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**990** Form

Department of the Treasury Internal Revenue Service

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

> Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.



AI	or τη	and a calendar year, or tax year beginning and	enaing	_	
B	Check if applicab	C Name of organization		D Employer identifie	cation number
	Addre	e   UNITE TO LIGHT, INC.			
	Name	e Doing business as		27-29421	80
	Initial return		Room/suite		
	Final return	/ 1117 STATE STREET		805-617-	
	termir ated	, , , ,		<b>G</b> Gross receipts \$	352,107.
	Amen	SANIA BARBARA, CA 95101		H(a) Is this a group re	
				for subordinates	
	pendi	<sup>19</sup> 1400 NORTHRIDGE ROAD, SANTA BARBARA, CA	A 931	- H(b) Are all subordinates in	cluded? Yes No
		empt status: 🗴 501(c)(3) 🗌 501(c) ( )◀ (insert no.) 🗌 4947(a)(1) d	or 📃 527	If "No," attach a	list. See instructions
		te: NWW.UNITETOLIGHT.ORG		H(c) Group exemption	-
Κ	orm o	forganization: 🔀 Corporation 🔄 Trust 🔄 Association 🔄 Other 🕨	L Year	of formation: 2010 N	State of legal domicile: CA
Pa	art I	Summary			
e	1	Briefly describe the organization's mission or most significant activities: UNIT	Ε ΤΟ Ι	JIGHT IS DED	ICATED TO
Governance		PROVIDING LOW-COST SOLAR LIGHTING TO THOS			
erna	2	Check this box 🕨 🛄 if the organization discontinued its operations or dispos	sed of mor	e than 25% of its net as	
Ň	3				8
ن ھ	4	Number of independent voting members of the governing body (Part VI, line 1b)			8
es	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			3
iviti		Total number of volunteers (estimate if necessary)			22
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	0.
				Prior Year	Current Year
e	8	Contributions and grants (Part VIII, line 1h)		137,605.	211,964.
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.
Sev		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		78,520.	48,742.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		216,125.	260,706.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		64,000.	91,764.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		104,840.	93,184.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ă	b	Total fundraising expenses (Part IX, column (D), line 25)	0.		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		24,222.	26,455.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	······	193,062.	211,403.
	19	Revenue less expenses. Subtract line 18 from line 12		23,063.	49,303.
Net Assets or Fund Balances			Be	eginning of Current Year	End of Year
sset	20	Total assets (Part X, line 16)		134,363.	161,488.
atA	21	Total liabilities (Part X, line 26)		23,609.	1,431.
		Net assets or fund balances. Subtract line 21 from line 20		110,754.	160,057.
1 1 1					

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

Sign Here	Signature of officer JOHN BOWERS, CHAIRMAN C Type or print name and title	OF THE BOARD	Date
Paid	Print/Type preparer's name JEFFERY P. HARRIS	Preparer's signature	Date Check X PTIN if self-employed P01070180
Preparer	Firm's name NASIF, HICKS, HAR		Firm's EIN 🕞 77-0181453
Use Only	Firm's address 104 WEST ANAPAMU	ST STE B	
	SANTA BARBARA, CA	A 93101	Phone no. (805) 966-1521
May the IF	RS discuss this return with the preparer shown abov	ve? See instructions	X Yes No
132001 12-0	9-21 LHA For Paperwork Reduction Act Notice	e, see the separate instructions.	Form <b>990</b> (2021)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	n 990 (2021) UNITE TO LIGHT, INC.	27-2942180 Page 2
	art III 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:	
	UNITE TO LIGHT PROVIDES HIGH EFFICIENCY SOLAR LIGHT PROD	UCTS TO PEOPLE
	AROUND THE WORLD WHO DO NOT HAVE RELIABLE ELECTRICITY.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
_	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
5	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 n	accounted by expenses
4		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others	s, the total expenses, and
	revenue, if any, for each program service reported. (Code:) (Expenses \$165,913. including grants of \$91,764. ) (Revenue)	<u>\$ 48,742.</u> )
4a	(Code: ) (Expenses \$ 165,913. including grants of \$ 91,764.) (Revenue DURING 2021 UNITE TO LIGHT DISTRIBUTED 21,278 LOW COST S	$\frac{40,742}{01}$
	-	
	LIGHTS AND CHARGERS IN OVER 30 COUNTRIES. LIGHTS WERE DI	
	FAMILIES, STUDENTS, MEDICAL CLINICS AND MIDWIVES. SINCE	
	UNITE TO LIGHT HAS DISTRIBUTED OVER 164,000 SOLAR POWERE	D LIGHTS AND
	CHARGERS.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue	\$ )
		,
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
<u>.</u>		
4d		,
	(Expenses \$ including grants of \$ ) (Revenue \$	)
<u>4e</u>	Total program service expenses  165,913.	
		Form <b>990</b> (2021)

Form	990	(2021)

Form 990 (2021) UNITE TO LIGHT, 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			v
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			v
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		x
~	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	6		x
7	provide advice on the distribution or investment of amounts in such funds or accounts? <i>If</i> "Yes," <i>complete Schedule D, Part I</i> Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		
7	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
0		8		x
9	Schedule D, Part III			
5	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, 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		Х
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	37	X
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			v
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10-		x
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	12a		- 23
U	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E	13		X
14a		14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	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			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. 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			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
•	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic approximation or the science of the scie	04		x
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		

Form	990	(2021)
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 Form 990 (2021)
 UNITE TO LIGHT, INC.

 Part 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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			37
	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		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
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	054		x
06	Schedule L, Part I	25b		
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% controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part II</i>	26		x
97		20		- 23
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			
	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,	21		
20	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			
u	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f			
	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			<u>.</u> _
	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?		v	
Pa	Note: All Form 990 filers are required to complete Schedule O           t V         Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
rd				
	Check if Schedule O contains a response or note to any line in this Part V		V	
4	Enter the number reported in box 2 of Earm 1006. Enter 0, if not applicable 1		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable1aEnter the number of Forms W-2G included on line 1a. Enter -0- if not applicable1b			
b	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
С	(gambling) winnings to prize winners?	1c	х	
	10			

Form	990 (2021) UNITE TO LIGHT, INC.	27-2942	180	Р	age <b>5</b>
Pa	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 3			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returned		2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instruction	3			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a		X
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5b		X
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne 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 contribut	ions or gifts			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set		7a	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		X
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as required			
	to file Form 8282?		7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	7d			37
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fe		7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained				
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
			9a		<u> </u>
	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	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:	L., I			
	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
46	amounts due or received from them.)	11b			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		10		
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
<b>b</b>	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.				
a	Enter the amount of reserves the organization is required to maintain by the states in which the	126			
-	organization is licensed to issue qualified health plans	13b			
	Enter the amount of reserves on hand	13c	44-		x
		 Ю О	14a		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule the exception subject to the exception 4060 tox on payment(a) of more than \$1,000,000 in remune		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune		45		x
	excess parachute payment(s) during the year?		15		
16	If "Yes," see the instructions and file Form 4720, Schedule N.	t incomo?	10		x
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmer		16		
17	If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust any disqualified person, or mine operator engage in	anv			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in activities that would result in the imposition of an excise tax under section 4951, 4952 or 49532.		17		
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.		17		

Form	990	(2021)
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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			Χ
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 8			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	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	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	v	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		v	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		х	
	on Schedule O how this was done	12c	л Х	
13	Did the organization have a written whistleblower policy?	13	Δ	Х
14 45	Did the organization have a written document retention and destruction policy?	14		
15	Did the process for determining compensation of the following persons include a review and approval by independent			
-	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45-	х	
	The organization's CEO, Executive Director, or top management official	15a 15b	- 23	Х
a	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	15b		21
16-	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
iua		16a		х
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	104		
D.	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	100		
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright CA$			
18	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	) availa	able
-	for public inspection. Indicate how you made these available. Check all that apply.	<b>j</b>		
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar	d finar	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	THE ORGANIZATION - 805-617-0590			
	1117 STATE STREET, SANTA BARBARA, CA 93101			

Form 990 (2021)

Part VII	Compensation of Officers,	Directors, Trustees,	Key Employees,	Highest C	Compensated
	Employees, and Independe	ent Contractors			

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

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

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

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

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

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

Name and titleAverage hours per weekPosition (do not check more than one box, unless person is both an officer and a director/trustee)Reportable compensationReportable compensationEss compensation(list any hours for related organizations1000 + 10000 + 1000 + 1000 + 1000 + 1000 + 1000 + 100	(F)	(F)	(E)			(D		npe	)			T	(B)	(A)
(1) MEGAN BIRNEY       40.00       X       88,940.       0.         (2) JOHN BOWERS       2.00       X       X       0.       0.         (3) SUZANNE CROSS       2.00       X       X       0.       0.         (3) SUZANNE CROSS       2.00       X       X       0.       0.         (4) WADE NOMURA       1.00       X       0.       0.       0.         (5) GISELA VOSS       4.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         (6) CLAUDE DORALS       1.00       X       0.       0.       0.         DIRECTOR       X       X       0.       0.       0.       0.         (7) DAWN MITCHAM       2.00       X       X       0.       0.       0.         (8) GREG PADGETT       1.00       X       0.       0.       0.       0.       0.         (9) KAITLYN COAKLEY       1.00       1.00       0.       0.       0.       0.	timated nount of other	Estima amoun	eportable npensation	C	table nsation	Repor comper	h an	than is bot	ition <sup>more</sup> rson	Pos heck ss pe	not c , unle	box	Average hours per	
(1) MEGAN BIRNEY       40.00       X       88,940.       0.         PRESIDENT       X       X       88,940.       0.         (2) JOHN BOWERS       2.00       X       X       0.       0.         DIRECTOR, CHAIRMAN       X       X       X       0.       0.         (3) SUZANNE CROSS       2.00       X       X       0.       0.         (4) WADE NOMURA       1.00       X       X       0.       0.         (5) GISELA VOSS       4.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         (6) CLAUDE DORAIS       1.00       X       0.       0.       0.         DIRECTOR       X       X       0.       0.       0.         (7) DAWN MITCHAM       2.00       X       0.       0.       0.         (8) GREG PADGETT       1.00       X       0.       0.       0.         BOARD MEMBER       X       0.       0.       0.       0.	pensation om the anization d related unizations	from t organiza and rela	/1099-MISC/	(W·	zation 9-MISC/	organi: (W-2/109	Former	Highest compensated employee	Key employee	Officer	Institutional trustee	Individual trustee or director	hours for related organizations below line)	
(2) JOHN BOWERS2.00XXXDIRECTOR, CHAIRMANXXX0.0.(3) SUZANNE CROSS2.00XX0.0.SECRETARYXXX0.0.0.(4) WADE NOMURA1.00X0.0.0.DIRECTORXX0.0.0.(5) GISELA VOSS4.00X0.0.0.DIRECTORX0.0.0.0.(6) CLAUDE DORAIS1.00X0.0.0.DIRECTORXX0.0.0.(6) CLAUDE DORAIS1.00X0.0.0.DIRECTORX0.0.0.0.(7) DAWN MITCHAM2.00XX0.0.(8) GREG PADGETT1.00X0.0.0.BOARD MEMBERX0.0.0.0.(9) KAITLYN COAKLEY1.001.001.001.001.00	070		0		0 4 0	00				v		_	40.00	
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(4) WADE NOMURA1.00X0.0.DIRECTORX0.0.0.(5) GISELA VOSS4.00X0.0.DIRECTORX0.0.0.(6) CLAUDE DORAIS1.000.0.DIRECTORX0.0.(7) DAWN MITCHAM2.000.0.TREASURER1.000.0.(8) GREG PADGETT1.000.0.BOARD MEMBERX0.0.(9) KAITLYN COAKLEY1.000.0.	0.		0		٥					v		-	2.00	
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(5) GISELA VOSS4.000.DIRECTORX0.(6) CLAUDE DORAIS1.00DIRECTORX(7) DAWN MITCHAM2.00TREASURERX(8) GREG PADGETT1.00BOARD MEMBERX(9) KAITLYN COAKLEY1.00	0.		0		٥							$ _{\mathbf{v}}$	1.00	
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DIRECTORX0.0.(7) DAWN MITCHAM2.00TREASURERXX0.0.(8) GREG PADGETT1.00BOARD MEMBERX0.0.(9) KAITLYN COAKLEY1.00												<u> </u>	1,00	
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(8) GREG PADGETT         1.00         0.00           BOARD MEMBER         X         0.00           (9) KAITLYN COAKLEY         1.00         0	0.		0.		0.					x				
(9) KAITLYN COAKLEY 1.00													1.00	(8) GREG PADGETT
	Ο.		0.		Ο.							1x		BOARD MEMBER
MEMBER     X     0.     0.       Image: Constraint of the second seco													1.00	(9) KAITLYN COAKLEY
	0.		0.		0.							<u> x</u>		MEMBER
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Form 990 (2021)

	990 (2021) UNITE TO	LIGHT,	II	IC	•					27-29	421	80	Page <b>8</b>
Pa	t VII Section A. Officers, Directors, Trus		ploy	ees			ghe	st C	Compensated Employe	es (continued)			
	(A) Name and title	(B) Average hours per week (list any	(C) Position (do not check more th box, unless person is officer and a director/t			than ( is bot	n an	(D) Reportable compensation from the	(E) Reportable compensation from related		(F Estim amou oth	ated int of ier	
		hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC 1099-NEC)	;/	comper from organi and re organiz	the zation elated
	Subtatal								88,940.		0.		979.
с	Subtotal Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A							0. 88,940.		0.		0. 979.
2	Total number of individuals (including but n compensation from the organization	ot limited to th	iose	liste	ed al	bove	e) wh	io r	received more than \$100	,000 of reportable			0
												Ye	
3	Did the organization list any <b>former</b> officer, line 1a? If "Yes," complete Schedule J for s			-	•				ghest compensated emp	-		3	x
4	For any individual listed on line 1a, is the su and related organizations greater than \$150		le co	omp	ensa	atior	n and	l ot	her compensation from	the organization		4	X
5	Did any person listed on line 1a receive or a	accrue comper	nsat	ion f	rom	any	unr	elat	ted organization or indiv	dual for services			
Sec	rendered to the organization? If "Yes," com tion B. Independent Contractors	plete Schedule	e J f	or si	uch	pers	son .				<u>  </u>	5	X
1	Complete this table for your five highest co the organization. Report compensation for										ensati	ion fror	n
	(A) Name and business	address	NC	ONE	3				<b>(B)</b> Description of s	ervices	Cor	(C) mpensa	ition
	Total number of independent contractors (i	noludina hut -	ot 1:-	nite	d + -	the			d abovo) who received -	poro then			
2	\$100,000 of compensation from the organi		UL III	me	u 10		se 115 )	5180	above, who received ff				

Га	rt \		Check if Schedule O			nse	or note to any line	e in this Part VIII			
					·			<b>(A)</b> Total revenue	(B) Related or exempt	(C)	(D) Revenue excluded
nts nts	1	а	Federated campaigns		1a						
Grants nounts			Membership dues								
Am (S		с	Fundraising events		1c						
Contributions, Gifts, Grants and Other Similar Amounts		d	Related organizations		1d						
		е	Government grants (contr	ributi	ons) <b>1e</b>		42,985.				
		f	All other contributions, gifts,	grant	s, and						
			similar amounts not included	abo\	/e <b>1f</b>		168,979.				
and the second		-	Noncash contributions included in								
<u>a Č</u>		h	Total. Add lines 1a-1f					211,964.			
							Business Code				
ice	2	а									
ue v		b									
S u S		С									
Be		d									
Program Service Revenue		e	<u>.</u>								
-		Ť	All other program service								
			Total. Add lines 2a-2f								
	3		Investment income (inclue other similar amounts)	•							
	4		Income from investment of								+
	45				•		· · ·				+
	3		Royalties	<b></b>	(i) Real		(ii) Personal				
	6	2	Gross rents	6a	(.)		(				
	ľ		Less: rental expenses	6b							
			Rental income or (loss)	6c							
			Net rental income or (loss	、 <u> </u>							
	7		Gross amount from sales of	/ <u></u>	(i) Securiti		(ii) Other				
			assets other than inventory	7a							
		b	Less: cost or other basis								
ne			and sales expenses	7b							
Revenue		с	Gain or (loss)								
			Net gain or (loss)				►				
her	8	а	Gross income from fundraisi	ng ev	ents (not						
Oth			including \$		of						
			contributions reported on	line	1c). See						
			Part IV, line 18			8a					
			Less: direct expenses			8b					
			Net income or (loss) from				<b>&gt;</b>				
	9	а	Gross income from gamin								
			Part IV, line 19			9a					
			Less: direct expenses			9b					
			Net income or (loss) from	•	0	<u></u>	▶				
	10	а	Gross sales of inventory,				140 142				
			and allowances				140,143.				
			Less: cost of goods sold			L	91,401.	10 710	10 710		
		С	Net income or (loss) from	sale	s of inventoi	у		48,742.	48,742.		
sn							Business Code				
Miscellaneous Revenue	11						<u>├</u> ───┤				
ella. Ven		b					├				
Be		с d					├				+
Σ			All other revenue Total. Add lines 11a-11d				▶				
	12		Total revenue. See instruction					260,706.	48,742.	0.	0.

Form 990 (2021)

27 - 2942180

Page **9** 

 Form 990 (2021)
 UNITE TO LIGHT,

 Part IX
 Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

INC.

			<u> </u>	, , ,			
Check if Schedule O contains a response or note to any line in this Part IX							
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service	Management and	Fundraising		
			expenses	general expenses	expenses		
1	Grants and other assistance to domestic organizations						
	and domestic governments. See Part IV, line 21						
2	Grants and other assistance to domestic						
	individuals. See Part IV, line 22						
3	Grants and other assistance to foreign						
	organizations, foreign governments, and foreign						
	individuals. See Part IV, lines 15 and 16	91,764.	91,764.				
4	Benefits paid to or for members						
5	Compensation of current officers, directors,						
	trustees, and key employees	82,375.	60,780.	21,595.			
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	4,005.	4,005.				
8	Pension plan accruals and contributions (include	_,	1,005.				
0	section 401(k) and 403(b) employer contributions)						
~							
9	Other employee benefits	6,804.	5,103.	1,701.			
10	Payroll taxes	0,004.	5,105.	<b></b> ,/UI•			
11	Fees for services (nonemployees):						
а	Management						
	Legal						
	Accounting						
d	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,						
	column (A), amount, list line 11g expenses on Sch 0.)						
12	Advertising and promotion	937.		937.			
13	Office expenses	15,056.		15,056.			
14	Information technology						
15	Royalties						
16	Occupancy						
17	-	131.	131.				
	Travel Payments of travel or entertainment expenses						
18	5						
40	for any federal, state, or local public officials						
19 00	Conferences, conventions, and meetings						
20	Interest						
21	Payments to affiliates						
22	Depreciation, depletion, and amortization	3,633.	734.	2 000			
23	Insurance	5,055.	/ 34 •	2,899.			
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If						
	line 24e amount exceeds 10% of line 25, column (A),						
	amount, list line 24e expenses on Schedule 0.)						
а	CREDIT CARD FEES AND CO	2,710.	2,710.				
b	TAXES & LICENSES	1,335.		1,335.			
с	PAYROLL PROCESSING FEES	915.	686.	229.			
d	QB FEES	886.		886.			
е	All other expenses	852.		852.			
25	Total functional expenses. Add lines 1 through 24e	211,403.	165,913.	45,490.	0.		
26	Joint costs. Complete this line only if the organization						
	reported in column (B) joint costs from a combined						
	educational campaign and fundraising solicitation.						
	Check here if following SOP 98-2 (ASC 958-720)						
					<b>Cont</b>		

UNITE TO LIGHT, INC.

1 41	נא	Check if Schedule O contains a response or note to any line in th	is Part Y		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	14,577.	1	35,145.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	26,373.
	5	Loans and other receivables from any current or former officer, di			- /
	Ū	trustee, key employee, creator or founder, substantial contributor			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as c			
	U	under section 4958(f)(1)), and persons described in section 4958		6	
۵	7	Notes and loans receivable, net		7	
Assets	، م			8	99,970.
As	8	Inventories for sale or use		9	
	9 10 c	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
	h			10c	
				11	
	11	Investments - publicly traded securities			
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14 45	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	161,488.
	16	Total assets. Add lines 1 through 15 (must equal line 33)		16 17	101,400.
	17 18	Accounts payable and accrued expenses		17	
	19	Grants payable		19	
	20	Deferred revenue		20	
	20 21	Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedu		20	
				21	
Liabilities	22	Loans and other payables to any current or former officer, director			
ilid		trustee, key employee, creator or founder, substantial contributor controlled entity or family member of any of these persons		22	
Lia	23	Secured mortgages and notes payable to unrelated third parties		22	
	23 24			23	0.
	24 25	Unsecured notes and loans payable to unrelated third parties		24	••
	25	Other liabilities (including federal income tax, payables to related			
		parties, and other liabilities not included on lines 17-24). Complete	2,489.	25	1,431.
	26	of Schedule D Total liabilities. Add lines 17 through 25		25	1,431.
	20	Organizations that follow FASB ASC 958, check here		20	
es		and complete lines 27, 28, 32, and 33.			
anc	27			27	
3ala	28			28	
1 pc	20	Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here		20	
Π		and complete lines 29 through 33.			
P	29	Capital stock or trust principal, or current funds	0.	29	0.
ets	29 30	Paid-in or capital surplus, or land, building, or equipment fund		30	0.
Ass	30 31			30	160,057.
Net Assets or Fund Balances	31 32	Retained earnings, endowment, accumulated income, or other fu		31	160,057.
z	32 33	Total net assets or fund balances Total liabilities and net assets/fund balances		32	161,488.
	00	וסנמו וומטווונופס מווע דופר מספרסי ועדוע שמומושפס	101,000.	00	Form <b>990</b> (2021)

Form 990 (2021) Part X Balance Sheet

Form	UNITE TO LIGHT, INC.	27-294	2180	Pag	ge <b>12</b>	
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1			06.	
2	Total expenses (must equal Part IX, column (A), line 25)	2			03.	
3	Revenue less expenses. Subtract line 2 from line 1	3			03.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	11(	),7	54.	
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	160	),0	57.	
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	e O.			x	
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?					
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		2b		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,				
	consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		2c			
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit				
	Act and OMB Circular A-133?		3a		X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b			

Form **990** (2021)

Department of the Treasury

Internal Revenue Service

(Form 990)

# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

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

OMB No. 1545-0047
2021
Open to Public Inspection

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

Employer identification number
07 0040100

		E TO LIGHT						7-2942180	
Part I	Reason for Public	Charity Status.	(All organizations must c	omplete ti	nis part.) S	See instruction	S.		
The orga	nization is not a private found	lation because it is: (	For lines 1 through 12, o	check only	one box.)				
1	A church, convention of ch	urches, or associatio	on of churches describe	d in <b>sectio</b>	n 170(b)(*	1)(A)(i).			
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)								
3	A hospital or a cooperative	hospital service orga	anization described in <b>s</b> e	ection 170	(b)(1)(A)(i	ii).			
4	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:								
5	An organization operated for	or the benefit of a co	llege or university owned	d or opera	ted by a g	overnmental u	ınit descrik	oed in	
	section 170(b)(1)(A)(iv). (C	Complete Part II.)							
6	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).								
7	An organization that norma	Illy receives a substa	ntial part of its support f	from a gov	ernmental	unit or from t	he general	public described in	
	section 170(b)(1)(A)(vi). (C	omplete Part II.)							
8	A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)					
9	An agricultural research org	ganization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	unction with a	land-grant	college	
	or university or a non-land-	grant college of agric	ulture (see instructions).	Enter the	name, city	y, and state of	the colleg	e or	
	university:								
10 X	An organization that norma	Illy receives (1) more	than 33 1/3% of its sup	port from	contributio	ons, membersl	nip fees, a	nd gross receipts from	
	activities related to its exen	npt functions, subjec	t to certain exceptions;	and (2) no	more that	n 33 1/3% of i	ts support	from gross investment	
	income and unrelated busi	ness taxable income	(less section 511 tax) fr	om busine	sses acqu	ired by the or	ganization	after June 30, 1975.	
	See section 509(a)(2). (Co	mplete Part III.)							
11	An organization organized	and operated exclus	ively to test for public sa	afety. See	section 50	09(a)(4).			
12	An organization organized	and operated exclus	ively for the benefit of, to	o perform	the functio	ons of, or to ca	arry out the	e purposes of one or	
	more publicly supported or	-						Check the box on	
	lines 12a through 12d that	• •			-		-		
a L	<b>Type I.</b> A supporting orga	-	-	•					
	the supported organization			a majority	of the dire	ctors or truste	es of the s	supporting	
	organization. You must o	-							
b 🗆	<b>Type II.</b> A supporting org	-				-		-	
	control or management o			ame perso	ons that co	ontrol or mana	ge the sup	ported	
Г	organization(s). You mus								
c L	Type III functionally inte						ly integrat	ed with,	
	its supported organizatio								
d L	Type III non-functionally						-		
	that is not functionally int			•		-	an attent	Iveness	
- L	requirement (see instruct		-				U. T		
e L	Check this box if the orga					а турет, туре	п, туре п		
f En	functionally integrated, o ter the number of supported				zation.				
	ovide the following information								
<u> </u>	(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of	monetary	(vi) Amount of other	
	organization		(described on lines 1-10 above (see instructions))	in your governi Yes	No	support (see in	structions)	support (see instructions)	
			above (see instructions))						
Total								1	

Sec	ction A. Public Support					-	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities	, etc. (see instruction	ons)			12	•
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3)	
	organization, check this box and stop						<b>&gt;</b>
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2021 (					14	%
	Public support percentage from 2020					15	%
16a	33 1/3% support test - 2021. If the o						
	stop here. The organization qualifies						
b	33 1/3% support test - 2020. If the o	-					
	and <b>stop here.</b> The organization qua						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact			•		VI how the orga	nization
	meets the facts-and-circumstances te	-		• • • •	•		
b	10% -facts-and-circumstances tes	•					
	more, and if the organization meets the						e
	organization meets the facts-and-circ		•				
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17l	o, check this box a	and see instructi	ons 🕨 🛄

990) 2021 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

UNITE TO LIGHT, INC.

27-2942180 Page 2

Schedule A (Form 990) 2021

Schedule	
Part II	Supp

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

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

See	ction A. Public Support		, , , , , , , , , , , , , , , , , , ,				
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	150,180.	134,001.	130,033.	137,605.	168,979.	720,798.
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	128,644.	96,789.	168,973.	193,885.	182,459.	770,750.
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	278,824.	220 700	200 006	221 /00	351,438.	1 401 540
	Total. Add lines 1 through 5	4/0,044.	230,790.	299,006.	331,490.	JJI,430.	1,491,548.
78	Amounts included on lines 1, 2, and 3 received from disqualified persons	39,000.	20,000.	20,000.	20,000.	6,000.	105,000.
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						0.
	amount on line 13 for the year	39,000.	20,000.	20,000.	20,000.	6,000.	105,000.
	Add lines 7a and 7b	59,000.	20,000.	20,000.	20,000.	0,000.	,
	Public support. (Subtract line 7c from line 6.)						1,386,548.
	ction B. Total Support	() 00/7	(1) 00 (0	( ) 00 ( 0	( )) 0000	() 000 (	
	ndar year (or fiscal year beginning in)	(a) 2017 278,824.	(b) 2018 230,790.	(c) 2019 299,006.	(d)2020 331,490.	(e)2021 351,438.	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	38.	8.	0.	0.	0.	1,491,548. <b>46</b> .
t	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b	38.	8.				46.
	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					42,985.	42,985.
12	assets (Explain in Part VI.)	278,862.	230,798.	299,006.	331,490.	394,423.	1,534,579.
	First 5 years. If the Form 990 is for th	-	-	-	-	-	
	check this box and stop here					. 2	<b>&gt;</b>
	ction C. Computation of Publ						00 25
	Public support percentage for 2021 (I			column (f))		15	90.35 %
16	Public support percentage from 2020					16	90.61 %
-	ction D. Computation of Inves		<b>`</b>				
17	Investment income percentage for 20					17	.00 %
18	Investment income percentage from 2					18	%
19a	a 33 1/3% support tests - 2021. If the	organization did n	ot check the box	on line 14, and line	e 15 is more than 3	3 1/3% , and line 1	
	more than 33 1/3%, check this box a						
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						
	Private foundation. If the organizatio	T UIU TIOL CHECK A		a, or 190, check tr	IIS DUX ALIU SEE INS		(Form 990) 2021

Yes No

#### Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

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

1

2

Yes No

			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		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)			

	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
2	Did the organization operate for the benefit of any supported organization other than the supported
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,
	supervised or controlled the supporting organization

Section C. Type II Supporting Organizations	

1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		
	or management of the supporting organization was vested in the same persons that controlled or managed		
	the supported organization(s).	1	

Section D. All Type III Supporting Organizations	

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

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

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).
- a 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.*
- c L The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" provide details in **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

Yes No

1

## Schedule A (Form 990) 2021 UNITE TO LIGHT, INC. Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors			
(explain in detail in <b>Part VI</b> ):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functiona	Illy integrate	d Type III supporting ord	anization (see

instructions).

Schedule A (Form 990) 2021

Schedule A	(Form 990)	) 2021

27-2942180 Page 7

Par	t V   Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes	1	
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity	2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	is <b>3</b>	
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in <b>Part VI</b> )	5	
6	Other distributions (describe in Part VI). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which the	he organization is responsive	e	
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2021 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
Secti	on E - Distribution Allocations (see 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 Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2021			
а	From 2016			
b	From 2017			
с	From 2018			
d	From 2019			
е	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
с	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2021. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2017			
b	Excess from 2018			
с	Excess from 2019			
d	Excess from 2020			
е	Excess from 2021			

Schedule A (Form 990) 2021

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

#### SCHEDULE A, PART III, LINE 12, EXPLANATION FOR OTHER INCOME:

#### PPP LOAN FORGIVENESS

2021 AMOUNT: \$ 42,985.

Department of the Treasury				Open to P	ublic		
Internal Revenue Service	Go to	www.irs.gov/Fo	orm990 for instructions and the lates	t information.		Inspection	
Name of the organization	1				Employer	identificatio	on number
UNITE TO LIG					27-29		
	Information on <i>I</i> Part IV, line 14b.	Activities Ou	tside the United States. Comple	ete if the organ	ization ansv	vered "Yes" o	on
		n maintain recor	ds to substantiate the amount of its gr	ants and other	assistance.		
-	•		the selection criteria used to award the			🗌 Yes	XNo
2 For grantmakers. United States.	Describe in Part V th	e organization's	procedures for monitoring the use of it	s grants and o	ther assistar	nce outside t	he
			an be duplicated if additional space is				
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a pro describe	vity listed in gram service specific typ (s) in the reg	e, exp pe inv	( <b>f)</b> Total benditures for and vestments the region
SUB-SAHARAN AFRICA	(	0 0	PROGRAM SERVICES	DISTRIBUTIC	N OF LIGH	HTS	48,349.
NORTH AMERICA (CANADA & MEXICO)		0	PROGRAM SERVICES	DISTRIBUTIC	NOFIC	JTTC	700
(CANADA & MEXICO)		0	PROGRAM SERVICES	DISIRIBUIIC	N OF LIG	.115	700.
EAST ASIA AND THE PACIFIC	(	0 0	PROGRAM SERVICES	DISTRIBUTIC	ON OF LIGH	HTS	3,139.
CENTRAL AMERICA AN THE CARIBBEAN	D	0 0	PROGRAM SERVICES	DISTRIBUTIC	ON OF LIGH	HTS	42,782.
EUROPE	(	0 0	PROGRAM SERVICES	DISTRIBUTIC	ON OF LIGH	HTS	1,437.
SOUTH AMERICA		0	PROGRAM SERVICES	DISTRIBUTIC	ON OF LIGH	HTS	700.
SOUTH ASIA		0	PROGRAM SERVICES	DISTRIBUTIC	N OF LIG	ITS	2,000.
			INCOMPLETERATORS		M OF HIG		2,000.
3 a Subtotal	(	) C					99,107.
<b>b</b> Total from continu sheets to Part I	ation	c c					0.
<b>c Totals</b> (add lines 3 and 3b)	a	) C					99,107.

Statement of Activities Outside the United States ► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

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

Schedule F (Form 990) 2021

OMB No. 1545-0047

21

2

SCHEDULE F (Form 990)

Page 2

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	<b>(h)</b> Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			DISTRIBUTION OF SOLAR POWERED LIGHTS AND CHARGERS	0.			SOLAR POWERED LIGHTS AND CHARGERS	COST
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA,	DISTRIBUTION OF SOLAR POWERED LIGHTS AND				SOLAR POWERED	
		BURKINA FASO,	CHARGERS	0.		48,685.	CHARGERS	COST
	inization by the IRS,	or for which the grantee	recognized as charities by the or counsel has provided a sec					4

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)</i>	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2021