Form	990
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Department of the Treasury

### COPY FOR PUBLIC DISCLOSURE

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.

Co to your instructions and the latest information

OMB No. 1545-0047

Intern	ai Reve	■ Go to www.irs.gov/Form990 for instructions and	u the latest	information.		Inspection		
AF	or th	and a 2021 calendar year, or tax year beginning JUL 1, 2021 and	ending J	UN 30, 2022				
	heck if oplicab	C Name of organization		D Employer ider	ntifi	cation number		
	Addre							
	chang Name	THE NIGHT MINISTRY	36-31457					
	_chang	<u>w</u>						
	return	Number and street (or P.0. box if mail is not delivered to street address)	Room/suite	E Telephone nur				
	Final return termir		2000	(773) 784	-90			
	ated Amen	City or town, state or province, country, and ZIP or foreign postal code		<b>G</b> Gross receipts \$		11,863,197.		
	_return Applio			H(a) Is this a grou				
	_tion pendi	F Name and address of principal officer. Breth Rith		for subordina				
		1735 N ASHLAND AVE, SUITE 2000, CHICAGO, IL		H(b) Are all subordina				
		empt status: $x 501(c)(3) 501(c) ( ) < (insert no.) 4947(a)(1)$	or 527	1 '		list. See instructions		
		te: WWW.THENIGHTMINISTRY.ORG		H(c) Group exem				
		organization: X Corporation Trust Association Other ►	<b>L</b> Year	of formation: 1982		<b>V</b> State of legal domicile: <sup>IL</sup>		
Pa	rt I	Summary						
e	1	Briefly describe the organization's mission or most significant activities:		STRY IS A				
Governance	_	CHICAGO-BASED ORGANIZATION THAT WORKS TO PROVIDE (SEE SCH O)						
ern		Check this box 🕨 🛄 if the organization discontinued its operations or dispos	sed of more	than 25% of its net		1		
٥ ک					3	24		
∞		Number of independent voting members of the governing body (Part VI, line 1b)		4	24			
Activities		Total number of individuals employed in calendar year 2021 (Part V, line 2a)		5	183			
ivit	6	Total number of volunteers (estimate if necessary)		6	425			
Act				7a	0.			
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			7b	0.		
	-			Prior Year 10,649,63	0 1	Current Year		
ne	8	Contributions and grants (Part VIII, line 1h)		10,049,03	0.	11,680,084.		
Revenue	9	Program service revenue (Part VIII, line 2g)	717,317.		180,621.			
Rev		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-66,809.		-98,426.		
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11,300,13		11,762,279.			
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		43,21		93,937.		
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)			0.	0.		
		Benefits paid to or for members (Part IX, column (A), line 4)		7,259,85		7,610,529.		
ses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		15,00		,010,325.		
ens		Professional fundraising fees (Part IX, column (A), line 11e)		10,00				
Expenses				3,477,90	าย	3,169,819.		
_		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		10,795,97		10,874,285.		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		504,16		887,994.		
- s		Revenue less expenses. Subtract line 18 from line 12						
Net Assets or -und Balances	20	Total assots (Part X, line 16)		ginning of Current Ye 14,937,38		End of Year 17,470,779.		
Asse Balá	20 21	Total assets (Part X, line 16) Total liabilities (Part X, line 26)		4,720,26		6,973,160.		
Vet /	21	Net assets or fund balances. Subtract line 21 from line 20						
	rt II	Signature Block			•	10,497,619.		
		Ities of perjury, I declare that I have examined this return, including accompanying schedule:	s and stateme	ents and to the heet o	of my	knowledge and helief it is		
		it, and complete. Declaration of preparer (other than officer) is based on all information of whether the second			a mj	י הוסייוסטעט מווע טפוופו, וג וא		
uue,	COLLER	יה, מות כסוווףוסנס. בכטמומנוטון טו פו בפמובו (סנוובר נוומון טוווטבר) וא שמשכע טון מון ווווטרוומנוטון טו או א	nich preparel					

Sign Here	Signature of officer         ERIN RYAN, PRESIDENT & CEO         Type or print name and title			Date				
Paid	Print/Type preparer's name	Preparer's signature	Date	Check PTIN if self-employed				
Preparer	Firm's name			Firm's EIN 🕨				
Use Only	nly Firm's address							
Phone no.								
May the I	RS discuss this return with the preparer shown abo	ve? See instructions		Yes No				

Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	THE NIGHT MINISTRY IS A CHICAGO-BASED ORGANIZATION WHOSE MISSION IS TO	
	PROVIDE HUMAN CONNECTION, HOUSING SUPPORT AND HEALTH CARE TO THOSE WHO	
	ARE UNHOUSED OR EXPERIENCING POVERTY.	
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 N
	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 N
	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	neasured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others	
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$6, 203, 401. including grants of \$93, 937. ) (Revenu	e\$ 6,044,578.
	SHELTER PROGRAMS:	·· <u>·</u> ···
	THE NIGHT MINISTRY'S YOUTH PROGRAMS PROVIDE A CONTINUUM OF SERVICES FOR	
	YOUTH EXPERIENCING HOMELESSNESS. THE YOUTH OUTREACH TEAM SUPPORTS YOUNG	
	PEOPLE WHO ARE UNSTABLY HOUSED OR UNHOUSED, HELPING THEM TO MAKE A SAFE	
	PLAN FOR THEMSELVES, SOMETIMES INCLUDING SHELTER. THE CRIB EMERGENCY	
	OVERNIGHT SHELTER PROVIDES FOR THE BASIC NEEDS OF 21 18-24 YEAR OLDS ON	
	A NIGHT-TO-NIGHT BASIS; THE INTERIM SHELTER AT OPEN DOOR SHELTER WEST	
	TOWN PROVIDES 24-HOUR SUPPORT AND SHELTER FOR 16 YOUNG PEOPLE AGES	
	14-21. YOUTH PROGRAMS ALSO PROVIDES TWO TRANSITIONAL HOUSING PROGRAMS	
	SERVING 16-24 YEAR OLDS FOR AS LONG AS TWO YEARS: PATHWAYS (12 BEDS)	
	AND PARENTING WITH PURPOSE, WHICH SERVES YOUNG PEOPLE WHO ARE EITHER	
	PREGNANT OR PARENTING (8 BEDS, PLUS CRIBS). THE (SEE SCH O)	
4b	(Code: ) (Expenses \$ 1,575,893. including grants of \$ ) (Revenue	e\$ 2,014,859.
чы	OUTREACH AND HEALTH PROGRAM: THE OUTREACH AND HEALTH PROGRAM PROVIDES	
	HEALTHCARE, CASE MANAGEMENT, AND PASTORAL SERVICES TO YOUTH AND ADULT	
	INDIVIDUALS IN SEVERAL CHICAGO COMMUNITIES. IN THE YEAR ENDED JUNE 30	
	2022, THE NIGHT MINISTRY MADE OVER 52,208 HEALTH OUTREACH CONTACTS	
	REACHING 5,300 INDIVIDUALS.	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	e\$
	Other program services (Describe on Schedule O.)	
4d		3,035,042.)
4d	(Expenses \$ including grants of \$ ) (Revenue \$	
	(Expenses \$ including grants of \$ ) (Revenue \$       Total program service expenses ►     7,779,294.	
	(Expenses \$ including grants of \$ ) (Revenue \$       Total program service expenses     7,779,294.	
4e		Form <b>990</b> (20

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
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	<u>11a</u>	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	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		х	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d 11e	X	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
	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)? <i>If "Yes," complete Schedule D, Part X</i>	11f	х	
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
120	Schedule D, Parts XI and XII	12a		x
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	120		
D	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		x
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
~	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		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	х	
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	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		х
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THE NIGHT MINISTRY Form 990 (2021) THE NIGHT MINISTRY
Part IV Checklist of Required Schedules

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Par	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	23	х	
24 2	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		
240	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
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? <i>If</i>			
	"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		х
	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	Х	
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			
20	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33		x
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34		34	х	
35a	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	х	
	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		х
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		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
Da	Note: All Form 990 filers are required to complete Schedule O	38	X	
Par				
	Check if Schedule O contains a response or note to any line in this Part V		<b>V</b>	
4 -	Enter the number reported in box 3 of Form 1096. Enter $-0$ , if not applicable $3$		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable1a3Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable1b0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
U	(gambling) winnings to prize winners?	1c	х	
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Pint VI         Statements Regarding Other IRS Filings and Tax Compliance contributed           2a         Entre the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, and the state of the internation of the state of the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, and the state of the state of the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, and the statement of the state of the number of the state of the state of the number of the state of the state of the number of the number of the interact on the state of the number of number of the number of the number of the number of number of the number of t	Form	990 (2021) THE NIGHT MINISTRY 36-314576	54	P	age <b>5</b>		
2a         Inter the number of employees reported on form W3, Transmitta of Wage and Tas Statements,         10         10         Image: Statements,         10         10         Image: Statements,         10         10         Image: Statements,         10         20         X           b         If at least one is reported on line 2a, did the organization file all required fideral engineem that the transmittance, the organization have an integer on the system of the 30,000 or more during the year?         2a         X           a         Def the organization have an integer on the system of the 30,000 or more during the year?         2a         X           b         If 'Yes, 'Ita if the name of the tengen country Such as a bank ancount, ecurates ancount, or other financial accounts (FBAR).         2a         X           b         If 'Yes, 'Ita if the organization in fier om BaBh?         2a         X         X         X           b         If 'Yes, 'Ita if the organization in fier om BaBh?         2a         X	Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)					
Interpretation of the spectra of the spectra of the set of the set of the spectra of the spect				Yes	No		
b       If a basit one is reported on time 2a, add the organization file all required bedra analysimment tak returns?       26       X         Note:       If the sum of files 1 and 2a is greater than 250, you may be required to <i>e</i> , <i>ie</i> , <i>is</i> instructions.       3a       X         b       If the sum of files 1 and 2a is greater than 250, you may be required to <i>e</i> , <i>ie</i> , <i>is</i> instructions.       3a       X         b       If the sum of files 1 and 2a is greater than 250, you may be required to <i>e</i> , <i>ie</i> , <i>is</i> instructions.       3a       X         b       If the sum of files 1 and 2a is greater than 250, you may be required to <i>e</i> , <i>ie</i> , <i>is</i> instructions.       3a       X         b       If the sum of files 1 and 2a is greater than 250, you may be required to <i>e</i> , <i>ie</i> , <i>is</i> is the sum of files 1 and 1 a	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
Note if the sum of lines 1 and 2a is greater than 250, you may be required to a file. See instructions         Image: Control of the organization have unrelated business gress income of \$1,000 or more during the year?         Image: Control of Conte Contende Control of Control of Control of Control of Control		filed for the calendar year ending with or within the year covered by this return 2a 183					
Sa         Did the organization have unrelated business gross income of \$1,000 or more during the year?         Sa         Xa           M         Mark Tay time during the calendar year. did the organization have an interest in, or a signature or other authority over, a financial accountly such as a bank account, securits account, or other financial accountly?         Sa         Xa           M         Mark Tay, time during the calendar year. did the organization financial Accounts (FBAR).         Sa         Xa           Mark Tay, time during the calendar year. did the organization financial Accounts (FBAR).         Sa         Xa         Sa         Xa           Mark Tay, calendar year, did the organization in for MCB Tom 886-7         Sa         Xa         Sa         Xa           Mark Tay, calendar year, did the organization in for MBB Tom 886-7         Calendar year         Sa         Xa           Mark Tay, calendar year, did the organization in for MBB Tom 886-7         Calendar year         Sa         Xa           Mark Tay, calendar tay and back and a spraty to a prohibid tax short transaction?         Sa         Xa           Mark Tay, calendar tay and back and tay as and ta	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х			
b       If "Yes," has it filed a Form 990 T for this year? <i>It "Not to line 3b, provide an explanation on Schedule D</i> 30         4       At any time during the calendar year, did the organization have an inferest in, or a signature or other autuationity over, a financial accounts of the financial accounts?       4a         b       I'Yes," mater the name of the foreign country buch as a bank accourt, securities account, or other financial alcocunts (PEAR).       5a         6a       Was the organization the organization that was or is a party to a prohibited at schetter transaction?       5a         5a       Was the organization the organization that was or is a party to a prohibited at schetter transaction?       5c         6a       Does the organization the organization that was or is a party to a prohibited at schetter transaction?       5c         6a       Does the organization have multiplose receives that are normally greater than \$100,000, and did the organization have multiplose receives provided?       5c         7       Organization have may receive deductible contributions and party for gools and services provided?       7a       X         7       Organization have may receive deductible contributions and party for gools and services provided?       7a       X         7       Organization have exchange, or dherwise dispose of tangible personal property for which it was required to the party as a contribution of analytic transaction received a contribution of analytic indicetty, on parenonal property for which it was required?       7a		Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.					
4a Are y time during the calendary year, dit the organization have an interest in, or a signature or other authority over, a financial accounts (FBAR).       4a       X         b If "Yes," enter the name of the foreign country be	3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х		
In the set of th	b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b				
b       If "Yes," enter the name of the foreign country       Image: Country of the foreign country         See instructions for fing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       See         B       Was the organization apely to a prohibit at substret transaction at any time during the tax year?       See         D       Did any taxable party notify the organization in fore from 886.7       See       X         G       Does the organization have annual gross receipts that are normally greater than \$100.000, and did the organization solution are commally greater than \$100.000, and did the organization solution are commally greater than \$100.000, and did the organization solution are appress statement that such contributions or gifts were not tax deductibles a charlable contributions and environs provided to the paper.       7a       X         D       Did the organization notify the donor of the value of the goods and services provided?       7a       X         D       Did the organization notify the donor of the value of the goods conservices provided?       7a       X         D       Did the organization notify the donor of the value of the goods conservices provided?       7a       X         D       Did the organization notify the donor of the value of the goods conservices provided?       7a       X         Did the organization notify any thunds, directly or indirectly, to pay premiums on a personal benefit contract?       7a       X         Did the organi	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a					
See instructions for thing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       58         54       Was the organization a party to a prohibited tax shelter transaction at any time during the taxy sea?       58         55       TYes" to line Ba or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?       58         6       Ded any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?       58         6       Ded any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?       58         7       B       If "Yes", fold the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       74       X         7       Organization tax to exceed eductible contributions under section 170(c).       76       X       76       X         9       If "Yes," fold the organization notify the donor of the value of the godo or sevices provided?       76       X       77       X         9       If "Yes," fold the organization enceive a party tor indirecity, to pay premiums on a personal benefit contract?       76       X       X         9       If the organization receive a contribution of qualified intelectual property, did the organization file form 8082?       70       71       X         9       Sponcoring organization		financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X		
Sa         Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?         Sa         X           b         Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?         Sb         X           d         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 or a charable contributions are deta table.         Sc         X           d         If Yes,' idi the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?         Ga         X           d         If Yes,'' did the organization netw the every solicitation and partly for goods and services provided to the part of the organization netw the ductible contributions under section 170(c).         7a         X           d         If Yes,'' did the organization netw that section or the value of the goods or services provided?         7a         X           c         Did the organization network up thad, directly or indirectly, on a personal benefit contract?         7a         X           d         If Yes,'' indicate the number of Forms 8282 field during the year         7d         I         X           d         If the organization netwer as contribution or qualified intellectual property, if the duce the duce that and the organization field and the organization netwere ascontribution or qualis did the duce the duce the duce	b	If "Yes," enter the name of the foreign country					
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?       9       X         c If "Yes" to line 6a or 5b, did the organization file Form 8898-17?       6c       4c         6 Does the organization have annual gross recipits that are normally greater than \$100,000, and did the organization solicit any contributions?       6c       x         b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts       6c       x         ''''''''''' did the organization neity exerve deductible contributions under section 170(c).       10		See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
c     If Yes' to line 5a or 5b, did the organization file Form 8880-T?     5c       6a     Des the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles     5c       b     If Yes,'' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?     5c       b     If Yes,'' did the organization include with every solicitation and partly for goods and services provided?     7c       b     If Yes,'' did the organization notify the donor of the value of the goods or services provide?     7a       c     Did the organization notify the donor of the value of the goods or services provide?     7a       c     Did the organization notify the donor of the value of the goods or services provide?     7a       c     Did the organization notify the donor of the value of the goods or services provide?     7a       d     If Yes,'' indicate the number of Forms 8282 field during the year     7d     7a       d     If the organization necelve a contribution of qualified intellectual property, ind the organization file a Form 10896?     7a       d     If the organization necelve a exother building directly or indirectly, on a personal benefit contract?     7t     X       g     If the organization necelve a contribution of qualified intellectual property, ind the organization file a Form 10896?     7a       Sponsoring organization necelve das outhibutions	5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X		
Ga         Dees the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that ware not tax deductible as chartable contributions?         Sa         X           b         If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?         Se         Se           c         Organizations that may receive deductible contributions under section 170(c).         Bit He organization notify the doors of the value of the goods or services provided?         Ta         X           c         Did the organization notify the doors of the value of the goods or services provided?         Ta         X           c         Did the organization notify the doors of the value of the goods or services provided?         Ta         X           c         Did the organization neceive any tunds, directly or indirectly, on a personal benefit contract?         Ta         X           d         If the organization receive a contribution of qualified intellectual property, did the organization file Form 82892         Ta         X           g if the organization receive a contribution of ans, boats, airplanes, or other valicles, did the organization file Form 82892         Ta         X           g if the organization make any taxable distributions under section 49687         Sp         Sponsoring organization make any taxable distributions under section 49687         Sp           g Sponsoring org	b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X		
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     6b       7 Organizations that may receive deductible contributions under section 170(c).     7a     X       b Uf the organization cells apprent in excess 157 made party as contribution and party for goods and services provided to the payor?     7a     X       c Did the organization cells apprent in excess 157 made party as contribution and party for goods and services provided to the payor?     7a     X       c Did the organization cells apprent in excess 157 made party as contribution and party for goods and services provided to the payor?     7a     X       c Did the organization cells apprent in excess 251 field during the year     7a     7a     X       c Did the organization received a contribution of pay premiums on a personal benefit contract?     7a     X       g if the organization received a contribution of callied tintellectual property, did the organization file a Form 1096 C?     7h     X       g bonsoring organization necevises boldings at any time during the year?     8     8     8       g bonsoring organization maintaining door advised funds.     10a     10a     8       g bonsoring organization make aptistibution to a danie during the year?     8     8     8       g bonsoring organization make aptistibution to a done, doner advised, rund maintained by the sponsoring o	с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c				
b     If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?     6b       Organizations that may receive deductible contributions under section 170(c).     10       a) bit the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the paym?     7a     X       c) bit the organization notify the doors of the value of the goods or services provided?     7b     X       c) bit the organization notify the doors of the value of the goods or services provided?     7c     X       d) the organization notify the doors of the value of the goods or services provided?     7c     X       d) the organization receive any tunks, directly or indirectly, on a personal benefit contract?     7f     X       d) D the organization meaker any taxibid distribution of cars, boats, arplanes, or other valueles, did the organization file Form 8890 as required?     7a     X       f) If the organization maintaining door advised funds. Did a door advised fund maintained by the sponsoring organization maintaining door advised funds. Did a door advised fund maintained by the sponsoring organization make any taxible distributions under section 4966?     9a     9a       b) Did the sponsoring organization. Take any taxible distributions under section 4966?     9a     9b     0       10     Section 501(c/l?) organizations. Enter:     10a     10a     10a       11     10a     10b     10a     10a <td>6a</td> <td>Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit</td> <td></td> <td></td> <td></td>	6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit					
were not tax deductible?     60       7     Organization meake a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?     7a     X       b     If "Yes," did the organization notify the donor of the value of the goods or services provided?     7b     X       c     Did the organization self, 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     7d     Z     X       10     Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?     7c     X       11     the organization receive a contribution of cars, boats, aiplanes, or other vehicles, did the organization file form 8098 as required?     7h     X       12     If the organization neceives any time during the year?     8     8       9     Sponsoring organization have excess business holding as tany time during the year?     8       9     Sponsoring organization make any taxable distributions under section 4966?     9a     8       10     the sponsoring organization make any taxable distributions under section 4966?     9a     8       10     the sponsoring organization make any taxable distributions under section 4966?     9a     8       10     the sponsoring organization make any taxable distributions under section 4966?		any contributions that were not tax deductible as charitable contributions?	6a		Х		
7       Organizations that may receive deductible contributions under section 170(c).       a) bit the organization neceive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?       7a       X         b) If "Yes," idicate the number of Forms 8282 filed during the year       Td       Td       7c       X         c) Did the organization number of Forms 8282 filed during the year       Td       Td       X       Te       X         d) If "Yes," indicate the number of Forms 8282 filed during the year       Td       X       Te       X         d) Did the organization during the year, pay premiums, on a personal benefit contract?       Te       X       X         g) If the organization received a contribution of qualified intellectual property, did the organization file a Form 1089C?       Th       X       X         g) The organization during the year, pay permiums, directure or dvised funds.       Did the organization maintaining donor advised funds.       Did the organization file a Form 1089C?       Th       X         g) Sponsoring organization make a distribution to a donor, donor advised funds.       Did the organization advised funds.       Bit difference       Bit difference       Bit difference       Th       Th         g) Sponsoring organization make a distributions under section 4986?       Ba       Ba       Ba       Ba       Ba       Ba       Ba       Ba	b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts					
a 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       X         b If "Yes," did the organization notify the donor of the value of the goods or services provided?       7b       X         c Did the organization excerbing 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       7d       7c       X         f Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7c       X         f If the organization receive a contribution of qualified intellectual property, did the organization file Form 8089 as required?       7g       X         f If the organization meeved a contribution of ars, boats, aiplanes, or other vehicles, did the organization file a Form 1098 C?       8         9 Sponsoring organization have excess business holdings at any time during the year?       9a       9a         9 Did the sponsoring organization make any taxable distributions under section 4966?       9a       9a         10 due for prosensing organization make any taxable distributions under section 4966?       9a       9a       9b         10 de Gross receives from them.       10a       10a       10a       10a       10a       10a       10a       10b       10b       10b <t< td=""><td></td><td>were not tax deductible?</td><td>6b</td><td></td><td></td></t<>		were not tax deductible?	6b				
b       If "Yes," did the organization notify the donor of the value of the goods or services provided?       7b       X         c       Did the organization sell, exchange, or otherwise dispose of tanglible 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 and the organization function received a contribution of qualified intellectual property, did the organization function received a contribution of qualified intellectual property, did the organization file a Form 1098-C?       7f       X         f       If the organization, training the year, appreniums, directly or indirectly, on a personal benefit contract?       7f       X         f       If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?       8       9         Sponsoring organizations maintaining door advised funds. Did a door advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       9a       9a         g       Sponsoring organization make a distribution to a donor, doror adviser, or related person?       9b       9b         for since form there sources (Do no thet amounts due or paid to other sources against amounts due or received from them.)       11a       10a         12       Section 501(c)(12) organizations. Enter:       10b       11a       12a         13       Section 501(c)(12) organizations. Enter:       1	7	Organizations that may receive deductible contributions under section 170(c).					
bit does and sequence of the organization sequence of targible personal property for which it was required to file Form 8282?       7c       X         c       11 'Yes,' indicate the number of Forms 8282 filed during the year       7d       X         c       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         f       Did the organization receive a contribution of qualified intellectual property (for which it was required)       7f       X         f       Did the organization receive a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h       7h         gonsoring organization maintaining donor advised funds.       Did the sponsoring organization make any taxable distributions under section 4966?       9a       9a         9       Did the sponsoring organizations. Enter:       a       10d       10d       10d         12       Section 501(c)(7) organizations. Enter:       11a       10b       10b       11a       10b         12       Section 501(c)(12) organizations. Enter:       11a       10d       10b       11a       10b         13       Section 501(c)(12) organizations. Enter:       11a       10b       11a       10b         13       Section 501(c)(20) organizations. Enter:       11a       10b       12b	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			
to file Form 8282?       7c       X         d If "Yes," indicate the number of Forms 8282 filed during the year       7d       7d       X         Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         f Did the organization received a contribution of qualified intellectual property, did the organization filed a contribution of cars, bats, aipplanes, or other vehicles, did the organization filed a contribution of cars, bats, aipplanes, or other vehicles, did the organization filed a contribution of cars, bats, aipplanes, or other vehicles, did the organization filed a contribution of cars, bats, aipplanes, or other vehicles, did the organization filed a contribution of cars, bats, aipplanes, or other vehicles, did the organization filed filed filed filed filed integer vehicles, did the organization filed	b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	х			
di T'Yes," indicate the number of Forms 8282 filed during the year       Td       Td         e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       Te       X         f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       Te       X         g If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?       Te       X         g Sponsoring organizations maintaining door advised funds.       Did the sponsoring organization make any taxable distributions under section 4966?       9a         9 Sponsoring organization make any taxable distributions under section 4966?       9a       9a         b Did the sponsoring organizations maintaining door advised funds.       10a       10a       10a         10 dt be sponsoring organization make any taxable distributions under section 4966?       9a       9a       9b         b Did the sponsoring organizations. Enter:       10a       10b       10b       10b       10b         11 Section 501(c)(12) organizations. Enter:       10a       10b       10b       10b       10b         12 Section 501(c)(2) organizations. Enter:       10b       10b <td>с</td> <td>Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required</td> <td></td> <td></td> <td></td>	с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required					
e       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         f       Did the organization received a contribution of qualified intellectual propenty, did the organization file Form 8899 as required a contribution of qualified intellectual propenty, did the organization file a Form 1098-C?       7g       X         8       Sponsoring organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       9a		to file Form 8282?	7c		Х		
e       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         f       Did the organization received a contribution of qualified intellectual propenty, did the organization file Form 8899 as required a contribution of qualified intellectual propenty, did the organization file a Form 1098-C?       7g       X         8       Sponsoring organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       9a	d	If "Yes," indicate the number of Forms 8282 filed during the year 7d					
If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       1         If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?       7h         If the organization received a contribution of axe, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h         If the organization received a contribution of axe, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h         If the organization make and the axes business holdings at any time during the year?       8         If the sponsoring organization make any taxable distributions under section 4966?       9a         ID d the sponsoring organizations. Enter:       10a         Initiation fees and capital contributions included on Part VIII, line 12.       10a         IF oress income from members or shareholders       11a         If oress income from members or shareholders       11a         If oress income from other sources. (Do not net amounts due or pain adu to ore schedule of Form 1041?       12a         If section 501(c)(2) organizations included to the organization filing Form 990 in lieu of Form 1041?       12a         If section 501(c)(2) organization is required to maintain by the states in which the organization licensed to issue qualified health plans in more than one state?       13a         If the organization iscensed to issue qualified health plans in more than one state?			7e		Х		
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 make excess business holdings at any time during the year?       8         9       Sponsoring organizations maintaining donor advised funds.       9a         10       Did the sponsoring organization make any taxable distributions under section 4966?       9a         10       Section 501(c)(7) organizations. Enter:       10a       10a         11       Section 501(c)(12) organizations. Enter:       10a       10b         12       Section 501(c)(12) organizations. Enter:       11a       11b         13       Section 501(c)(12) organizations. Enter:       11a       11b         13       Gross income from members or shareholders       11a       11b         14       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         13       Section 4947(a)(2) qualified nealth plans in more than one state?       13a       13a         14       the organization receive ad pullified health plans in more than one state?       14a       X         14       Did the organization is licensed to issue qualified health plans in more than one state?       13a	f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х		
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 organization make excess business holdings at any time during the year?       8         9       Did the sponsoring organization make any taxable distributions under section 4966?       9a         10       Bection 501(c)(7) organizations. Enter:       10a       10a         11       Initiation fees and capital contributions included on Part VIII, line 12       10a       10b         11       Section 501(c)(12) organizations. Enter:       11a       10a       10b         12       Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a         12a       Section 501(c)(2) qualified nonprofit health insurance issuers.       11a       12a         13       Section 501(c)(2) qualified nonprofit health plans in more than one state?       13a       13a         Note: See the instructions for indoor tanning services during the tax year?       14a       X         14       Did the organization is ulpied to there sources during the tax year?       14a       X         14       Did the organization is ulpied to issue qualified health plans       13a       13a         15       Is the	g	J If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?					
sponsoring organization have excess business holdings at any time during the year?       8         9       Sponsoring organization make any taxable distributions under section 4966?       9a         10       bid the sponsoring organization make any taxable distributions under section 4966?       9a         10       Section 501(c)(7) organizations. Enter:       10a       10a         11       Initiation fees and capital contributions included on Part VIII, line 12       10b       10b         11       Section 501(c)(12) organizations. Enter:       10b       10b       11a         12       Gross income from members or shareholders       11a       10b       11b         12       Section 501(c)(12) organizations. Enter:       11b       11b       12a         13       Gross income from members or shareholders       11a       12a       12a         13       Section 501(c)(22) organization futerest received or accrued during the year       12b       12a       13a         14       Yes," enter the amount of tax exempt interest received or accrued during the year?       13a       13a         13       Section 501(c)(22) qualified nealth plans in more than one state?       13a       13a         14       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X	h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?					
9 Sponsoring organizations maintaining donor advised funds.   a Did the sponsoring organization make any taxable distributions under section 4966?   b Did the sponsoring organization make any taxable distributions under section 4966?   b Did the sponsoring organizations. Enter:   a Initiation fees and capital contributions included on Part VIII, line 12   b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities   10b 10b   11 Section 501(c)(12) organizations. Enter:   a 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 501(c)(29) qualified nonprofit health insurance issuers.   a Is the organization licensed to issue qualified health plans in more than one state?   Note: See the instructions for additional information the organization must report on Schedule O.   b Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the states?   14a X   b If "Yes," as it filed a Form 720 to report these payments? If "No," provide an explanation or Schedule O.   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?   1f "Yes," see the instructions and file Form 4720, Schedule N.   16 Is the organizations. Did the trust, any disqualified person, or mine operator engage	8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the					
a 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:       10a         a 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)(212) organizations. Enter:       11a         a Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b         12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 900 in lieu of Form 1041?       12a         b ff "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b         13a       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13a         b Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year?       14a       X         b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.       14b       <		sponsoring organization have excess business holdings at any time during the year?	8				
b       Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b         10       Section 501(c)(7) organizations. Enter:       10a       10a         a       Initiation fees and capital contributions included on Part VIII, line 12       10b       10b         11       Section 501(c)(12) organizations. Enter:       10b       11a       11a         a       Gross income from members or shareholders       11a       11b       12a         b       Gross income from ther sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a         12a       Section 501(c)(29) qualified nonprofit health insurance issuers.       12b       12a       13a         3       Section 501(c)(29) qualified nonprofit health plans in more than one state?       13a       13a       14a       X         4       Is the organization licensed to issue qualified health plans       inge plantion on Schedule O.       14a       X         b       Fires, " has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14a       X         14       Did the organization subject to the section 4968 excise tax on net investment income?       15       X         15       If "Yes," see the instructions and file Form 4720, Schedule N.       14a	9	Sponsoring organizations maintaining donor advised funds.					
10       Section 501(c)(7) organizations. Enter:       10a       10a         a       Initiation fees and capital contributions included on Part VIII, line 12       10b       10b         b       Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b       10b         11       Section 501(c)(12) organizations. Enter:       10a       10b       10b         11       Section 501(c)(12) organizations. Enter:       11a       10b       10b         12       Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       11b       12a         28       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a       12a         b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       13a         3       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13a       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       14b       14b         15       Is the organization subject to the section 4960 tax on payment	а	Did the sponsoring organization make any taxable distributions under section 4966?	9a				
a       Initiation fees and capital contributions included on Part VIII, line 12       10a       10b         b       Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b       10b         11       Section 501(c)(12) organizations. Enter:       11a       11a       11a         a       Gross income from members or shareholders       11a       11b       12a         b       Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a       12a         b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       13a       13a         13       Section 501(c)(29) qualified nonprofit health plans in more than one state?       13a       13a         Note: See the instructions for additional information the organization must report on Schedule O.       14b       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       14b       15         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	b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b				
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16       X         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?       16       X         17       If "Yes," complete Form 6069.       16       X							
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If "Yes," complete Form 6069.	-		17				
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Form	990 (2021) THE NIGHT MINISTRY		36-3145	764	P	age 6
Pa	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 th	nrough	7b below, and for	a "No" i	respon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.	See i	nstructions.			
	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
			1	_	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	<b>1</b> a	2	4		
	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 0.					
b	Enter the number of voting members included on line 1a, above, who are independent			4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any other			
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the	e direc	supervision			
	of officers, directors, trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 wa	s filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap					
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockho	ders, or			
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by the	following:			
а	The governing body?			8a	Х	
b	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 read	ched a	t the			
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)			
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters	, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	/ befor	e filing the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
12a	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			12b	X	<u> </u>
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	′es," d	escribe			
	on Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review and approva	l by in	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	X	<u> </u>
b	Other officers or key employees of the organization			15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent w	ith a			
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	e its p	articipation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	izatior	's			
	exempt status with respect to such arrangements?	<u></u>		16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright^{IL}$					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	nd 990	T (section 501(c)(3	8)s only)	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.					
	X Own website X Another's website Upon request Other (explain	on Sc	hedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict o	f interest policy, a	nd finan	cial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and	l records 🕨 🔜			
	ERIN RYAN - (773) 784-9000					
	1735 N ASHLAND AVE., CHICAGO, IL 60622				000	
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Form 990 (2021)	THE NIGHT MINISTRY	36-3145764	Page 7					
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated								
Employe	es, and Independent Contractors							
Check if Sc	hedule O contains a response or note to any line in this Part VII							
Section A. Officers, I	Directors, Trustees, Key Employees, and Highest Compensat	ed Employees						
1a Complete this table	for all persons required to be listed. Report compensation for the	e calendar year ending with or within the organization	ı's tax year.					
I ist all of the orga	anization's <b>current</b> officers, directors, trustees (whether individua	als or organizations) regardless of amount of compen	sation					

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

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

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

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

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

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

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

(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	Position (do not check more than one				ane	Reportable	Reportable	Estimated	
	hours per	box	, unles	ss per	rson i	s both	n an	compensation	compensation	amount of
	week		cer an	aad	Irecto	r/trus	tee)	from	from related	other
	(list any	irecto						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	ruste	ll trus		/ee	mpen		1099-NEC)	1033-1120)	and related
	below	Individual trustee or director	Institutional trustee	-	Key employee	st co	Ŀ			organizations
	line)	Indivi	In stit	Officer	Key e	Highest compensated employee	Former			0
(1) PAUL HAMANN	40.00									
PRESIDENT & CEO	0.00			х				266,085.	0.	36,268.
(2) ERIN RYAN	40.00									
SR. VICE PRESIDENT	2.00			х				155,844.	0.	37,217.
(3) CHRISTY PRASSAS	40.00									
VP, PHILANTHROPIC ENGAGEMENT	0.00			Х				172,059.	0.	17,540.
(4) JOSHUA MARDER	40.00									
SR. DIRECTOR OF FINANCE & OPERATIONS	2.00			х				105,686.	0.	29,421.
(5) STEPHAN KORUBA	40.00									
SR. NURSE PRACTITIONER	0.00			Х				119,849.	0.	1,527.
(6) GORDON ADDINGTON	1.00									
DIRECTOR	0.00	Х						0.	0.	0.
(7) DAN ALTER	1.00									
DIRECTOR	0.00	Х						0.	0.	0.
(8) BEN APPLEGATE	2.00									
SECRETARY	0.00	Х		X				0.	0.	0.
(9) CLAUDIA BEALS	1.00									
DIRECTOR	0.00	Х						0.	0.	0.
(10) DAVID BERGER	1.00									
DIRECTOR	0.00	Х						0.	0.	0.
(11) MIKE BORROMEO	1.00									
DIRECTOR	1.00	Х						0.	0.	0.
(12) KIANTAE BOWLES	2.00									
BOARD CHAIR	0.00	х		х				0.	0.	0.
(13) SHAWNA BOWMAN	1.00									_
DIRECTOR	0.00	х						0.	0.	0.
(14) BRAD CALDWELL	1.00									_
DIRECTOR	1.00	х						0.	0.	0.
(15) LINDSAY CLAYTOR	2.00									_
TREASURER	0.00	X		х				0.	0.	0.
(16) MINI DATTA	1.00	l								_
DIRECTOR	0.00	Х						0.	0.	0.
(17) CARRIE HOGAN	1.00								_	_
DIRECTOR	0.00	Х						0.	0.	0.
132007 12-09-21										Form <b>990</b> (2021)

8

Form 990 (2021) THE NIGHT MIN	IISTRY								36-31457	64		Page <b>8</b>
Part VII Section A. Officers, Directors, Trust	ees, Key Emp	ploy	ees,	and	d Hig	ghes	st C	ompensated Employee	s (continued)			
(A) Name and title	<b>(B)</b> Average hours per week	box offi	not c , unle	Pos heck ss pe	C) sition more erson i directo	than s boti	n an	<b>(D)</b> Reportable compensation from	(E) Reportable compensation from related		<b>(F</b> Estim amou oth	ated nt of
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	<ey em="" ployee<="" td=""><td>Highest compensated employee</td><td>Former</td><td>the organization (W-2/1099-MISC/ 1099-NEC)</td><td>organizations (W-2/1099-MISC/ 1099-NEC)</td><td>o a</td><td>from rganiz Ind re</td><td>zation</td></ey>	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	o a	from rganiz Ind re	zation
(18) ERICA HUBBARD	1.00											
DIRECTOR (19) JIM KING	0.00	X			-			0.	0	•		0.
VICE CHAIR	2.00	x		x				0.	0			Ο.
(20) NORMAN JEDDELOH	1.00									·		••
DIRECTOR	0.00	x						0.	0			٥.
(21) LAURA MANDEL	1.00											
DIRECTOR	0.00	х						0.	0			0.
(22) KRISTEN ROTHENBERG	1.00											
DIRECTOR	0.00	х						0.	0			0.
(23) DON MIZERK	1.00											
DIRECTOR	0.00	х						0.	0			0.
(24) DANA RINGER	1.00											
DIRECTOR	1.00	Х						0.	0			0.
(25) SONESH SHAH	1.00											
DIRECTOR	0.00	х						0.	0	•		0.
(26) DENNIS THORN	1.00	x						0.	0			0
DIRECTOR	-							819,523.	0		12	0. 1,973.
1b Subtotal c Total from continuation sheets to Part VII								015,525.	0		12	<u>,,,,,,</u>
d Total (add lines 1b and 1c)								819,523.	0	-	12	1,973.
2 Total number of individuals (including but no							o re		000 of reportable	-		, .
compensation from the organization									•			5
										_	Ye	s No
<b>3</b> Did the organization list any <b>former</b> officer,	-		•	•			Ŭ	• •	•			
line 1a? If "Yes," complete Schedule J for su										3		X
4 For any individual listed on line 1a, is the su			-					-	-		x	
and related organizations greater than \$150										4	A	_
5 Did any person listed on line 1a receive or a	-				-			-		5		x
rendered to the organization? <i>If</i> "Yes." <i>com</i> Section B. Independent Contractors	olete Scheaule	<u>e J T</u>	or si	icn j	pers	on				<u> </u>		
1 Complete this table for your five highest cor	npensated inc	lepe	nde	nt co	ontra	acto	rs th	nat received more than \$	100.000 of compens	ation	from	
the organization. Report compensation for t	•	•							· · ·			
(A)								(B)			(C)	
Name and business	address	NO	NE					Description of s	ervices	Comp	pensa	tion
2 Total number of independent contractors (ir \$100,000 of compensation from the organiz	•	ot lin	niteo	d to		se lis 0	ted	above) who received mo	ore than			
SEE PART VII, SECTION A CONTINU		TS							L	Forr	n <b>99</b>	0 (2021)
132008 12-09-21												. ,

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orm 990 THE NIGHT M Part VII Section A. Officers, Directors, 1	rustees. Kev Fr	nplo	vee	s, ai	nd H	liah	est (	Compensated Employe	es (continued)	
(A)	(B)		<u>, ,</u>		C)	- gin		(D)	(E)	(F)
Name and title	Average				<b>ition</b>			Reportable	Reportable	Estimated
	hours	(c			that		lv)	compensation	compensation	amount of
	per	(					.,,	from	from related	other
	week					yee		the	organizations	compensatio
	(list any	ector				old m		organization	(W-2/1099-MISC)	from the
	hours for	ordir	e			ted e		(W-2/1099-MISC)		organizatio
	related	stee (	ruste			ben sa				and related
	organizations	al tru	onal t		ploye	com				organizatior
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
	line)	l	<u> </u>	9	Ke	ΞĨ	Fо			
27) TED TOMARAS	1.00									
IRECTOR	0.00	Х						0.	0.	
28) MARK WARREN	1.00									
IRECTOR	0.00	х						0.	0.	
29) JARROD WELCH	1.00									
IRECTOR	0.00	х						0.	0.	
									- •	
			-	-						
		-								
			<u> </u>							
			-	-		-				
			<u> </u>	<u> </u>						
		-								

132201 04-01-21

	990 (2					36-314576	4 Page
Par	t VIII	Statement of Revenue					
		Check if Schedule O contains a response of	or note to any line	e in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue exclude from tax under sections 512 - 51
Revenue and Other Similar Amounts	b c d f g	Federated campaigns       1a         Membership dues       1b         Fundraising events       1c         Related organizations       1d         Government grants (contributions)       1e         All other contributions, gifts, grants, and similar amounts not included above       1f         Noncash contributions included in lines 1a-1f       1g \$	368,987. 3,822,939. 7,488,158. 119,095. ▶ Business Code	11,680,084.			sections 512 - 5
	g	All other program service revenue					
	3 4 5	Investment income (including dividends, intere- other similar amounts) Income from investment of tax-exempt bond pur Royalties	roceeds	182,424.			182,42
	b c d	Gross rents     6a       Less: rental expenses     6b       Rental income or (loss)     6c       Net rental income or (loss)     (i) Securities	(ii) Personal				
venue	b c	assets other than inventory     7a       Less: cost or other basis     7b       and sales expenses     7b       Gain or (loss)     7c	1,803. -1,803.				
Other Re	8 a	Net gain or (loss)         Gross income from fundraising events (not including \$368,987. of contributions reported on line 1c). See         Part IV, line 18         Less: direct expenses	 0. 99,115.	-1,803.			-1,80
	с 9 а	Net income or (loss) from fundraising events         Gross income from gaming activities. See         Part IV, line 19	· · · · · · · · · · · · · · · · · · ·	-99,115.			-99,11
	с 10 а b	Less: direct expenses       9b         Net income or (loss) from gaming activities          Gross sales of inventory, less returns          and allowances          Less: cost of goods sold					
Due	<u>с</u> 11 а b	Net income or (loss) from sales of inventory MISCELLANEOUS INCOME	Business Code	689.			68
Revenue	c d	All other revenue		689.			
	12	Total revenue. See instructions	<b>&gt;</b>	11,762,279.	0.	0.	82 , 195 Form <b>990</b> (202

157838.1

THE NIGHT MINISTRY

36-3145764 Page 10

#### Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (B) (C) (D) (A) Do not include amounts reported on lines 6b. Total expenses Management and general expenses Program service Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations 1 and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic 93,937 93,937, 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 Benefits paid to or for members 4 Compensation of current officers, directors, 5 trustees, and key employees 941,496. 282,449. 470,748 188,299. Compensation not included above to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 5,081,593. Other salaries and wages 4,392,664. 179,733. 509,196. 7 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 109,394 82,043 17,779 9,572. 907,532 680,633, 147,493 79,406. 9 Other employee benefits 570,514 427,875. 92,721 49,918. 10 Payroll taxes 11 Fees for services (nonemployees): 11,520 1,007. 9,459 1,054. Management а 2,412. 2,525. 27,596, 22,659 b Legal 73,023, 6,382. 59,960 6,681. С Accounting Lobbying d Professional fundraising services. See Part IV, line 17 е Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, g 200,350 13,721 172,265 14,364. column (A), amount, list line 11g expenses on Sch 0.) 57,348 57,348. Advertising and promotion 12 1,013,252 537,236. 340,436. 135,580. 13 Office expenses Information technology 14 Royalties 15 24,649 1,034,302 939,949. 69,704. 16 Occupancy 62,154, 69,799 7,034 611. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 49,662. 25,706. 12,880 11,076. Conferences, conventions, and meetings ..... 19 74,097. 74,097, 20 Interest Payments to affiliates 21 413,747 134,573, 268,183 10,991. 22 Depreciation, depletion, and amortization ..... 96,553. 40,378 145,123 8,192. 23 Insurance Other expenses. Itemize expenses not covered 24 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 b С d All other expenses е 7,779,294 1,154,517. Total functional expenses. Add lines 1 through 24e 10,874,285 1,940,474 25 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

132010 12-09-21

Check here

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if following SOP 98-2 (ASC 958-720)

12 2021.05050 THE NIGHT MINISTRY Form 990 (2021)

THE NIGHT MINISTRY

36-3145764 Page **11** 

		Check if Schedule O contains a response or r	ote to any l	ine in this Part X		·····	
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			2,929,339.	1	1,641,054
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net	1,221,232.	3	858,984		
	4	Accounts receivable, net		56,459.	4	14,686	
	5	Loans and other receivables from any current	fficer, director,				
		trustee, key employee, creator or founder, sul					
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disqu	alified perso	ons (as defined			
		under section 4958(f)(1)), and persons describ	ed in sectio	on 4958(c)(3)(B)		6	
t2	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ϋ́	9	Prepaid expenses and deferred charges			186,569.	9	202,891
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	<b>10a</b>	7,414,406.			
	b	Less: accumulated depreciation	<b>10b</b>	2,928,837.	4,865,726.	10c	4,485,569
	11	Investments - publicly traded securities			5,678,064.	11	5,753,461
	12	Investments - other securities. See Part IV, lin				12	
	13	Investments - program-related. See Part IV, lin	e 11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			0.	15	4,514,134
	16	Total assets. Add lines 1 through 15 (must e			14,937,389.	16	17,470,779
	17	Accounts payable and accrued expenses			621,378.	17	566,831
	18	Grants payable			18		
	19	Deferred revenue			19		
:	20	Tax-exempt bond liabilities				20	
:	21	Escrow or custodial account liability. Complete				21	
es :	22	Loans and other payables to any current or fo					
Ē		trustee, key employee, creator or founder, sul					
Liabilities		controlled entity or family member of any of the	-			22	
-   :	23	Secured mortgages and notes payable to unr				23	
:	24	Unsecured notes and loans payable to unrela				24	
:	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lir	ies 17-24). C	Complete Part X			C 40C 200
		of Schedule D		·····	4,098,887.		6,406,329
	26				4,720,265.	26	6,973,160
ß		Organizations that follow FASB ASC 958, c	heck here				
Net Assets or Fund Balances		and complete lines 27, 28, 32, and 33.			4 600 010		6 602 050
alar	27			·····	4,608,912.	27	6,603,072
ä i	28				5,608,212.	28	3,894,547
ŭ		Organizations that do not follow FASB ASC	958, checl	k here 🕨 🛄			
۳   ۲		and complete lines 29 through 33.					
ts	29	Capital stock or trust principal, or current fund				29	
sse	30	Paid-in or capital surplus, or land, building, or		F		30	
; ¢	31	Retained earnings, endowment, accumulated		·····	10 015 101	31	10 400 640
	32	Total net assets or fund balances			10,217,124.	32	10,497,619
	33	Total liabilities and net assets/fund balances			14,937,389.	33	17,470,779 Form <b>990</b> (202

Form 990 (2021)

132011 12-09-21

Form	990 (2021) THE NIGHT MINISTRY	36-314576	4	Pad	<sub>ge</sub> 12
	rt XI Reconciliation of Net Assets				<u></u>
	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	11,	762,	279.
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,	874,	285.
3	Revenue less expenses. Subtract line 2 from line 1	3		887,	994.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	10,	217,	124.
5	Net unrealized gains (losses) on investments	5	-	607,	499.
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	10,	497,	619.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				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	О.			
2a			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	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			x	
	review, or compilation of its financial statements and selection of an independent accountant?		2c	^	
0-	If the organization changed either its oversight process or selection process during the tax year, explain on Sche				
за	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	5		x	
1-	Act and OMB Circular A-133?		3a	^	
a	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require and the organization did not undergo the require and the organization did not undergo the required audit or audits.		26	x	
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		(0001)

Form **990** (2021)

Department of the Treasury Internal Revenue Service

(Form 990)

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

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2021
Open to Public Inspection

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

Name of the organization					E		identification number		
	GHT MINISTRY						36-3145764		
Part I Reason for Public 0	Charity Status.	(All organizations must c	omplete th	nis part.) S	see instructions.				
The organization is not a private found <b>1</b> A church, convention of ch <b>2</b> A school described in sect	urches, or associatio	n of churches described	in <b>sectio</b>		1)(A)(i).				
3 A hospital or a cooperative	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 <b>section 170(b)(1)(A)(iv).</b> (Complete Part II.)								
6 A federal, state, or local go		ontal unit described in	soction 17	70(b)(1)(A)	(h)				
7 X An organization that norma	-					aonoral r	while described in		
section 170(b)(1)(A)(vi). (C		ittal part of its support if	on a gove	mmeritar		yenerai p			
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 la	nd-grant	college		
or university or a non-land- <u>c</u> university:	grant college of agric	ulture (see instructions).	Enter the 1	name, city	, and state of the	e college	or		
10 An organization that norma activities related to its exen income and unrelated busin	npt functions, subjec ness taxable income	t to certain exceptions; a	and (2) no	more than	33 1/3% of its s	upport fr	om gross investment		
See section 509(a)(2). (Co					O(a)(A)				
11 An organization organized a 12 An organization organized a	•	, .	•			out the	our and of one or		
12 An organization organized a more publicly supported or	•		•				•		
<ul> <li>lines 12a through 12d that</li> <li><b>Type I.</b> A supporting orgative supported organization organization. You must of the support organization. You must of the support or management or the support of the su</li></ul>	anization operated, so on(s) the power to reg complete Part IV, Se anization supervised of the supporting orga	upervised, or controlled gularly appoint or elect a ections A and B. or controlled in connect anization vested in the sa	by its supp majority o ion with its	oorted org f the direc s supporte	anization(s), typi ctors or trustees ed organization(s	cally by g of the su s), by hav	pporting		
organization(s). <b>You mus</b>	•								
c Type III functionally inte its supported organization	• • • •					integrate	d with,		
d Type III non-functionally		-				d organiz	ation(s)		
that is not functionally int	• •				••	-			
requirement (see instruct			•		-				
e Check this box if the orga	,	• •				Type III			
functionally integrated, or					, i jpe i, i jpe ii,	rype iii			
f Enter the number of supported of			0 0						
g Provide the following information	•								
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi <b>Yes</b>	nization listed ng document? <b>No</b>	(v) Amount of m support (see insti		(vi) Amount of other support (see instructions)		
	above (see instructions)) Yes No arrev (constructions)								
Total									

Schedule	A (Form 990)	202
Part II	Suppor	t Sc

THE NIGHT MINISTRY

36 - 3145764

Page 2 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.)

Cale	ction A. Public Support						
	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	8,447,950.	11,484,966.	11,187,259.	10,649,631.	11,680,084.	53,449,890
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	8,447,950.	11,484,966.	11,187,259.	10,649,631.	11,680,084.	53,449,890
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)						3,425,828.
6	Public support. Subtract line 5 from line 4.						50,024,062
	ction B. Total 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
	Amounts from line 4	8,447,950.	11,484,966.	11,187,259.	10,649,631.	11,680,084.	53,449,890
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	51,746.	282,765.	276,946.	717,317.	-425,075.	903,699
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.)					689.	689
11	<b>Total support.</b> Add lines 7 through 10						54,354,278
12	Gross receipts from related activities, e	etc. (see instructio	ns)			12	814
13				ourth, or fifth tax y	ear as a section 50	D1(c)(3)	
	First 5 years. If the Form 990 is for the	e organization's fir	st, second, third, f				
13		e organization's fir <b>here</b>	st, second, third, f			D1(c)(3)	
13 Se	First 5 years. If the Form 990 is for the organization, check this box and stop ction C. Computation of Public	e organization's fir here Support Pere	st, second, third, f				
13 Se	<b>First 5 years.</b> If the Form 990 is for the organization, check this box and <b>stop</b> <b>ction C. Computation of Public</b> Public support percentage for 2021 (lir	e organization's fir here Support Pere ne 6, column (f), di	st, second, third, fo centage vided by line 11, c	olumn (f))			92.03
13 Se 14 15	First 5 years. If the Form 990 is for the organization, check this box and stop ction C. Computation of Public Public support percentage for 2021 (lin Public support percentage from 2020 st	e organization's fir here Support Pere he 6, column (f), di Schedule A, Part I	st, second, third, fo centage vided by line 11, c I, line 14	olumn (f))		14 15	92.03 86.48
13 Se 14 15	First 5 years. If the Form 990 is for the organization, check this box and stop ction C. Computation of Public Public support percentage for 2021 (lin Public support percentage from 2020 s a 33 1/3% support test - 2021. If the out	e organization's fir here Support Pere he 6, column (f), di Schedule A, Part I rganization did no	st, second, third, for centage vided by line 11, c I, line 14 t check the box on	olumn (f)) line 13, and line 1	4 is 33 1/3% or m	14 15 ore, check this box	92.03 g 86.48 g
13 Sec 14 15 16a	First 5 years. If the Form 990 is for the organization, check this box and stop ction C. Computation of Public Public support percentage for 2021 (lin Public support percentage from 2020 st	e organization's fir here Support Pere he 6, column (f), di Schedule A, Part I rganization did no us a publicly suppo	st, second, third, for centage vided by line 11, c I, line 14 t check the box on orted organization	olumn (f))	4 is 33 1/3% or m	14 15 ore, check this box	92.03 86.48 and
13 Sec 14 15 16a	First 5 years. If the Form 990 is for the organization, check this box and stop ction C. Computation of Public Public support percentage for 2021 (lin Public support percentage from 2020 a 33 1/3% support test - 2021. If the or stop here. The organization qualifies a b 33 1/3% support test - 2020. If the or	e organization's fir here Support Pere he 6, column (f), di Schedule A, Part I rganization did no us a publicly suppor rganization did no	st, second, third, for centage vided by line 11, c I, line 14 t check the box on prted organization t check a box on line	olumn (f)) line 13, and line 1 ne 13 or 16a, and	4 is 33 1/3% or m line 15 is 33 1/3%	14 15 ore, check this box or more, check thi	92.03 86.48 and s box
13 <b>Se</b> 14 15 16a t	First 5 years. If the Form 990 is for the organization, check this box and stop ction C. Computation of Public Public support percentage for 2021 (lin Public support percentage from 2020 stop 33 1/3% support test - 2021. If the or stop here. The organization qualifies a	e organization's fir here Support Pere te 6, column (f), di Schedule A, Part I rganization did no is a publicly suppor rganization did no ïes as a publicly s	st, second, third, for centage vided by line 11, c I, line 14 t check the box on orted organization t check a box on lii upported organiza	olumn (f)) line 13, and line 1 ne 13 or 16a, and tion	4 is 33 1/3% or m line 15 is 33 1/3%	14 15 ore, check this box or more, check thi	92.03 0 86.48 0 and X s box
13 <b>Se</b> 14 15 16a t	First 5 years. If the Form 990 is for the organization, check this box and stop ction C. Computation of Public Public support percentage for 2021 (lin Public support percentage from 2020 s a 33 1/3% support test - 2021. If the or stop here. The organization qualifies a o 33 1/3% support test - 2020. If the or and stop here. The organization qualif	e organization's fir here Support Pere te 6, column (f), di Schedule A, Part I rganization did no is a publicly suppor rganization did no ies as a publicly s 2021. If the organization	st, second, third, for centage vided by line 11, co I, line 14 t check the box on orted organization t check a box on lin upported organiza anization did not cl	olumn (f)) line 13, and line 1 ne 13 or 16a, and tion heck a box on line	4 is 33 1/3% or m line 15 is 33 1/3% 13, 16a, or 16b, a	14       15       ore, check this box       or more, check this       nd line 14 is 10% c	92.03 ( 86.48 ( and s box bor more,
13 <b>Se</b> 14 15 16a t	First 5 years. If the Form 990 is for the organization, check this box and stop ction C. Computation of Public Public support percentage for 2021 (lin Public support percentage from 2020 s a 33 1/3% support test - 2021. If the or stop here. The organization qualifies a b 33 1/3% support test - 2020. If the or and stop here. The organization qualifies a 10% -facts-and-circumstances test	e organization's fir here Support Pere e 6, column (f), di Schedule A, Part I rganization did no is a publicly suppor rganization did no ises as a publicly s 2021. If the orga- and-circumstance	st, second, third, for centage vided by line 11, c I, line 14 t check the box on orted organization t check a box on lin upported organiza anization did not cl es test, check this	olumn (f)) line 13, and line 1 ne 13 or 16a, and tion heck a box on line box and <b>stop her</b>	4 is 33 1/3% or m line 15 is 33 1/3% 13, 16a, or 16b, a e. Explain in Part '	14       15       ore, check this box       or more, check this       nd line 14 is 10% c	92.03 ( 86.48 ( and s box or more, ation
13 Sec 14 15 16a t 17a	First 5 years. If the Form 990 is for the organization, check this box and stop ction C. Computation of Public Public support percentage for 2021 (lin Public support percentage from 2020 3 a 33 1/3% support test - 2021. If the or stop here. The organization qualifies a b 33 1/3% support test - 2020. If the or and stop here. The organization qualifies a 10% -facts-and-circumstances test - and if the organization meets the facts	e organization's fir here Support Pere he 6, column (f), di Schedule A, Part I rganization did no is a publicly suppor rganization did no ies as a publicly support rganization did no rganization did no rganization did no rganization did no rganization did no rganization did no rganization did	st, second, third, for centage vided by line 11, c I, line 14 t check the box on orted organization t check a box on lin upported organization anization did not cl es test, check this in n qualifies as a put	olumn (f)) line 13, and line 1 ne 13 or 16a, and tion heck a box on line box and <b>stop her</b> blicly supported or	4 is 33 1/3% or m line 15 is 33 1/3% 13, 16a, or 16b, a <b>e.</b> Explain in Part ' ganization	14         15         ore, check this box         or more, check this         nd line 14 is 10% c         VI how the organized	92.03 g 86.48 g and X s box or more, ation
13 Sec 14 15 16a t 17a	First 5 years. If the Form 990 is for the organization, check this box and stop ction C. Computation of Public Public support percentage for 2021 (lir Public support percentage from 2020 a 33 1/3% support test - 2021. If the or stop here. The organization qualifies a 33 31/3% support test - 2020. If the or and stop here. The organization qualifies and if the organization meets the facts meets the facts-and-circumstances test and if the organization dest the facts meets the facts-and-circumstances test and if the organization meets the facts meets the facts-and-circumstances test and if the facts-and-circumstances test and the facts-and-circumstances te	e organization's fir here Support Pere he 6, column (f), di Schedule A, Part I rganization did nor is a publicly suppor ganization did nor ies as a publicly suppor ganization did nor ies as a publicly suppor canication did nor ies as a publicly support family a support family a support canication did nor ies as a publicly support family a suppo	st, second, third, for centage vided by line 11, c I, line 14 t check the box on t check the box on line upported organization t check a box on line upported organization anization did not cl es test, check this line n qualifies as a put anization did not cl	olumn (f)) line 13, and line 1 ne 13 or 16a, and tion heck a box on line box and <b>stop her</b> blicly supported or heck a box on line	4 is 33 1/3% or m line 15 is 33 1/3% 13, 16a, or 16b, a <b>e.</b> Explain in Part <sup>1</sup> ganization 13, 16a, 16b, or 1	14         15         ore, check this box         or more, check this         nd line 14 is 10% of         VI how the organization         7a, and line 15 is 1	92.03 g 86.48 g and X s box or more, ation
13 Sec 14 15 16a t 17a	First 5 years. If the Form 990 is for the organization, check this box and stop ction C. Computation of Public Public support percentage for 2021 (lin Public support percentage from 2020 a 33 1/3% support test - 2021. If the or stop here. The organization qualifies a 0 33 1/3% support test - 2020. If the or and stop here. The organization qualifies and if the organization meets the facts meets the facts-and-circumstances test 0 10% -facts-and-circumstances test	e organization's fir here Support Pere be 6, column (f), di Schedule A, Part I rganization did no is a publicly suppor rganization did no is as a publicly suppor rganization did no is as a publicly suppor rganization did no is as a publicly support rganization did no is as a publicly support rganization did no is as a publicly support rganization did no is as a publicly support of a support and-circumstance t. The organization of a corganization of a corganization	st, second, third, for centage vided by line 11, c I, line 14 t check the box on orted organization t check a box on lin upported organizat anization did not cl es test, check this in qualifies as a put anization did not cl stances test, check	olumn (f)) line 13, and line 1 ne 13 or 16a, and tion heck a box on line box and <b>stop her</b> blicly supported or heck a box on line k this box and <b>st</b>	4 is 33 1/3% or ma line 15 is 33 1/3% 13, 16a, or 16b, a re. Explain in Part ganization 13, 16a, 16b, or 1 op here. Explain ir	14         15         ore, check this box         or more, check this         nd line 14 is 10% of         VI how the organization         7a, and line 15 is 1         n Part VI how the	92.03 9 86.48 9 and X s box or more, ation

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#### 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.)

Section A. Public Support				-	-	
Calendar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> 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						
<b>7a</b> Amounts included on lines 1, 2, and						
3 received from disgualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support			<u>.</u>	_	-	
Calendar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> 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.)						
<b>13</b> Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for th	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) orgar	nization,
check this box and stop here	c Support Per	rcentage				
		-			15	07
<b>15</b> Public support percentage for 2021 (I		•	.,,		15	%
16 Public support percentage from 2020 Section D. Computation of Inves					16	%
17 Investment income percentage for 20	<b>)21</b> (line 10c, colu	mn (f), divided by l	ine 13, column (f))		17	%
<b>18</b> Investment income percentage from 2					18	%
19a 33 1/3% support tests - 2021. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than	33 1/3%, and I	ine 17 is not
more than 33 1/3%, check this box ar	nd stop here. The	organization qual	ifies as a publicly	supported organiz	ation	►
b 33 1/3% support tests - 2020. If the	-					
line 18 is not more than 33 1/3%, che						tion ▶
20 Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see in		<b>&gt;</b>
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		17	1			



1

2

3a

3b

3c

4a

4b

4c

5a

<u>5b</u> 5<u>c</u>

6

7

8

9a

9b

9c

10a

Yes No

#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

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

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Sche	edule A (Form 990) 2021 THE NIGHT MINISTRY	36-3145764	Pa	age <b>5</b>
Pa	rt 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		
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 on more supported organizations have the power to regularly appoint or elect at least a majority of the organization's offic 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 suppo organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among t	cers,		

supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
 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)

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 year (see inside the second seco	struction	S).
---	-----------	-----

- 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.*

с	The organization supported a	governmental entity.	Describe in <b>Part VI</b> how you supported a governmental entity (see instructions).
•	The erganization cappented a	govonninonda ondry.	

19

- 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

2

1

Yes No

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Schedule A (Form 990) 2021

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Chedule A (Form 990) 2021 THE NIGHT MINISTRY Part V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations	36-3145764 Pa
1 Check here if the organization satisfied the Integral Part Test as a qualifyi			Part VI). See instructio
All other Type III non-functionally integrated supporting organizations must	st complete S	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 Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
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-function	ally integrated	d Type III supporting orga	anization (see
in the set in the set			

instructions).

Schedule A (Form 990) 2021

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Sche	dule A (Form 990) 2021 THE NIGHT MINISTRY				36-3145764	Page 7
Par	t V Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations (continue	ed)		
Sect	on D - Distributions		•		Current Y	'ear
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported				
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	6	3		
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		
6	Other distributions (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	ne organization is responsive				
	(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		
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	5	(iii) Distributa Amount for	
_1	Distributable amount for 2021 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2021 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2021					
a	From 2016					
b	From 2017					
C	From 2018					
d	From 2019					
e	From 2020					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2021 distributable amount					
i	Carryover from 2016 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2021 from Section D,					
	line 7: \$					
a	Applied to underdistributions of prior years					
b	Applied to 2021 distributable amount					
C	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2021, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2021. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2022. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
	Excess from 2017					
	Excess from 2018					
	Excess from 2019					
	Excess from 2020					
е	Excess from 2021					

Schedule A (Form 990) 2021

132027 01-04-22

Schedule A	(Form 990) 2021	THE NIGHT MINISTRY		36-3145764	Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D,	, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, lines 2 and 3; Part IV, Sectio	nations required by Part II, line 10; Part II, line 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, n E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1 as 2, 5, and 6. Also complete this part for any	, lines 1 and 2; Part IV, Section ; Part V, Section B, line 1e; Par	C,
132028 01-04-2	2		22	Schedule A (Form 9	90) 202 <sup>-</sup>

11130215 144198 157838.157838

### Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

* *	PUBLIC	DISCLOSURE	COPY	* *
-----	--------	------------	------	-----

### 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

**202**<sup>-</sup>

Employer identification number

36-	-31	45	764

MINISTRY
MINISTRY

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( <sup>3</sup> ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> 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

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; 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

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)

	B (Form 990) (2021)		Page 2
Name of o	rganization		Employer identification number
THE NIGH	IT MINISTRY		36-3145764
Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I in	f additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
1		\$1,328,	872.       Person       X         Rayroll       Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Is Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
		\$	Person          Payroll          Noncash          (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Is Type of contribution
		\$	Person       Payroll         Payroll       Payroll         Noncash       Payroll         (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Is Type of contribution
123452 11-11		\$	Person Payroll Payroll (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

25 2021.05050 THE NIGHT MINISTRY

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### Schedule B (Form 990) (2021)

	B (Form 990) (2021)		Page
lame of or	rganization		Employer identification number
HE NIGH	T MINISTRY		36-3145764
Part II	Noncash Property (see instructions). Use duplicate copies of P	art II if additional space is needed	i.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		c	
3453 11-11	-21	\$	 Schedule B (Form 990) (202

11130215 144198 157838.157838

26 2021.05050 THE NIGHT MINISTRY

157838.1

Page 4

ame of ore	ganization		Employer identification numbe	
IE NIGHI	T MINISTRY		36-3145764	
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns ( completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	<ul> <li>a) through (e) and the following line encharitable, etc., contributions of \$1,000 or</li> </ul>	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the ye ntry. For organizations r less for the year. (Enter this info. once.) \$	
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
		(e) Transfer of gi	 ft	
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee	
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
		(e) Transfer of gi	ft	
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee	
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
		(e) Transfer of gi		
_	Transferee's name, address, a		Relationship of transferor to transferee	
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
		(-) Transform ( )		
	(e) Transfe Transferee's name, address, and ZIP + 4		er of gift Relationship of transferor to transferee	
454 11-11-2	21		Schedule B (Form 990) (24	

Department of the Treasury Internal Revenue Service	-	Go to www.irs.gov/Form990 for in			90-LZ.	Open to F Inspect	
If the organization ansy	vered "Yes." or	n Form 990, Part IV, line 3, or For	m 990-EZ. Part V. lij	ne 46 (Political Camp	aian Activ	ities). then	
		plete Parts I-A and B. Do not com					
		01(c)(3)) organizations: Complete P	•	. Do not complete Part	I-B.		
<ul> <li>Section 527 organization</li> </ul>							
· ·	•	n Form 990, Part IV, line 4, or For	m 990-EZ. Part VI. li	ine 47 (Lobbving Activ	vities). the	'n	
		have filed Form 5768 (election und					
		have NOT filed Form 5768 (election		•	•		A.
	•	n Form 990, Part IV, line 5 (Proxy				•	
Tax) (See separate inst		······································			,.		
		tions: Complete Part III.					
Name of organization	, (, <b>G</b>	•			Employer	<sup>r</sup> identification	number
C C	THE NIGHT 1	MINISTRY				36-3145764	
Part I-A Compl	ete if the org	anization is exempt under	section 501(c)	or is a section 52	7 organ	ization.	
		•	(				
1 Provide a description	on of the organiz	ation's direct and indirect political	campaign activities i	in Part IV			
		ures			▶ \$		
		gn activities					
	political campa						
Part I-B Compl	ete if the org	anization is exempt under	section 501(c)	3).			
1 Enter the amount of	f any excise tax	incurred by the organization under	section 4955		► \$		
	•	incurred by organization managers					
		n 4955 tax, did it file Form 4720 fo				Yes	No
						Yes	
<b>b</b> If "Yes," describe in							
		anization is exempt under	section 501(c).	except section 5	01(c)(3).		
•		by the filing organization for secti		-			
		ization's funds contributed to othe			Ψ		
					▶\$		
		. Add lines 1 and 2. Enter here and			φ		
	-				▶\$		
					· ·		
		<b>1120-POL</b> for this year?				Yes	No Line
		nployer identification number (EIN) tion listed, enter the amount paid f		e e			
	•	omptly and directly delivered to a s				•	
		additional space is needed, provid			parate set	jiegaleu luliu (	JIA
•							
<b>(a)</b> Name	e	(b) Address	(c) EIN	(d) Amount paid f filing organizatio		( <b>e)</b> Amount of p ntributions rece	
				funds. If none, ente		promptly and c	
					d	lelivered to a se	eparate
						political organi	
						If none, ente	r -U

28

**Political Campaign and Lobbying Activities** 

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

Schedule C (Form 990) 2021

OMB No. 1545-0047

ZUZ

**Open to Public** 

132041 11-03-21

SCHEDULE C

(Form 990)

	THE NIGHT MINISTE				3145764	Page 2
Part II-A Complete if the org	anization is exem	npt under section	501(c)(3) and file	d Form 5768 (el	ection und	ər
section 501(h)).	tion bolongo to on offil	istad aroun (and list in	Dort IV apple offiliated			N
	ation belongs to an affil		Part IV each anniated (	group member's nam	ie, address, Ei	IN,
	re of excess lobbying e	• •	visiona annly			
¥ ¥	ation checked box A an			(a) Filing	(b) Affiliated	
	ditures" means amou			organization's totals	total	5
1a Total lobbying expenditures to influ	uence public opinion (g	rassroots lobbying)				
<b>b</b> Total lobbying expenditures to influence						
c Total lobbying expenditures (add li	nes 1a and 1b)					
<b>d</b> Other exempt purpose expenditure						
e Total exempt purpose expenditure						
f Lobbying nontaxable amount. Ente	er the amount from the	following table in both	i columns.			
If the amount on line 1e, column (a) o	or (b) is: The lob	oying nontaxable amo	ount is:			
Not over \$500,000		he amount on line 1e.				
Over \$500,000 but not over \$1,000		0 plus 15% of the exce				
Over \$1,000,000 but not over \$1,5	ess over \$1,000,000. s over \$1,500,000.					
Over \$1,500,000 but not over \$17,						
Over \$17,000,000						
<ul> <li>h Subtract line 1g from line 1a. If zer</li> <li>i Subtract line 1f from line 1c. If zero</li> <li>j If there is an amount other than zero</li> <li>reporting section 4911 tax for this</li> </ul>	o or less, enter -0- ro on either line 1h or l	ne 1i, did the organiza	[		Yes	No
		raging Period Under				
(Some organizations the second s	hat made a section 50		nave to complete all o	f the five columns b	elow.	
	Lobbying Exper	ditures During 4-Yea	r Averaging Period			
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	<b>(d)</b> 2021	<b>(e)</b> ⊺o	tal
2a Lobbying nontaxable amount	584,994.	657,178.			1,2	42,172.
<ul> <li>b Lobbying ceiling amount (150% of line 2a, column(e))</li> </ul>						63 258.
c Total lobbying expenditures	3,255.	4,380.				7,635.
d Grassroots nontaxable amount	146,249.	164,295.			3:	10,544.
e Grassroots ceiling amount (150% of line 2d, column (e))					4	65,816.
f Grassroots lobbying expenditures						
				Sahaa	Jula C (Earm C	1001 2024

Schedule C (Form 990) 2021

132042 11-03-21

## Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)	)	(k	)
	lobbying activity.	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?				
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
	Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
	Other activities? Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	n 501(c)(5	), or sec	tion	
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				
2	Did the organization make only in house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the	e prior year?	3		
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered ' answered "Yes."	'No" OR (	b) Part I		3, is
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic	al			
	expenses for which the section 527(f) tax was paid).				
	Current year				
	Carryover from last year				
с	Total				
3			3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po				
-	expenditure next year?				
5 Par	Taxable amount of lobbying and political expenditures. See instructions		5		
				10/5	
Provi	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-A	A, lines 1 a	nd 2 (See	

instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Schedule C (Form 990) 2021

132043 11-03-21

SCHEDULE [	)
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Department of the Treasury

Internal Revenue Service Name of the organization

### **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.



Employer identification number

3	6 –	31	45	76	4
5	0	υт		10	

Part	THE NIGHT MINISTRY			36-3145764
			or Acc	counts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.		
		(a) Donor advised funds	(b	) Funds and other accounts
1	Total number at end of year			
	Aggregate value of contributions to (during year)			
	Aggregate value of grants from (during year)			
	Aggregate value at end of year			
	Did the organization inform all donors and donor advisors in		ed funds	3
	are the organization's property, subject to the organization's	0		
	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor of			
				°
Part		rganization answered "Yes" on Form 990. I	Part IV. li	
1	Purpose(s) of conservation easements held by the organizati		<u>u</u> ,	
•	Preservation of land for public use (for example, recrea	· · · ·	a histori	ically important land area
	Protection of natural habitat			ed historic structure
			acentine	
~	Preservation of open space			
	Complete lines 2a through 2d if the organization held a quali day of the tax year.	med conservation contribution in the form	of a cons	Held at the End of the Tax
	Total number of conservation easements		·····  -	2a
				2b
	Number of conservation easements on a certified historic str			2c
	Number of conservation easements included in (c) acquired	-		
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the	organiza	ation during the tax
	violations, and enforcement of the conservation easements i Staff and volunteer hours devoted to monitoring, inspecting,			
	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	tion ease	ements during the year
	► \$			
;				Yes
	In Part XIII, describe how the organization reports conservat			
I	balance sheet, and include, if applicable, the text of the foot	note to the organization's financial stateme	ents that	describes the
	organization's accounting for conservation easements.	f Art Historical Tracquires or Ot	har Cir	milor Acceto
Part			ner Sir	milar Assets.
	Complete if the organization answered "Yes" on Forn			
4 -	If the organization elected, as permitted under FASB ASC 98			
	of art, historical treasures, or other similar assets held for pu	Iblic exhibition, education, or research in fu	irtheranc	e of public
:	service, provide in Part XIII the text of the footnote to its fina			
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenue statement and b	balance s	
b		58, to report in its revenue statement and b	balance s	
b	If the organization elected, as permitted under FASB ASC 95 art, historical treasures, or other similar assets held for public provide the following amounts relating to these items:	58, to report in its revenue statement and t c exhibition, education, or research in furth	balance s nerance d	
b	If the organization elected, as permitted under FASB ASC 98 art, historical treasures, or other similar assets held for public	58, to report in its revenue statement and t c exhibition, education, or research in furth	balance s nerance d	of public service,
b	If the organization elected, as permitted under FASB ASC 95 art, historical treasures, or other similar assets held for public provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1	58, to report in its revenue statement and t c exhibition, education, or research in furth	balance s nerance d	of public service,
b	If the organization elected, as permitted under FASB ASC 95 art, historical treasures, or other similar assets held for public provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1	58, to report in its revenue statement and t c exhibition, education, or research in furth	balance s nerance c	<ul> <li>▶ \$</li> <li>▶ \$</li> </ul>
b       	If the organization elected, as permitted under FASB ASC 98 art, historical treasures, or other similar assets held for public provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X	58, to report in its revenue statement and t c exhibition, education, or research in furth easures, or other similar assets for financia	balance s nerance c	<ul> <li>▶ \$</li> <li>▶ \$</li> </ul>
b           	If the organization elected, as permitted under FASB ASC 95 art, historical treasures, or other similar assets held for public provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical tre the following amounts required to be reported under FASB A	58, to report in its revenue statement and t c exhibition, education, or research in furth easures, or other similar assets for financia ASC 958 relating to these items:	balance s herance c l gain, pr	<ul> <li>▶ \$</li> <li>▶ \$</li> </ul>
b   	If the organization elected, as permitted under FASB ASC 98 art, historical treasures, or other similar assets held for public provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical tre	58, to report in its revenue statement and t c exhibition, education, or research in furth easures, or other similar assets for financia ASC 958 relating to these items:	balance s herance c l gain, pr	<pre>of public service,   \$   \$   ovide</pre>

Sche	dule D (Form 990) 2021 THE NIGHT M					36-314		Р	age <b>2</b>
Pa	t III Organizations Maintaining C	ollections of Art	t, Historical Tre	easures, or Oth	er Simila	r Assets	s (contii	nued)	
3	Using the organization's acquisition, accession	on, and other records	s, check any of the	following that make	significant	use of its			
	collection items (check all that apply):								
а	Public exhibition	d	Loan or exc	change program					
b	Scholarly research	е	Other						
с	Preservation for future generations								
4	Provide a description of the organization's co	ellections and explain	how they further t	he organization's ex	empt purpo	ose in Part	XIII.		
5	During the year, did the organization solicit o								
	to be sold to raise funds rather than to be ma	aintained as part of th	ne organization's co	ollection?			Yes		No
Pa	t IV Escrow and Custodial Arrang					0, Part IV,	line 9, or		
	reported an amount on Form 990, Par								
1a	Is the organization an agent, trustee, custodia	an or other intermedi	ary for contribution	s or other assets no	t included				
	on Form 990, Part X?						Yes		No
b	If "Yes," explain the arrangement in Part XIII a								
							Amoun	t	
с	Beginning balance				1c				
	Additions during the year								
е	Distributions during the year								
f	Ending balance				1f				
2a	Did the organization include an amount on Fo				oility?		Yes		No
b	If "Yes," explain the arrangement in Part XIII.								
Pa	t V Endowment Funds. Complete i	f the organization an	swered "Yes" on Fe	orm 990, Part IV, line	e 10.				
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three	years back	(e) Fou	r years	back
1a	Beginning of year balance	5,678,064.	4,225,956.	3,815,731	. 2,8	345,252.	2	,206,	093.
b	Contributions	505,485.	220,000.	144,549		715,441.		436,	811.
с	Net investment earnings, gains, and losses	-430,088.	1,232,108.	265,676	. 2	255,038.		202,	348.
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance	5,753,461.	5,678,064.	4,225,956	. 3,8	315,731.	2	,845,	252.
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, column (a	)) held as:					
а	Board designated or quasi-endowment	62.0000	%						
b	Permanent endowment > 38.0000	%							
с		%							
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.							
3a	Are there endowment funds not in the posses	-	tion that are held a	nd administered for	the organiz	ation			
	by:	Ū			Ũ			Yes	No
	(i) Unrelated organizations						3a(i)		X
	(ii) Related organizations						3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organiza						3b		
4	Describe in Part XIII the intended uses of the								
Pa	t VI   Land, Buildings, and Equipm								
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a. S	See Form 990, Part 2	X, line 10.				
	Description of property	(a) Cost or of	ther (b) Cos	t or other (c)	Accumulat	ed	(d) Boo	k valu	e
		basis (investm	• • •		depreciatior				
1a	Land								
b	Buildings								
с	Leasehold improvements		4	,746,940.	521	,517.	4	,225,	423.
	Equipment		2	,666,966.	2,407	,320.			646.
	Other			500.					500.
	Add lines 1a through 1e. (Column (d) must e		X. column (R) line 1	0c.)		. 🕨	4	,485,	569.
		<u>,</u>		÷		Schedule	D (Forn	n 990)	2021

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Part V	VII Investments - Other Securities.			
	Complete if the organization answered "Yes"			
	scription of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
	ancial derivatives			
	sely held equity interests			
(3) Oth	er			
(A)				
<u>(B)</u>				
(C)				
(D)				
<u>(E)</u>				
(F)				
<u>(G)</u> (H)			1	
	ol. (b) must equal Form 990, Part X, col. (B) line 12.)			
	VIII Investments - Program Related.			
	Complete if the organization answered "Yes"	on Form 990. Part IV. line	e 11c. See Form 990. Part X. line 13.	
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-vear market value
(1)				<b>,</b>
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (C	col. (b) must equal Form 990, Part X, col. (B) line 13.) 🕨			
Part I	X Other Assets.			
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15.	
		Description		(b) Book value
(1)	RIGHT OF USE ASSETS			4,514,134.
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				4 514 124
Part 2	Column (b) must equal Form 990, Part X, col. (B) line <b>X Other Liabilities.</b>	9 15.)	▶	4,514,134.
Fait		on Form 000 Dart IV/ line	110 or 11f Soc Form 000 Port V line 25	
	Complete if the organization answered "Yes" (a) Description of liability	on Form 990, Part IV, line	e Tie of Th. See Form 990, Fait A, line 25:	(b) Book value
<u>1.</u>				(b) BOOK Value
	Federal income taxes LINE OF CREDIT			1,155,955.
(_)	LEASE LIABILITY			5,250,374.
(0)				5,250,574.
(4)				
(5)				
<u>(6)</u> (7)				
(8)				
(9)				
	Column (b) must equal Form 990. Part X. col. (B) line	25)	<b>_</b>	6,406,329.
. o.a ((	<u> 2014 million must equal FOITH 990, Fait A, COL (B) IITE</u>	, <u>,</u> 20./		, _ , , , ,

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

Schedule D (Form 990) 2021

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Sche	dule D (Form 990) 2021 THE NIGHT MINISTRY			36-314	5764 Page <b>4</b>
Par	t XI Reconciliation of Revenue per Audited Financial Statem	nents With R	evenue per Ret	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.			
1	Total revenue, gains, and other support per audited financial statements			1	11,749,306.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-607,499.		
b	Donated services and use of facilities	2b	594,526.		
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	-12,973.
3	Subtract line 2e from line 1			3	11,762,279.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	11,762,279.
Pa	t XII Reconciliation of Expenses per Audited Financial State	ments With I	Expenses per R	leturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.			
1	Total expenses and losses per audited financial statements			1	11,468,811.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	594,526.		
b	Prior year adjustments	2b			
с	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	594,526.
3	Subtract line 2e from line 1			3	10,874,285.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	10,874,285.
Pa	t XIII Supplemental Information.				

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

PART V, LINE 4:

THE BOARD OF DIRECTORS HAS APPROVED ALLOCATIONS OF CERTAIN NET ASSETS OF

THE ORGANIZATION TO ESTABLISH A FUND TO FUNCTION LIKE AN ENDOWMENT TO

SUPPORT THE GENERAL MISSION OF THE ORGANIZATION.

IN ADDITION TO THE BOARD DESIGNATED ENDOWMENT, THE INCOME FROM THE

DONOR-RESTRICTED PORTION OF THE ENDOWMENT FUNDS CAN SUPPORT THE GENERAL

MISSION OF THE ORGANIZATION.

PART X, LINE 2:

THE ORGANIZATION FOLLOWS THE ACCOUNTING STANDARDS FOR CONTINGENCIES IN

EVALUATING UNCERTAIN TAX POSITIONS. THE GUIDANCE PRESCRIBES RECOGNITION

THRESHOLD PRINCIPLES FOR THE FINANCIAL STATEMENT RECOGNITION OF TAX

132054 10-28-21

Schedule D (Form 990) 2021

Part XIII Supplemental Information (continued)

POSITIONS TAKEN OR EXPECTED TO BE TAKEN ON A TAX RETURN THAT ARE NOT

CERTAIN TO BE REALIZED. NO LIABILITY HAS BEEN RECOGNIZED BY THE

ORGANIZATION FOR UNCERTAIN TAX POSITIONS AS OF JUNE 30, 2022 AND 2021. THE

ORGANIZATION'S TAX RETURNS ARE SUBJECT TO REVIEW AND EXAMINATION BY

FEDERAL AND STATE AUTHORITIES.

Schedule D (Form 990) 2021

132055 10-28-21

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SCHEDULE G	Supplemental Information Regarding Fundraising or Gaming Activities						ities	OMB No. 1545-0047	
(Form 990)		e organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if th organization entered more than \$15,000 on Form 990-EZ, line 6a.					or if the	2021	
Department of the Treasury		Attach to Form 990 or Form 990-EZ.					Open to Public		
Internal Revenue Service		to www.irs.gov/Form990 for instru	uction	s and	the latest informati	on.	<b>F</b> aran January in	Inspection	
Name of the organization	THE NIGHT 1	MINISTRY					36-3145	identification number 5764	
· · · · ·	e organization rais	ed funds through any of the followin	-		Check all that apply. overnment grants				
	email solicitations								
	c X Phone solicitations g X Special fundraising events								
		or oral agreement with any individual	(includ	ling of	ficers, directors, trus	tees,	or		
key employees list	ed in Form 990, P	art VII) or entity in connection with p	rofessi	onal fu	undraising services?		Ye		
<b>b</b> If "Yes," list the 10 compensated at le	0	viduals or entities (fundraisers) pursu organization.	ant to	agreer	ments under which th	ne fur	ndraiser is to l	De	
(i) Name and addres or entity (fund		(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	tò (c	Amount paid or retained by fundraiser ted in col. <b>(i)</b>	by) to (or retained by)	
			Yes	No					
			<u> </u>						
3 List all states in whi		n is registered or licensed to solicit c	contrib	utions	or has been notified	it is e	exempt from I	registration	
or licensing.									
LHA For Paperwork R	eduction Act Noti	ice, see the Instructions for Form 9	90 or	990-E	Z.		Schedu	le 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, FZ lines 1 and 6b. List events with gross receipts greater than \$5,000

	of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.									
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events				
			LIGHTING UP THE			(add col. (a) through				
			NIGHT		1	col. (c)				
			(event type)	(event type)	(total number)	COI. (C))				
Revenue										
eve	1	Gross receipts	368,987.			368,987.				
ñ										
	2	Less: Contributions	368,987.			368,987.				
	3	Gross income (line 1 minus line 2)								
	4	Cash prizes								
	5	Noncash prizes								
es										
ens	6	Rent/facility costs								
Direct Expenses										
š	7	Food and beverages								
Dire										
	8	Entertainment								
	9	Other direct expenses	99,115.	99,115.						
	10	Direct expense summary. Add lines 4 through		99,115.						
	11	Net income summary. Subtract line 10 from li	-99,115.							
Pa	irt I		answered "Yes" on Form	1 990, Part IV, line 19, or r	eported more than					
		\$15,000 on Form 990-EZ, line 6a.								
đ			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add				
nue				bingo/progressive bingo		col. (a) through col. (c))				
Revenue										
щ	1	Gross revenue								
Direct Expenses	2	Cash prizes								
	3	Noncash prizes								
ш т										
irec	4	Rent/facility costs								
Δ										
	5	Other direct expenses								

	6 Volunteer labor	Yes %	└── Yes %	└── Yes % └── No		
	7 Direct expense summary. Add lines 2 through	n 5 in column (d)		►		
	8 Net gaming income summary. Subtract line 7	í from line 1, column (d)		<b>&gt;</b>		
9	Enter the state(s) in which the organization condu					
а	Is the organization licensed to conduct gaming ac If "No," explain:	• • -	states?		Yes	No No

132082 10-21-21

Schedule G (Form 990) 2021

No

Sch	edule G (Form 990) 2021	THE NIGHT MINISTRY		36-31	45764	Page 3
	Is the organization a grantor, ber	eficiary or trustee of a trust,	nbers? or a member of a partnership or other entity formed		Yes	No
13	to administer charitable gaming? Indicate the percentage of gamin				Yes	L No
á	The organization's facility				13a	%
					13b	%
14	Enter the name and address of the	e person who prepares the o	organization's gaming/special events books and records	s:		
	Name 🕨					
	Address 🕨					
15a	Does the organization have a cor	itract with a third party from	whom the organization receives gaming revenue?		Yes	No No
ł	If "Yes," enter the amount of gan	ning revenue received by the	organization 🕨 \$ and the amou	unt		
	of gaming revenue retained by th	e third party ▶\$				
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	•	r state law to make charitabl	e distributions from the gaming proceeds to			
	retain the state gaming license?		be distributed to other exempt organizations or spent in		Yes	No No
	organization's own exempt activi			line		
Pa	rt IV Supplemental Info	rmation. Provide the expla	anations required by Part I, line 2b, columns (iii) and (v); a additional information. See instructions.	and Part	III, lines 9	, 9b, 10b,
			•			
1320	83 10-21-21			Schedul	e G (Forn	n <b>990) 2021</b>
			38			

art IV Supplemental Inform	nation (continued)		
			Schedule G (Form 9
84 11-18-21		39	

			Go	Grants and Oth vernments, ar lete if the organizatio Go to www.ir	nd Individual	<b>ls in the Ŭni</b> ' on Form 990, Pa m 990.	ted States rt IV, line 21 or 22.		OMB No. 1545-0047 <b>2021</b> Open to Public Inspection
Name of	the organization								Employer identification number
		NIGHT MINI							36-3145764
Part I	General Information								
	es the organization main teria used to award the g			amount of the grants			-		
<b>2</b> De:	scribe in Part IV the orga	nization's pro	cedures for monit	oring the use of grant	funds in the United	d States.			
Part II			-	zations and Domestic be duplicated if additi			anization answered "Y	′es" on Form 990, Par	t IV, line 21, for any
1 (a)	Name and address of or or government	ganization	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
2 Ent	ter total number of section	on 501(c)(3) ar	nd government or	ganizations listed in the	e line 1 table				•
	ter total number of other								
	or Donorwork Doduction		a a a bha luaabuuabi	for Form 000					Sebedule I (Form 000) 2021

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

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.

(a) Type of grant or assistance	(b) Number of recipients	<b>(c)</b> Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
OOD, CLOTHING, TRANSPORTATION, AND OTHER					
SSISTANCE	2000	0.	93,937.	FMV	BASIC LIFE NEEDS

**Part IV** Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

SC	HEDULE J	Compe	nsation Information	1	OMB No. 1	1545-004	47
(Fo	rm 990)	-	ctors, Trustees, Key Employees, and Highest		20	71	
			mpensated Employees n answered "Yes" on Form 990, Part IV, line 23.		20		
Depa	tment of the Treasury		Attach to Form 990.		Open to		ic
Intern	al Revenue Service		990 for instructions and the latest information.		Inspe		
Nam	e of the organization			Employer id		on nui	mber
		THE NIGHT MINISTRY		36-3	145764		
Ра	rt I Question	s Regarding Compensation					
_	<b>.</b>					Yes	No
1a		() <b>C</b>	ny of the following to or for a person listed on Form	990,			
			elevant information regarding these items.				
	First-class or c		X Housing allowance or residence for perso				
	Travel for com	•	Payments for business use of personal re-				
		ation and gross-up payments	Health or social club dues or initiation fee				
		spending account	Personal services (such as maid, chauffer	ir, chet)			
<b>b</b>							
D	-	· -	on follow a written policy regarding payment or		416	х	
•		1	above? If "No," complete Part III to explain		<u>1b</u>		
2	0		ng or allowing expenses incurred by all directors,		0	х	
	trustees, and onice	rs, including the CEO/Executive Director,	regarding the items checked on line 1a?		2	Λ	
3	Indicate which if or	w of the following the organization used	to optical the componentian of the organization's				
5			to establish the compensation of the organization's any boxes for methods used by a related organizati				
		ation of the CEO/Executive Director, but $\epsilon$	, , , , ,	JITIO			
	X Compensation		X Written employment contract				
			X Compensation survey or study				
		ompensation consultant ther organizations		ommittoo			
			X Approval by the board or compensation c	ommittee			
4	During the year, did	any person listed on Form 990, Part VII,	Section A, line 1a, with respect to the filing				
	organization or a re	•••	, , , , , , , , , , , , , , , , , , , ,				
а	•	e payment or change-of-control payment	?		4a		x
b		eive payment from a supplemental nonqu			4b		X
с	-	eive payment from an equity-based comp			4c		X
	If "Yes" to any of lin	ies 4a-c, list the persons and provide the	applicable amounts for each item in Part III.				
	Only section 501(c	)(3), 501(c)(4), and 501(c)(29) organizati	ons must complete lines 5-9.				
5	For persons listed of	n Form 990, Part VII, Section A, line 1a, o	did the organization pay or accrue any compensatio	n			
	contingent on the re	evenues of:					
а	The organization?				5a		x
	Any related organiz						X
	If "Yes" on line 5a c	r 5b, describe in Part III.					
6	For persons listed of	n Form 990, Part VII, Section A, line 1a, o	did the organization pay or accrue any compensatio	n			
	contingent on the n	et earnings of:					
а	a The organization?				6a		X
	Any related organiz						x
	If "Yes" on line 6a c	r 6b, describe in Part III.					
7	For persons listed of	n Form 990, Part VII, Section A, line 1a, o	did the organization provide any nonfixed payments				
	not described on lines 5 and 6? If "Yes," describe in Part III				7		x
8							
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III						x
9	If "Yes" on line 8, d	d the organization also follow the rebutta	ble presumption procedure described in				
			· · · ·		9		
LHA		eduction Act Notice, see the Instruction			ule J (Forn	n 990)	) 2021

132111 11-02-21

36-3145764

#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

	(B) Breakdown of W-2 and/or 1099-MISC and/ compensation		C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) PAUL HAMANN	(i)	265,718.	367.	0.	9,606.	26,662.	302,353.	0.
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ERIN RYAN	(i)	155,627.	217.	0.	5,226.	31,991.	193,061.	0.
SR. VICE PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) CHRISTY PRASSAS	(i)	171,694.	365.	0.	6,184.	11,356.	189,599.	0.
VP, PHILANTHROPIC ENGAGEMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2021

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2021

#### SCHEDULE M (Form 990)

# **Noncash Contributions**

OMB No. 1545-0047

Department of the Treasury	
Internal Revenue Service	

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.

ſ 1 ZUZ **Open to Public** Inspection

Name of the organization

Employer identification number
26 2445564

36 - 3145764

Pa	rt I Types of Property				·			
		<b>(a)</b> Check if applicable	<b>(b)</b> Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu		•	s
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5								
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	3	119,095.	FMV			
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							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (BASIC NEED SU )	Х	1,000	594,526.	FMV			
26	Other ► ()							
27	Other  ( )							
28	Other ► (							
29	Number of Forms 8283 received by the organi	zation during	the tax year for c	ontributions				
	for which the organization completed Form 82	83, Part V, D	onee Acknowledg	ement				
							Yes	No
30a	During the year, did the organization receive b	y contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it			
	must hold for at least three years from the date of the initial contribution, and which isn't required to be used for							
	exempt purposes for the entire holding period?							
b	b If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?							
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash							
	contributions?					32a		X
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	olumn (c) foi	a type of property	/ for which column (a) is cheo	cked,			
	describe in Part II.							

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

132141 11-17-21

11130215 144198 157838.157838

Schedule M (Form 990) 2021	THE	NIGHT	MINISTRY	
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Part II 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.

132142 11-17-21		Schedule M (Form 990) 2021
	A C	

157838.1

36-3145764

SCHEDULE O (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

## Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Employer identification number 36-3145764

THE NIGHT MINISTRY

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

HOUSING, HEALTHCARE AND HUMAN CONNECTION TO ANY AND ALL COMMUNITY

MEMBERS STRUGGLING WITH POVERTY AND HOMELESSNESS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

FLEXIBLE HOUSING POOL PROVIDES A LONG-TERM SUBSIDY FOR 95 YOUNG PEOPLE

(AND THEIR CHILDREN) 18+ THROUGH A PARTNERSHIP TO PROVIDE HOUSING FOR

INDIVIDUALS INVOLVED IN ONE OR MORE PUBLIC ASSISTANCE SYSTEMS,

INCLUDING THE HOMELESS SERVICES SYSTEM (HEALTH, JUSTICE, ETC.).

OVERALL, TNM'S YOUTH PROGRAMS SERVED 535 YOUTH AND THEIR 101 CHILDREN

DURING THE YEAR ENDED JUNE 30, 2022.

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

THE FORM 990 IS REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS PRIOR TO

FILING.

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

CONFLICT OF INTEREST DISCLOSURE FORMS ARE COMPLETED BY BOARD MEMBERS AND

MANAGEMENT. IT IS THE CONTINUING RESPONSIBILITY OF BOARD, OFFICERS, AND

MANAGEMENT TO SCRUTINIZE THEIR TRANSACTIONS AND OUTSIDE BUSINESS INTERESTS

AND RELATIONSHIPS FOR POTENTIAL CONFLICTS AND TO IMMEDIATELY MAKE SUCH

DISCLOSURES AND UPDATE THE DISCLOSURE FORM. BOARD MEMBERS ARE PRECLUDED

FROM PARTICIPATION IN DISCUSSION OR VOTING RELATED TO ANY ENTITIES FOR

WHICH A CONFLICT OF INTEREST HAS BEEN IDENTIFIED.

FORM 990, PART VI, SECTION B, LINE 15:

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

Schedule O (Form 990) 2021

2021.05050 THE NIGHT MINISTRY

COMPENSATION OF THE PRESIDENT AND IS BASED ON C	COMPARATIVE DATA, PERFORMANCE
EVALUATION, AND BUDGETARY CONSIDERATIONS. FOR (	OFFICERS OF THE ORGANIZATION,
THE PRESIDENT RECOMMENDS COMPENSATION PACKETS H	FOR BOARD APPROVAL BASED ON
COMPARATIVE DATA, PERFORMANCE EVALUATION, AND H	BUDGETARY CONSIDERATIONS.
FORM 990, PART VI, SECTION C, LINE 19:	
GOVERNING DOCUMENTS ARE MADE AVAILABLE UPON EVA	ALUATION OF WRITTEN REQUEST
TO EITHER THE PRESIDENT OR BOARD CHAIR.	
FORM 990, PART XII, LINE 2C:	
THE ORGANIZATION HAS NEITHER CHANGED ITS OVERS	
PROCESS DURING THE TAX YEAR.	
132212 11-11-21	Schedule O (Form 990) 20
30215 144198 157838.157838	48 2021.05050 THE NIGHT MINISTRY 1578

36-3145764

AN INDEPENDENT BOARD OF DIRECTORS IS RESPONSIBLE FOR APPROVING THE

THE NIGHT MINISTRY

Schedule O (Form 990) 2021

Name of the organization

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

SUITE

(a)

Name, address, and EIN

of related organization

TNM ASSET MANAGEMENT ORGANIZATION

26-2372668, 1735 N. ASHLAND AVE.

2000, CHICAGO, IL 60622

132161 11-17-21 LHA

#### Schedule R (Form 990) 2021

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

(c)

Legal domicile (state or

foreign country)

(d)

Exempt Code

section

501(C)(3)

(e)

Public charity

status (if section

501(c)(3))

LINE 12A, I

(b)

Primary activity

SUPPORT PROGRAMS OF THE

NIGHT MINISTRY

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

#### Name of the organization

SCHEDULE R (Form 990)

Part I

Department of the Treasury Internal Revenue Service

THE NIGHT MINISTRY

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

Employer identification number

36-3145764

(f)

Direct controlling

entity

THE NIGHT

MINISTRY

## **Related Organizations and Unrelated Partnerships**

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

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

OMB No. 1545-0047

(g) Section 512(b)(13)

controlled

entity?

No

Yes

х

2021 Open to Public Inspection

ILLINOIS

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

		,										
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	alloca	ortionate itions?	amount in box 20 of Schedule	Gener mana partn	<sup>il or</sup> Percent <sup>ing</sup> owners	age ship
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	No	
	-											
										+		
	-											
	-											
	1											
	1											

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

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

#### Schedule R (Form 990) 2021 THE NIGHT MINISTRY

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

ote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	s N
During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		2
<b>b</b> Gift, grant, or capital contribution to related organization(s)		X	
c Gift, grant, or capital contribution from related organization(s)			
d Loans or loan guarantees to or for related organization(s)			
e Loans or loan guarantees by related organization(s)		X	+
f Dividends from related organization(s)	<u>1f</u>		
g Sale of assets to related organization(s)	1g		
h Purchase of assets from related organization(s)	<b>1</b> h		
Exchange of assets with related organization(s)	<u>1i</u>		
Lease of facilities, equipment, or other assets to related organization(s)	<u>1j</u>		+
k Lease of facilities, equipment, or other assets from related organization(s)	1k	x	
Performance of services or membership or fundraising solicitations for related organization(s)			
n Performance of services or membership or fundraising solicitations by related organization(s)	1m		
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		
Sharing of paid employees with related organization(s)			╉
Reimbursement paid to related organization(s) for expenses			
Reimbursement paid by related organization(s) for expenses		X	4
Other transfer of cash or property to related organization(s)	1r		
s Other transfer of cash or property from related organization(s)	1s		

<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
(1) TNM ASSET MANAGEMENT ORGANIZATION	ĸ	471,792.	FAIR MARKET VALUE
(2) TNM ASSET MANAGEMENT ORGANIZATION	с	200,000.	GRANT FROM RELATED PARTY
(3)			
(4)			
(5)			
<u>(6)</u>			

#### Schedule R (Form 990) 2021 THE NIGHT MINISTRY

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a)	(b)	(c)	(d)	16	~)	(f)	(g)	(۲	5	(i)	(j)		(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	Are Are partne 501 ( org	e all	Share of	Share of		• <b>•</b> opor-	Code V-UBI	Genera		
of entity	T finally activity	(state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	501(	c)(3)	total	end-of-year	Dispr tior allocat	ate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	manag	ing own	hership
er en dy		country)	excluded from tax under	Yes	S.7	income	assets	Yes	101157	of Schedule K-1 (Form 1065)	parine	<u>, ,</u> , , , , , , , , , , , , , , , , ,	ieieinp
		,,	3001013 0 12 0 14)	Yes	NO			Yes	NO	(101111000)	Yes I	10	
												_	
												_	
												_	

Schedule R (Form 990) 2021

### Part VII Supplemental Information

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

Schedule R (Form 990) 2021

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