your five highest co	mpensated inc	depe	nde	nt co	ontra	acto	rs th	nat received more than \$	3100,000 of comp	ensat	tion fro	m	
the organization. Report compensation for t	the calendar ye	ear e	ndir	ng w	ith c	or wi	thin		ear.				
(A) Name and business	address							(B) Description of s	envices	C	(C omper		
ENVIRONMENT CONTROL OF WI		2	an	2			\dashv	CLEANING SER			Omper	isation	
AGRICULTURE DRIVE, MADISO					87	6	- 1	CHEANING SER SHELTER	VICE AI		221	L,10	0.
MONICOLIONE DILIVE, IMPERO	11, 111 5	<u> </u>			<u> </u>		\dashv					, _ 0	•
							_						

Form **990** (2021)

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

\$100,000 of compensation from the organization

			Check if Schedule O contains	a response	or note to anv lin	e in this Part VIII			
						(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
							function revenue	business revenue	sections 512 - 514
SS	1	_	Federated campaigns	1a	191,462.				
Contributions, Gifts, Grants and Other Similar Amounts					252,202.				
ij g			Membership dues		38,800.				
ts, Ar			Fundraising events		30,000.				
ig ig			Related organizations		3 510 /1/				
ns, Sim			Government grants (contributions		3,519,414.				
utio er (All other contributions, gifts, grants, a		0 271 601				
현된			similar amounts not included above		2,371,621.				
ont od (_	Noncash contributions included in lines 1a-1f		59,293.	C 404 00=			
<u>0 g</u>		h	Total. Add lines 1a-1f		D	6,121,297.			
					Business Code				
e S			HOUSING REVENUE		624200	1,105,612.	1,105,612.		
Program Service Revenue		-	BROOKS STREET REVENUE		624200	564,310.	564,310.		
S		С	SAFE HAVEN REVENUE		624200	58,575.	58,575.		
am		d							
og B		е							
P		f	All other program service revenue)					
		g	Total. Add lines 2a-2f			1,728,497.			
	3		Investment income (including divi						
			other similar amounts)			5,666.			5,666.
	4		Income from investment of tax-ex						
	5		Royalties						
				(i) Real	(ii) Personal				
	6	а	Gross rents 6a						
			Less: rental expenses 6b						
			Rental income or (loss) 6c						
			Net rental income or (loss)						
			` ′) Securities	(ii) Other				
	'			, 000anao	262,445.				
			· · · · · · · · · · · · · · · · · · ·		202,113.				
o o			Less: cost or other basis		70,564.				
ž			and sales expenses		191,881.				
eve			Gain or (loss) 7c			101 001			101 001
her Revenue			Net gain or (loss)		>	191,881.			191,881.
	8	а	Gross income from fundraising events						
Ö			including \$38,80	_					
			contributions reported on line 1c)	I	_				
			Part IV, line 18						
		b	Less: direct expenses	8b	1,771.				
		С	Net income or (loss) from fundrais	sing events	_	-1,771.			-1,771.
	9	а	Gross income from gaming activit						
			Part IV, line 19	9a					
		b	Less: direct expenses	9b					
		С	Net income or (loss) from gaming	activities					
	10	а	Gross sales of inventory, less retu	ırns					
			and allowances	10a	36,717.				
		b	Less: cost of goods sold		124,072.				
			Net income or (loss) from sales of			-87,355.			-87,355.
					Business Code				
snc	11	а							
Miscellaneous Revenue	-	b							
ella		c							
isc.			All other revenue		900099	95,804.			95,804.
Σ			Total. Add lines 11a-11d			95,804.			
	12		Total revenue. See instructions			8,054,019.	1,728,497.	0.	204,225.

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Form **990** (2021)

Socti	fon 501(c)(2) and 501(c)(4) organizations must comp	loto all columns. All othe	v organizations must com	anlata calumn (A)	
Secu	on 501(c)(3) and 501(c)(4) organizations must comp				
	Check if Schedule O contains a responsion include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		олроносс	general expenses	олроново
•	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	289,139.	289,139.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	219,575.		219,575.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,927,096.	1,665,691.	222,260.	39,145.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	37,021.	35,029.	300.	1,692. 14,571.
9	Other employee benefits	366,307.	301,087.	50,649.	14,571.
10	Payroll taxes	159,776.	128,159.	29,091.	2,526.
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
	Accounting	84,997.	84,997.		
	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	150 060		150 060	
	column (A), amount, list line 11g expenses on Sch O.)	170,868.	4 005	170,868.	24 226
12	Advertising and promotion	29,731. 95,376.	4,925.	24 275	24,806.
13	Office expenses	95,3/6.	61,101.	34,275.	
14	Information technology				
15	Royalties	1,374,966.	1,374,966.		
16	Occupancy	9,844.	9,844.		
17	Travel	9,044.	9,044.		
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	6,762.	6,762.		
19	Conferences, conventions, and meetings	29,977.	29,977.		
20 21	Payments to affiliates	۰۱۱۰ ر ر ۵	٠١١٠ ر د ۵		
21	Depreciation, depletion, and amortization	586,920.	586,920.		
23	. ' ' ' ' '	85,370.	85,370.		
23 24	Other expenses, Itemize expenses not covered	33,370	33,370.		
4	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
a	PROGRAM COSTS	1,349,691.	1,349,691.		
b	IN-KIND GOODS	59,293.	59,293.		
c	BAD DEBT EXPENSE	49,891.	49,891.		
d			,		
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	6,932,600.	6,122,842.	727,018.	82,740.
26	Joint costs. Complete this line only if the organization	-		·	•
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
					000

	Check if Schedule O contains a response or note to any line in	n this Part X	(A)		(D)
			(A)	1	(D)
			Beginning of year		(B) End of year
1	Cash - non-interest-bearing		1,121,340.	1	411,749
2	Savings and temporary cash investments		2,984,854.	2	5,016,192
3	Pledges and grants receivable, net		757,130.	3	1,147,309
4	Accounts receivable, net		319,469.	4	308,506
5	Loans and other receivables from any current or former office				
	trustee, key employee, creator or founder, substantial contribu	utor, or 35%			
	controlled entity or family member of any of these persons			5	
6	Loans and other receivables from other disqualified persons (a	as defined			
	under section 4958(f)(1)), and persons described in section 49	58(c)(3)(B) L		6	
7	Notes and loans receivable, net			7	23,772
8	Inventories for sale or use			8	29,339
9			49,039.	9	51,316
10a					
		2,285,297.			
b	Less: accumulated depreciation 10b	3,932,847.	14,009,934.	10c	13,352,450
11				11	
12	Investments - other securities. See Part IV, line 11			12	
13	Investments - program-related. See Part IV, line 11			13	
14				14	
15	Other assets. See Part IV, line 11			15	592,067
16				16	20,932,700
17			483,404.		541,299
18			22.245	18	0.4.450
19			88,947.		94,479
20					
21	• •			21	
22					
		utor, or 35%			
			1 127 770		1 010 160
			1,13/,//2.		1,019,169
				24	
25					
		olete Part X	2 110 625		2 104 050
					3,104,958
26			4,023,140.	26	4,759,905
07			15 051 376	07	16,072,795
		·····	13,031,370.		100,072,793
20				20	100,000
	-				
20	•			20	
			15 051 376		16,172,795
					20,932,700
	7 8 9 10a b 11 12 13 14 15 16 17 18 19 20	Loans and other receivables from other disqualified persons (a under section 4958(f)(1)), and persons described in section 497 Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Less: accumulated securities Less: accumulated depreciation Less: accumulated securities Less: accumulated securities Less: accumulated securities Less: accumulated securities Less: accumulated line 33 Less: accumulated line 34 Less: accumulated line 35 Less: accumulated l	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicity traded securities Investments - other securities. See Part IV, line 11 Investments - program-related. See Part IV, line 11 Intangible assets Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 33) Accounts payable and accrued expenses Grants payable Deferred revenue Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons Secured mortgages and notes payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here Total liabilities. Add lines 17 through 25 Organizations that do not follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. Petassets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(8) 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D 10 Less: accumulated depreciation 10 b 8,932,847. 11 Investments - publicly traded securities 12 Investments - publicly traded securities 13 Investments - program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 33) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 888,947. 10 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 27 Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. 28 Net assets with donor restrictions 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 10 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 15 Other liabilities and balances 15 Other liabilities and balances 15 Other liabilities and balances	6 Loans and other receivables from other disqualified persons (as defined under section 4958(r)(1)), and persons described in section 4958(c)(3)(8) 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D 11 Investments - publicly traded securities 12 Investments - publicly traded securities 11 Investments - program-related. See Part IV, line 11 12 Investments - program-related. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 14 Intrangible assets 15 Other assets. Add lines 1 through 15 (must equal line 33) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 10 Sey Part IV of Schedule D 10 Sey Part IV of Schedule D 10 Sey Part IV of Schedule D 11 Secrow or custodial account liability. Complete Part IV of Schedule D 12 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 27 Total liabilities. Add lines 17 through 25 28 Net assets with donor restrictions 29 Capital stock or trust principal, or current funds 29 Capital stock or trust principal, or current funds 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 Paid-in or capital surplus, or land, building, or equipment fund 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Total retasets or fund bala

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1			, 01	
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,	932	,60	00.
3	Revenue less expenses. Subtract line 2 from line 1	3				19.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	15,	051	, 37	76.
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain 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	16,	172	,79	95.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		L	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		L	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit				
	Act and OMB Circular A-133?	_		За	x	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>		3b	х	
	`		F	orm (90 (2021)

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Employer identification number Name of the organization PORCHLIGHT 39-1579521 INC. Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	4047677.	3812327.	4171969.	4704288.	6121297.	22857558.
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	4047677.	3812327.	4171969.	4704288.	6121297.	22857558.
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.						22857558.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	4047677.	3812327.	4171969.	4704288.	6121297.	22857558.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	12,416.	26,674.	1,083.	0.	5,666.	45,839.
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.)	84,948.	102,600.	345,982.	891,494.	95,804.	
11	Total support. Add lines 7 through 10						24424225.
12	Gross receipts from related activities,	etc. (see instruction	ns)			12 8	<u>,181,763.</u>
13	First 5 years. If the Form 990 is for the	e organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3)	
_	organization, check this box and stop						.
	ction C. Computation of Publi						02.50
14	Public support percentage for 2021 (li					14	93.59 %
15	Public support percentage from 2020					15	99.75 %
16a	33 1/3% support test - 2021. If the o						, (37)
	stop here. The organization qualifies	. ,	•				
b	33 1/3% support test - 2020. If the c						
	and stop here. The organization qual						
1/a	10% -facts-and-circumstances test	-					
	and if the organization meets the facts			-	•	_	\
	meets the facts-and-circumstances te	-	-		-	7	
b	10% -facts-and-circumstances test	ū				•	10% or
	more, and if the organization meets the				-		. —
40	organization meets the facts-and-circu						
18	Private foundation. If the organization	n ald not check a l	oox on line 13, 16a	a, 16b, 1/a, or 17b	, cneck this box ai		(Form 000) 2001

Schedule A (Form 990) 2021

(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	ation fails to
qualify under the tests listed below, please complete Part II.)	

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(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						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
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 the	e organization's fir	rst, second, third, f	fourth, or fifth tax y	year as a section 5	01(c)(3) organization	on,
_			-				>
	ction C. Computation of Publi						
	Public support percentage for 2021 (li			column (f))		15	%
	Public support percentage from 2020					16	%
	ction D. Computation of Inves					T .= I	
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from 2			Para d 4 1 Para		0.1/00/	%
19a	33 1/3% support tests - 2021. If the						/ is not
	more than 33 1/3%, check this box ar						
b	33 1/3% support tests - 2020. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organizatio	n did not check a	box on line 14, 19a	a, or 19b, check th	ns box and see ins	tructions	▶Ш

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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.)

		Yes	No
	1		
	2		
	2-		
	3a		
	3b		
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	3с		
	4a		
	4b		
	4c		
	5a		
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	30		
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	8		
	9a		
	9b		
	9с		
	10a		
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Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
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		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
	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,	_		
Sact	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
Seci	tion 6. Type if Supporting Organizations		1	·
	Were a sector to a filtre a construction to all the decrease and a first the decrease at the construction of the all the decrease at the construction of the construct		Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	1		
Sect	the supported organization(s). tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		103	140
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	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		
	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		
Sect	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instance)	struction	s).	ı
	Activities Test. Answer lines 2a and 2b below.		Yes	No
	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	0-		
	that these activities constituted substantially all of its activities.	2a		
	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	2b		
	these activities but for the organization's involvement. Parent of Supported Organizations. Answer lines 3a and 3b below.	ZIJ		
	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.	3a		
L	Did the organization eversion a substantial degree of direction over the policies, programs, and activities of each			

3b

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Schedule A (Form 990) 2021

instructions).

Section E - Distribution Allocations (see	e instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
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 Par	t VI). See instructions.			
3 Excess distributions carryover, if an	y, 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 price	or years			
h Applied to 2021 distributable amou	nt			
i Carryover from 2016 not applied (se	e instructions)			
j Remainder. Subtract lines 3g, 3h, a	nd 3i from line 3f.			
4 Distributions for 2021 from Section	D,			
line 7:				
a Applied to underdistributions of price	or years			
b Applied to 2021 distributable amou	nt			
c Remainder. Subtract lines 4a and 4	b from line 4.			
5 Remaining underdistributions for ye	ars prior to 2021, if			
any. Subtract lines 3g and 4a from l	ine 2. For result greater			
than zero, explain in Part VI. See in	structions.			
6 Remaining underdistributions for 20	21. Subtract lines 3h			
and 4b from line 1. For result greate	r 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				
e Excess from 2021				

Schedule A (Form 990) 2021

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

➤ Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

Employer identification number

2021

INC. 39-1579521 PORCHLIGHT Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year _______ \(\)

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h;

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021) Page **2**

Name of organization

Employer identification number

PORCHLIGHT, INC.

39-1579521

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CITY OF MADISON 210 MARTIN LUTHER KING, JR. BLVD. MADISON, WI 53703	\$334,738.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	DANE COUNTY 210 MARTIN LUTHER KING, JR. BLVD. MADISON, WI 53703	\$ 745,435.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	UNITED WAY OF DANE COUNTY 2059 ATWOOD AVE. MADISON, WI 53704	\$ <u>191,462.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4 U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT 451 7TH ST., S.W. WASHINGTON, DC 20410	\$ 1,805,926.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	U.S. DEPARTMENT OF VETERANS AFFAIRS 810 VERMONT AVE., N.W. WASHINGTON, DC 20420	\$\$29,893.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$135,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Page 3

Name of organization Employer identification number

PORCHLIGHT, INC.

39-1579521

Part II	Noncash Property (see instructions). Use duplicate copies of Part I	I if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
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Name of organization **Employer identification number** PORCHLIGHT, 39-1579521 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

123454 11-11-21 Schedule B (Form 990) (2021)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Name of the organization

PORCHLIGHT, INC.

Employer identification number 39-1579521

Pai		ganizations Maintaining Donor Advised anization answered "Yes" on Form 990, Part IV, line		imilar Funds or A	Accounts. Complete if the	
	org	anization answered Tes OffForm 990, Fait IV, line	(a) Donor advise	ed funds	(b) Funds and other accounts	
1	Total numb	per at end of year	(,,			
2		value of contributions to (during year)				
3		value of grants from (during year)				
4		value at end of year				
5		ganization inform all donors and donor advisors in w	riting that the assets he	ald in donor advised fu	nds	
Ŭ	-	panization's property, subject to the organization's e	-			No
6		ganization inform all grantees, donors, and donor ad				
Ū		ple purposes and not for the benefit of the donor or				
		ible private benefit?	•		· ·	No
Pai		nservation Easements. Complete if the organization				
1		of conservation easements held by the organization			.,	
•	. ,	ervation of land for public use (for example, recreati		Preservation of a his	torically important land area	
		ection of natural habitat		7	tified historic structure	
		ervation of open space				
2		lines 2a through 2d if the organization held a qualifie	ed conservation contrib	ution in the form of a c	onservation easement on the last	
_	day of the				Held at the End of the Tax Y	ear
а					2a	
b						
C		conservation easements on a certified historic stru				
d		conservation easements included in (c) acquired at				
		e National Register			2d	
3		conservation easements modified, transferred, rele			<u> </u>	
	year >	,	, 0 ,	,	G	
4	· —	states where property subject to conservation ease	ement is located			
5		organization have a written policy regarding the perio		tion, handling of		
		and enforcement of the conservation easements it			Yes	No
6	Staff and v	volunteer hours devoted to monitoring, inspecting, h				
	•					
7	Amount of	expenses incurred in monitoring, inspecting, handli	ing of violations, and en	forcing conservation e	asements during the year	
	▶\$		-	-		
8	Does each	conservation easement reported on line 2(d) above	satisfy the requirement	s of section 170(h)(4)(E	3)(i)	
	and sectio	n 170(h)(4)(B)(ii)?			Yes	No
9		, describe how the organization reports conservatio				
	balance sh	eet, and include, if applicable, the text of the footnote	ote to the organization's	financial statements t	hat describes the	
	organizatio	on's accounting for conservation easements.				
Pai	rt III Or	ganizations Maintaining Collections of	Art, Historical Tre	asures, or Other	Similar Assets.	
	Cor	nplete if the organization answered "Yes" on Form	990, Part IV, line 8.			
1a	If the orga	nization elected, as permitted under FASB ASC 958	3, not to report in its rev	enue statement and ba	alance sheet works	
	of art, histo	orical treasures, or other similar assets held for publ	lic exhibition, education	, or research in further	ance of public	
	service, pr	ovide in Part XIII the text of the footnote to its financ	cial statements that des	cribes these items.		
b	If the organ	nization elected, as permitted under FASB ASC 958	3, to report in its revenue	e statement and baland	ce sheet works of	
	art, historic	cal treasures, or other similar assets held for public	exhibition, education, o	r research in furtherand	ce of public service,	
	provide the	e following amounts relating to these items:				
	(i) Reven	ue included on Form 990, Part VIII, line 1				
	(ii) Assets	included in Form 990, Part X			• \$	
2	If the organ	nization received or held works of art, historical trea	sures, or other similar a	ssets for financial gain	, provide	
	the following	ng amounts required to be reported under FASB AS	SC 958 relating to these	items:		
а	Revenue ir	ncluded on Form 990, Part VIII, line 1			• \$	
b	Assets inc	luded in Form 990, Part X			▶ \$	
LHA	For Paper	work Reduction Act Notice, see the Instructions	for Form 990.		Schedule D (Form 990) 2	021

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PORCHLIGHT, INC.

Schedule D (Form 990) 2021

а

b

С

collection items (check all that apply):

Preservation for future generations

Public exhibition

Scholarly research

and programs Administrative expenses End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment Permanent endowment Term endowment The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization 3a(i) (i) Unrelated organizations (ii) Related organizations 3a(ii) **b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b

Land, Buildings, and Equipment.

Describe in Part XIII the intended uses of the organization's endowment funds.

Contributions Net investment earnings, gains, and losses Grants or scholarships

Other expenditures for facilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

			· · · · · · · · · · · · · · · · · · ·	
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		3,125,903.		3,125,903.
b Buildings		17,958,868.	7,833,428.	10,125,440.
c Leasehold improvements		390,090.	324,354.	65,736.
d Equipment		810,436.	775,065.	35,371.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equi	13,352,450.			

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 PORCHLIGHT,	INC.	39	-1579521 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" o			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
1) Financial derivatives			
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-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" of	n Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a) [Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15)	•	
Part X Other Liabilities.	10.,		Į.
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	
1. (a) Description of liability		, ,	(b) Book value
(1) Federal income taxes			. ,
(2) DEFERRED LOANS PAYABLE			3,104,958
(3)			2,202,330
(4)			
(5)			
			L

3,104,958. Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2021

(6) (7) (8)

Par	Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.					
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Totalı	revenue, gains, and other support per audited financial statements			1	
2	Amou	nts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net ur	nrealized gains (losses) on investments	2a			
		ed services and use of facilities	2b			
		veries of prior year grants	2c			
		(Describe in Part XIII.)	2d			
е	Add li	nes 2a through 2d			2e	
3	Subtra	act line 2e from line 1			3	
4		nts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other	(Describe in Part XIII.)	4b			
С	Add li	nes 4a and 4b			4c	
5		revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	
Par	t XII	Reconciliation of Expenses per Audited Financial Statemen	ıts Wi	th Expenses per R	eturr	1.
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total e	expenses and losses per audited financial statements			1	
2		nts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donat	ed services and use of facilities	2a			
		year adjustments	2b			
		losses	2c			
d	Other	(Describe in Part XIII.)	2d			
		nes 2a through 2d			2e	
3		act line 2e from line 1			3	
4		nts included on Form 990, Part IX, line 25, but not on line 1:				
		ment expenses not included on Form 990, Part VIII, line 7b	4a			
		(Describe in Part XIII.)	4b			
		nes 4a and 4b			4c	
5		expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	
	t XIII	Supplemental Information.				
Provi	de the	descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV	, lines 1	b and 2b; Part V, line 4;	Part >	(, line 2; Part XI,
		4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addition	•			,
PAF	X TS	, LINE 2:				
ГНЕ	OR	GANIZATIONS ARE REQUIRED TO ASSESS WHETH	IER :	IT IS MORE L	IKEI	LY THAN
ron	TH.	AT A TAX POSITION WILL BE SUSTAINED UPON	I EX	AMINATION ON	THE	3
rec	CHNI	CAL MERITS OF THE POSITION ASSUMING THE	TAX	ING AUTHORIT	Y H	AS FULL
KNC	WLE	DGE OF ALL INFORMATION. IF THE TAX POSIT	NOI	DOES NOT ME	ET 7	THE MORE
LIKELY THAN NOT RECOGNITION THRESHOLD, THE BENEFIT OF THAT POSITION IS NOT						
REC	RECOGNIZED IN THE CONSOLIDATED FINANCIAL STATEMENTS. THE ORGANIZATIONS					
ΙΑV	E D	ETERMINED THERE ARE NO AMOUNTS TO RECORD) AS	ASSETS OR L	IAB:	ILITIES
REI	ATE	D TO UNCERTAIN TAX POSITIONS.				

Schedule D (Form 990) 2021	PORCHLIGHT,	INC.	39-1579521	Page 5
Schedule D (Form 990) 2021 Part XIII Supplemental Infor	mation (continued)			
	(oommaca)			

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► 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 the organization

Employer identification number

PORCHLIC	GHT, INC.					579521
Part I Fundraising Activities. required to complete this part	Complete if the organization answer	ed "Y	es" or	n Form 990, Part IV, I	ine 17. Form 99	90-EZ filers are not
 1 Indicate whether the organization raise a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written on key employees listed in Form 990, Pab If "Yes," list the 10 highest paid indivionmentated at least \$5,000 by the 	e Solicitati f Solicitati g Special f r oral agreement with any individual (art VII) or entity in connection with pre- iduals or entities (fundraisers) pursua	ion of ion of fundra includ	non-g gover aising of ding of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Yes No to be
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con or con contribi	ustody itrol of	(iv) Gross receipts from activity	(v) Amount p to (or retained fundraiser listed in col.	to (or retained by)
		Yes	No			
Cotal List all states in which the organization or licensing.		ontrib	<u>▶</u> utions	or has been notified	it is exempt fro	om registration
						-

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

Schedule G (Form 990) 2021

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ. lines 1 and 6b. List events with gross receipts greater than \$5,000.

		of fundraising event contributions and gro	oss income on Form 990	EZ, lines 1 and 6b. List e	vents with gross receipt	s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			ANNUAL		NONE	(add col. (a) through
			DINNER			col. (c))
a			(event type)	(event type)	(total number)	(-),
Revenue						
Š	1	Gross receipts	38,800.			38,800.
۳۱						
	2	Less: Contributions	38,800.			38,800.
-	3	Gross income (line 1 minus line 2)				
		Oach asince				
	4	Cash prizes				
	5	Noncash prizes				
တ္က	3	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
ğ	Ü	Tional admity doors				
뷍	7	Food and beverages				
Ë						
ᅴ	8	Entertainment				
	9	Other direct expenses				1,771.
	10	Direct expense summary. Add lines 4 through			>	1,771.
	11	Net income summary. Subtract line 10 from li	ne 3, column (d))	1,771. 1,771. -1,771.
Pa	rt I		answered "Yes" on Form	990, Part IV, line 19, or r	eported more than	
		\$15,000 on Form 990-EZ, line 6a.	T	T T		
<u>e</u>			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add
Revenue				niligo/progressive niligo		col. (a) through col. (c))
Be						
_	1_	Gross revenue				
	^	Cook prizes				
ses	2	Cash prizes				
ğ	3	Noncash prizes				
Direct Expenses	Ü	Tronough phizos				
ect	4	Rent/facility costs				
ᄒ						
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No	No	No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d))	
		ter the state(s) in which the organization condu				
		he organization licensed to conduct gaming ac				Yes No
b	IT "	No," explain:				
10-	\/\c	ere any of the organization's gaming licenses re	avoked suspended or to	rminated during the tay w	ear?	Yes No
		Yes," explain:	•			. 100 110
_	-					
	_					
	_					

Schedule G (Form 990) 2021

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Scr	redule G (Form 990) 2021 PORCHLIGHT, INC.	39-13/9	3 Z T	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	No
13	Indicate the percentage of gaming activity conducted in:	i ·	ı	
	a The organization's facility			<u>%</u>
	n outside facility			<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records	:		
	Name			
	Address			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	No
k	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amou	nt		
	of gaming revenue retained by the third party ▶\$			
C	c If "Yes," enter name and address of the third party:			
	Name ▶			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation > \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
	Mandatory distributions:			
á	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	No
t	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	the		
Pa	organization's own exempt activities during the tax year > \$ Int IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); a	and Dart III. lin	ac Q QI	10h
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	ind rait iii, iiir	CS 3, 31	5, 100,
	135, 136, 16, and 175, as applicable. Also provide any additional information. Occ instructions.			

Schedule G	(Form 990) PORCHLIGHT,	, INC.	39-1579521	Page 4
Part IV	(Form 990) PORCHLIGHT, Supplemental Information (continued)			
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			

11191105 147695 92152

SCHEDULE I (Form 990)

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Schedule I (Form 990) 2021

Name of the organization PORCHLIGH	IT TNC						Employer identification number $39-1579521$
Part I General Information on Grants a	•						33 1373321
 Does the organization maintain records criteria used to award the grants or assi Describe in Part IV the organization's pr 	stance?						on X Yes No
Part II Grants and Other Assistance to recipient that received more than	Domestic Organia	zations and Domesti	Governments.	Complete if the org	anization answered "Y	es" on Form 990, Part	IV, line 21, for any
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
2 Enter total number of section 501(c)(3) a 3 Enter total number of other organization	•		e line 1 table	<u> </u>	<u> </u>	1	>

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

39-1579521 PORCHLIGHT, INC. Schedule I (Form 990) 2021 Page 2 Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (e) Method of valuation (book, FMV, appraisal, other) (a) Type of grant or assistance (b) Number of (d) Amount of non-(c) Amount of (f) Description of noncash assistance recipients cash grant cash assistance PARTICIPANTS ARE HELPED WITH RENT, UTILITIES, MEDICAL, ETC. UNDER THE STABLE, DIGS, HOUSING FIRST AND PATH PROGRAMS. 298 0. 289,139. Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Part IV PART I, LINE 2: THE ORGANIZATION MONITORS THE USE OF GRANT FUNDS THROUGH COMPLIANCE WITH FUNDING SOURCE REQUIREMENTS.

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SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

➤ Attach to Form 990.

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

PORCHLIGHT, INC. Employer identification number 39-1579521

Pai	rt I Types of Property									
		(a)	(b)	(c)			(d)			
		Check if	Number of contributions or	Noncash contributi amounts reported			od of deter		-	
		applicable		Form 990, Part VIII, lir		noncasn	contribution	n amo	unts	
1	Art - Works of art									
2	Art - Historical treasures									
3	Art - Fractional interests									
4	Books and publications									
5	Clothing and household goods	X		15,0	93.T	HRIFT	SHOP V	/AL	JE	
6	Cars and other vehicles									
7	Boats and planes									
8	Intellectual property									
9	Securities - Publicly traded									
10	Securities - Closely held stock									
11	Securities - Partnership, LLC, or									
	trust interests									
12	Securities - Miscellaneous									
13	Qualified conservation contribution -									
	Historic structures									
14	Qualified conservation contribution - Other									
15	Real estate - Residential									
16	Real estate - Commercial									
17	Real estate - Other									
18	Collectibles									
19	Food inventory	X	14,700	29,4	00.C	OST OF	DONAT	CED	PR	OP
20	Drugs and medical supplies									
21	Taxidermy									
22	Historical artifacts									
23	Scientific specimens									
24	Archeological artifacts									
25	Other ► (SUPPLIES)	X	370	14,8	<u>00.c</u>	OST OF	DONAT	ľED	PR	<u>OP</u>
26	Other • ()									
27	Other • ()									
28	Other ()									
29	Number of Forms 8283 received by the organiz	-	•						_	
	for which the organization completed Form 828	33, Part V, D	onee Acknowledge	ement 2 9)				0	
								_ Y	es	No
30a	During the year, did the organization receive by									
	must hold for at least three years from the date		l contribution, and	which isn't required to	be used	d for		_		37
	exempt purposes for the entire holding period?						30	0a	_	<u>X</u>
	If "Yes," describe the arrangement in Part II.									77
31	Does the organization have a gift acceptance p					ns?	3	31	-+	<u>X</u>
32a	Does the organization hire or use third parties of		_	· •				_ .	.	
	contributions?						3	2a -	X	
	If "Yes," describe in Part II.									
33	If the organization didn't report an amount in co	olumn (c) foi	r a type of property	tor which column (a) is	s checke	∌a,				
	describe in Part II.									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2021

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.
SCHEDULE M, PART I, COLUMN (B):
THE NUMBER OF CONTRIBUTIONS OF SUPPLIES IS THE ACTUAL NUMBER OF
CONTRIBUTIONS.
THE NUMBER OF CONTRIBUTIONS OF FOOD INVENTORY IS THE NUMBER OF POUNDS
OF FOOD DONATED.
SCHEDULE M, LINE 32B:
PORCHLIGHT HOLDS INVESTMENT ACCOUNTS WITH CHARLES SCHWAB TO ACCEPT AND
SELL STOCK DONATIONS. A REAL ESTATE BROKER IS USED TO SELL DONATED REAL
ESTATE.

Schedule M (Form 990) 2021

132142 11-17-21

SCHEDULE 0 (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

PORCHITCHT TNC Employer identification number 39-1579521

TORCHILIGHT, INC.
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
INDIVIDUALS.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
PORCHLIGHT, INC. PROVIDES EMERGENCY SHELTER, FOOD, EMPLOYMENT SERVICES,
COUNSELING, AND AFFORDABLE TRANSITIONAL AND PERMANENT HOUSING TO
HOMELESS PEOPLE IN THE DANE COUNTY AREA. OUR SERVICES ARE DESIGNED TO
FOSTER INDEPENDENCE AND THE TRANSITION INTO PERMANENT HOUSING AND
EMPLOYMENT.
PORCHLIGHT IS THE LARGEST SUPPLIER OF LOW-COST HOUSING IN DANE COUNTY
AND IS COMPRISED OF AN EMERGENCY SHELTER FOR MEN, HOUSING AND SERVICES
FOR MEN AND WOMEN SUFFERING FROM SERIOUS MENTAL ILLNESSES, VETERANS,
ADULTS IN RECOVERY FROM ALCOHOL AND/OR DRUG ADDICTIONS, AND LOW-INCOME
WOMEN, MEN AND CHILDREN WITH OVER 100,000 NIGHTS OF SHELTER.
A HELPING HAND, NOT A HAND OUT. A SECOND CHANCE. A WARM BED. HOPE.
OPPORTUNITY.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
SAFE HAVEN-
SAFE HAVEN IS A DAY SHELTER FOR INDIVIDUALS WITH MENTAL ILLNESS WHO ARE
CURRENTLY EXPERIENCING HOMELESSNESS, LOCATED ON MADISON'S EAST SIDE.
ELIGIBLE GUESTS MAY ACCESS DROP-IN SERVICES SEVEN DAYS PER WEEK,
INCLUDING MEALS, LAUNDRY, SHOWERS, AND CASE MANAGEMENT. STAFF PROVIDES
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2021

<u>Schedule O (Form 990) 2021</u>

Name of the organization PORCHLIGHT, INC.

Employer identification number 39-1579521

CRISIS STABILIZATION SERVICES TO GUESTS WHO PRESENT IN ACUTE CRISIS,

AND CONNECTS GUESTS WITH RECOVERY GOALS TO THE COUNTY'S COMPREHENSIVE

COMMUNITY SERVICES (CCS) PROGRAM. SHELTER GUESTS ARE ALSO ELIGIBLE FOR

SAFE HAVEN'S 14 ON-SITE PERMANENT HOUSING UNITS. SAFE HAVEN SERVED 482

SHELTER GUESTS IN 2021.

EXPENSES \$ 437,736. INCLUDING GRANTS OF \$ 12,585. REVENUE \$ 58,575.

VTHP- THE VETERANS TRANSITIONAL HOUSING PROGRAM (VTHP) IS A

COLLABORATIVE ENDEAVOR BETWEEN PORCHLIGHT AND THE VETERANS

ADMINISTRATION GRANT AND PER DIEM (GPD) PROGRAM. IT IS A 24-BED,

SINGLE-ROOM OCCUPANCY, TRANSITIONAL HOUSING PROGRAM FOR SINGLE MEN WHO

ARE MILITARY VETERANS AND ARE HOMELESS OR AT RISK OF HOMELESSNESS. A

CASE MANAGER, PEER SUPPORT SPECIALIST, AND A VETERANS ADMINISTRATION

SOCIAL WORKER ARE AVAILABLE TO ASSIST WITH MONEY MANAGEMENT, ALCOHOL

AND DRUG ABUSE RECOVERY SUPPORT, REFERRALS TO COMMUNITY

SERVICES/SUPPORT SYSTEMS, LEGAL SUPPORT, MEDICAL CARE, AND COUNSELING.

THE PROGRAM PROVIDES A CONTINUUM OF CARE WHILE PREPARING THE VETERANS

TO TRANSITION INTO PERMANENT HOUSING. VTHP SERVED 56 VETERANS IN 2021.

EXPENSES \$ 0. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

PORCHLIGHT PRODUCT- PARTICIPANTS IN THE PORCHLIGHT PRODUCTS PROGRAM

CREATE HANDMADE PRODUCTS SUCH AS JAMS, JELLIES, SAUCES, AND DRY MIXES

THAT ARE SOLD IN LOCAL STORES AND RESTAURANTS. MORE THAN 75 PERCENT OF

ALL INGREDIENTS COME FROM LOCAL FARMS USING SUSTAINABLE AGRICULTURAL

METHODS. IN THIS PROGRAM, INDIVIDUALS WITH MENTAL AND/OR PHYSICAL

DISABILITIES RECEIVE JOB AND LIFE SKILLS TRAINING IN A SUPPORTIVE WORK

ENVIRONMENT. PARTICIPANTS TAKE GREAT PRIDE IN THE WORK THEY DO AND THE

FINAL PRODUCT ON STORE SHELVES FOR THE PUBLIC TO ENJOY. IN 2021, 11

Schedule O (Form 990) 2021 Page **2**

Name of the organization PORCHLIGHT, INC.

Employer identification number 39-1579521

TRAINING PROGRAM PARTICIPANTS WORKED IN THE NEW PORCHLIGHT PRODUCTS

KITCHEN LOCATED AT 1704 THIERER ROAD.

EXPENSES \$ 0. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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 B, LINE 15:

WAGE STUDIES ARE USED TO DETERMINE TOTAL COMPENSATION FOR KEY EMPLOYEES.

PORCHLIGHT USES A BIENNIAL QUALITEMPS WAGE STUDY WHICH COMPARES EMPLOYEES

TO THE WISCONSIN JOB MARKET. THE EXECUTIVE DIRECTOR'S ANNUAL SALARY IS

REVIEWED AND DETERMINED BY THE EXECUTIVE COMMITTEE COMPRISED OF THE BOARD

2 11-11-21 Schedule O (Form 990) 2021

OF DIRECTORS.

Name of the organization PORCHLIGHT, INC.	Employer identification number 39-1579521						
FORM 990, PART VI, SECTION C, LINE 19:							
PORCHLIGHT MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTE	REST POLICY AND						
FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.							
FORM 990, PART VII CONTACT ADDRESSES FOR OFFICERS, DIRECTORS, ETC:							
SHERI CARTER							
CHRISTINE THOMAS -							
KEVIN HUFF							
BRIAN DONLEY -							
JOHN CASSIDY							
PHIL CALKINS -							
BRIAN DONARSKI - , , , , , , , , , , , , , , , , , ,							
JOHN ERIKSON -							
RONALD LUSKIN -							
BEATRICE MCCOY,,,							
LAYTON RIKKERS - L,,							
GENE SCHAEFFER, JR							
KEITH SCHMIDT - ,,							
MOLLY SCHMIDT,,,							
JEFF SCHRAML -							
JEREMEY SHEPHERD							
SAL TROIA -							
JOHN TUCKER -							

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.

Department of the Treasury Internal Revenue Service

Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

39-1579521

(a)	(b)	(c)	(d)	(e)			(f)	
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state of foreign country)		l l		Direct	controlling ntity	9
Part II Identification of Related Tax-Exempt Or organizations during the tax year.	rganizations. Complete if the organizat	ion answered "Yes" on Form 990	D, Part IV, line 34, I	pecause it had one	or more	related tax-exe	mpt	
Part II Identification of Related Tax-Exempt Or organizations during the tax year. (a) Name, address, and EIN of related organization	rganizations. Complete if the organizat (b) Primary activity	(c) Legal domicile (state or foreign country)	O, Part IV, line 34, to (d) Exempt Code section	(e) Public charity status (if section	Direc	related tax-exe (f) ct controlling entity	Section Sectin Section Section Section Section Section Section Section Section	g) 512(b)(13) rolled ity?
organizations during the tax year. (a) Name, address, and EIN	(b) Primary activity	(c) Legal domicile (state or	(d) Exempt Code	(e) Public charity	Direc	(f) ct controlling	Section s	olled
organizations during the tax year. (a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or	(d) Exempt Code	(e) Public charity status (if section 501(c)(3))	Direc	(f) ct controlling	Section:	rolled ity?
organizations during the tax year. (a) Name, address, and EIN of related organization PORCHLIGHT FOUNDATION, INC 39-1980214 306 N. BROOKS ST.	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	Direc	(f) ct controlling entity	Section Sectin Section Section Section Section Section Section Section Section	rolled ity?
organizations during the tax year. (a) Name, address, and EIN of related organization PORCHLIGHT FOUNDATION, INC 39-1980214 306 N. BROOKS ST.	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	Direc	(f) ct controlling entity	Section:	rolled ity?

PORCHLIGHT,

INC.

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David III	Identification of Related Organizations Taxable as a Partnership.	Complete if the organization answered	"Yes" on Form 990, Pa	art IV, line 34, b	ecause it had one or more related
	organizations treated as a partnership during the tax year.		•	, ,	
	organizations trouted as a partitional partition of the tark years				

										_	
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Direct controlling	Predominant income	Share of total	Share of	Disproportionate		Code V-UBI	General	Percentage
of related organization		(state or	entity	(related, unrelated,	income	end-of-year	alloca	itions?	amount in box	partner?	Percentage ownership
		foreign country)		(related, unrelated, excluded from tax under sections 512-514)		assets	Yes	No	20 of Schedule K-1 (Form 1065)	Yes N	J
		,,		,			1.00	110	,	1.001.	
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	-										

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	entity:	
		Country)						Yes	No

1a

Page 3

X

Yes No

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

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

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

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

b	Gift, grant, or capital contribution to related organization(s)				1b		X
С	Gift, grant, or capital contribution from related organization(s)				1c		X
d	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
h	Purchase of assets from related organization(s)				1h		X
i	Exchange of assets with related organization(s)				<u>1i</u>		X
j	Lease of facilities, equipment, or other assets to related organization(s)				<u>1j</u>		X
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		х
	Performance of services or membership or fundraising solicitations for related organ						X
m	Performance of services or membership or fundraising solicitations by related organ	nization(s)			1m		X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization	on(s)			1n	X	
0	Sharing of paid employees with related organization(s)				10		X
р	Reimbursement paid to related organization(s) for expenses				1p		X
q	Reimbursement paid by related organization(s) for expenses				1q	X	
r	Other transfer of cash or property to related organization(s)				1r		X
s	Other transfer of cash or property from related organization(s)				1s		X
2	If the answer to any of the above is "Yes," see the instructions for information on whether the instructions are set of the answer to any of the above is "Yes," see the instructions for information on whether the answer to any of the above is "Yes," see the instructions for information on whether the answer to any of the above is "Yes," see the instructions for information on whether the answer to any of the above is "Yes," see the instructions for information on whether the answer to any of the above is "Yes," see the instructions for information on whether the answer to any of the above is "Yes," see the instructions for information on whether the answer to any of the above is "Yes," see the instructions for information on whether the angle of the above is the angle of the angle of the above is a second of t	ho must complete th	is line, including covered relat	onships and transaction thresholds.			
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amoun	t involved		
(1)							
•							
(2)							
(3)							
(4)							
(5)							
(e)							
(6)	44.47.04	l		Cabad	ulo P /C-	.m. 000) 2024
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Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec. 501(c)(3) orgs.? Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproptionat allocatio	Code V-UBI amount in box 2 of Schedule K-	General of managing partner? Yes No	(k) Percentage ownership