			COPY FOR PUBLIC DISCLOSURE		OMB No. 1545-0047
Form	Q "	90	Return of Organization Exempt From		0040
Forr	n J	30	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (■ Do not enter social security numbers on this form as it ma		
		of the Treasury nue Service	 Go to www.irs.gov/Form990 for instructions and the late 		Open to Public Inspection
				JUN 30, 2019	
Bc	heck if	C Name o	organization	D Employer identif	
	Addre		NIGHT MINISTRY		
	chang Name chang		JSINESS AS		145764
	Initial returr Final returr	Number	and street (or P.O. box if mail is not delivered to street address) Room/su N. RAVENSWOOD	uite E Telephone number	
	termi	2	own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	11,814,678.
	Amer		AGO, IL 60640	H(a) Is this a group r	
	Appli tion pendi		nd address of principal officer: PAUL W. HAMANN	for subordinates	
		4/11	N. RAVENSWOOD, CHICAGO, IL 60640	H(b) Are all subordinates i	
				/	a list. (see instructions)
				H(c) Group exemption	
	orm o art l	Summary	X Corporation Trust Association Other ► L Y	ear of formation: 1902	M State of legal domicile: IL
			e the organization's mission or most significant activities: THE NIGH	ν ΜΤΝΤαπον τα	λ
e	1		- BASED ORGANIZATION THAT WORKS TO PROV		
Governance	2		x ► if the organization discontinued its operations or disposed of m		
/err	2				19
õ	3		ing members of the governing body (Part VI, line 1a)		19
8			lependent voting members of the governing body (Part VI, line 1b)		203
Activities &	5		of individuals employed in calendar year 2018 (Part V, line 2a)		
ivit	6		of volunteers (estimate if necessary)		6057
Act			d business revenue from Part VIII, column (C), line 12		
	b	Net unrelated	business taxable income from Form 990-T, line 38		
		.		Prior Year	Current Year
e	8		and grants (Part VIII, line 1h)	8,447,951.	11,484,966.
ent	9	•	ce revenue (Part VIII, line 2g)	684.	130.
Revenue	10		come (Part VIII, column (A), lines 3, 4, and 7d)	29,502.	282,765.
	11	Other revenue	(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-82,836.	-100,563.
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,395,301.	11,667,298.
	13		nilar amounts paid (Part IX, column (A), lines 1-3)	88,978.	14,543.
	14		to or for members (Part IX, column (A), line 4)	0.	0.
ş	15	Salaries, other	compensation, employee benefits (Part IX, column (A), lines 5-10)	5,649,014.	6,351,045.
Expenses	16a	Professional f	undraising fees (Part IX, column (A), line 11e)	134,402.	0.
e d	b	Total fundrais	ng expenses (Part IX, column (D), line 25)		
ш	17	Other expense	es (Part IX, column (A), lines 11a-11d, 11f-24e)	2,060,570.	2,334,287.
	18	Total expense	s. Add lines 13-17 (must equal Part IX, column (A), line 25)	7,932,964.	8,699,875.
	19	Revenue less	expenses. Subtract line 18 from line 12	462,337.	2,967,423.
Net Assets or Fund Balances				Beginning of Current Year	End of Year
sets alan	20	Total assets (F	Part X, line 16)	5,733,935.	8,656,608.
t As d B	21	Total liabilities	(Part X, line 26)	538,493.	493,743.
			fund balances. Subtract line 21 from line 20	5,195,442.	8,162,865.
Pa	nrt II	Signature	e Block		
Unde	er pen	alties of perjury,	I declare that I have examined this return, including accompanying schedules and stat	ements, and to the best of m	y knowledge and belief, it is
true,	corre	ct, and complete	Declaration of preparer (other than officer) is based on all information of which prepared	arer has any knowledge.	
		1.5			

Sign Here	Signature of officer PAUL W. HAMANN, PRESID Type or print name and title	ENT		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	Firm's address			
				Phone no.
May the IF	RS discuss this return with the preparer shown abo	ove? (see instructions)		Yes No
832001 12-3	LHA For Paperwork Reduction Act Noti	ce, see the separate instructions.		Form 990 (2018)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

r a	990 (2018) THE NIGHT MINISTRY T III Statement of Program Service Accomplishments	36-3145764	Page
			v
	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 THAT		
Par 1 2 3 4 4a 4b 4c	PROVIDE HOUSING, HEALTHCARE AND HUMAN CONNECTION TO ANY COMMUNITY MEMBERS STRUGGLING WITH POVERTY AND HOMELESSN		
	COMMONITY MEMBERS STRUGGLING WITH POVERTY AND HOMELESSN.	699.	
2	Did the organization undertake any significant program services during the year which were not listed on the		
2		Ves	XN
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services'		XN
Ŭ	If "Yes," describe these changes on Schedule O.		IV
4	Describe the organization's program service accomplishments for each of its three largest program services, a	s measured by expenses	
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth	• •	
	revenue, if any, for each program service reported.	,	
4a	(Code:) (Expenses \$ 5,151,880. including grants of \$ 14,543.) (Rev	enue \$	
	SHELTER PROGRAMS:		
	OPEN DOOR SHELTER WEST TOWN PROVIDES HOMELESS YOUTH WIT	H SUPPORTIVE	
	SERVICES IN TWO DIFFERENT HOUSING PROGRAMS - AN INTERIM	16-BED PROGR	AM
	TO YOUTH AGES 14-21 AND AN 8-BED TRANSITIONAL LIVING PR	OGRAM. THE	
	INTERIM PROGRAM SERVED 134 YOUTH AND 6 OF THEIR CHILDRE	N FOR THE YEA	R
	ENDED JUNE 30, 2019. THE TRANSITIONAL LIVING PROGRAM S	ERVED 13 YOUT	H
	AND 1 OF THEIR CHILDREN.		
	OPEN DOOR SHELTER LAKEVIEW'S PREGNANT AND PARENTING PRO		
	SUPPORTIVE SERVICES AND SHELTER TO HOMELESS PARENTING O		ENS
	AND THEIR CHILDREN IN AN 8-BED PROGRAM. FOR THE YEAR E		
	2019, THE SHELTER PROVIDED HOUSING FOR 59 PARENTING AND		
	AND 56 OF THEIR CHILDREN. THE CRIB OVERNIGHT EMERGENCY		RAM
4b	(Code:) (Expenses \$1,527,079. including grants of \$) (Rev		_ ~
	OUTREACH AND HEALTH PROGRAM: THE OUTREACH AND HEALTH P		ES
	HEALTHCARE, COUNSELING, AND PASTORAL SERVICES TO YOUTH		2.0
	INDIVIDUALS IN SEVERAL CHICAGO COMMUNITIES. IN THE YEAD 2019, THE NIGHT MINISTRY MADE OVER 52,208 HEALTH OUTREAD	R ENDED JUNE	30,
	REACHING 5,300 INDIVIDUALS.	CH CONTACTS	
	REACHING 5,500 INDIVIDOADS:		
4c	(Code:) (Expenses \$ including grants of \$) (Rev	enue \$	
4c	(Code:) (Expenses \$ including grants of \$) (Rev	enue \$	
4c	(Code:) (Expenses \$ including grants of \$) (Rev	enue \$	
4c	(Code:) (Expenses \$ including grants of \$) (Rev	enue \$	
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4c	(Code:) (Expenses \$ including grants of \$) (Rev	enue \$	
4c	(Code:) (Expenses \$ including grants of \$) (Rev	enue \$	
4c		enue \$	
		enue \$	
	(Code:) (Expenses \$ including grants of \$) (Rev	enue \$	
4d	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$	enue \$	
4d	Other program services (Describe in Schedule O.)		
4d 4e	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ▶ 6,678,959.) Form 9	9 90 (201

Form	990	(201)	8

 Form 990 (2018)
 THE NIGHT MINISTRY

 Part IV
 Checklist of Required Schedules

1 Is the cognization exection SI (kg) or 447 (kg) (bd) (bd) may a physic foundation? 1 <th></th> <th></th> <th></th> <th>Yes</th> <th>No</th>				Yes	No
2 Is the organization engage in direct or indirect political campaign activities on behalf of ori topposition to candidates for public office? If "Yes," complete Schedule 0, Part I 3 X 3 Det the organization assessments. But the organization engage in lobbying activities, or have a section 501(h) election in effect during that says and if "Yes," complete Schedule 0, Part I 4 X 4 Better organization as defined in Revenue Procedure 6119' If "Yes," complete Schedule 0, Part II 5 X 6 Det the organization in activities of anounts in such Indiro accounts for which denors have the right to a schedule 0, Part I 6 X 7 Det the organization matchin call on accounts for which denors have the right to a schedule 0, Part I 6 X 7 Det the organization matchin collections of works of art, historical treasure, or other similar assets? If "Yes," complete Schedule 0, Part I 8 X 7 Det the organization matchin Part X, Inc 21, for socrow or custodial account liability, serve as a custodian for amounts in a list in Part X, Inc 21, for socrow or custodial account liability, serve as a custodian for amounts in Part X, Inc 21, for socrow or custodial account liability, serve as a custodian for amounts in Part X, Inc 21, for socrew or custodial account liability, serve as a custodian for amounts in Part X, Inc 21, for socrew or custodial account liability, serve as a custodian for amounts in Part X, Inc 21, for Socrew or custodial account liability, serve as a custodian for amounts in Pa	1				
9 Det the organization engage in direct or indirect political campaign activities on bahalf of or in opposition to candidates for politic officit? If Yes,' complete Schedule C, Part II 3 X 9 Section 501(c)(3) organizations. Did the organization rangage 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 9 Did the organization maintain and tools or any similar funds or accountal for which dorns have the right to provide advice on the distribution or investment of amounts in such funds or accountal for Which dorns have the right to provide advice on the distribution or investment of amounts in such funds or accountal for Which dorns have the right to provide advice on the distribution or investment of amounts in such funds or accountal for Which dorns have the right to provide advice on the distribution or investment or amounts and enterior induced assess in temporarity restricted endowments, permanent endowments, or quasi-and-ownerds, or distribution services? 7 X 9 Did the organization, neited and point to investion at - the screen or custodial account liability, serve as a custodian for amounts on listed in Part X, in provide and/counseling, deb tamagement, credit regain, or debt negolations services? 7 X 9 Did the organization, meetry or through a related organization, hold assess in temporarity restricted endowments, permanent endowments, or quasi-and/ownents? 7 X 10 Did the organization sector an amount for inexitemets - order asset in Part X, line 107 if Yes, com					
bubble office? # 'Yes, 'complete Schedule C, Part I 3 X 4 Section 50(16)(3) cognizations. Ditth or cognization engage in lobbying activities, or have a section 50(16) election in effect 4 X 5 Is the organization a section 50(16)(4). 50(16)(5) or 50(16)(6) organization that neckers membership dues, assessments, or 5 X 6 Did the organization a member have a section 50(16) election or investment of amounts in such that os a accumats for which donoes have the right to provide addition or investment of amounts in such that os a accumats? If 'Yes,' complete Schedule D, Part II 8 X 7 Did the organization receive or hold a conservation essement, incloiding assements to preserve open space, the environment, historical treasures, or relator structures? If 'Yes,' complete Schedule D, Part II 8 X 8 Did the organization report an amount for sector or custodial account liability, serve as a custodian for amounts not listed in Part X, line 21, for secrow or custodial account liability, serve as a custodian for amounts not listed in Part X, line 21, for secrow or custodial account liability, serve as a custodian for amounts not investments - other securities in Part X, line 10 If 'Yes,' complete Schedule D, Part V 10 11 If the organization server to any of the following questions is 'Yes,' then complete Schedule D, Part X 111 X 12 Did the organization server tor raw organ related organization, heart section Part X, line 11	2		2	X	
4 Section 501(b(3) organizations. Dd He organization engage in tobbying activities, or have a section 501(b) election in effect during the taxy win? if "Yes," complete Schedule C, Part II 4 X 5 Is the organization a section 501(b),	3				
during the tax year? If Yes," complete Schedule C, Part II 4 X 5 is the organization a section Solic(4), 501(c)(4), 501(c)(5), 501(c)(4), 501(c			3		<u> </u>
5 Is the organization acciton 5010(a), 0010(b), or 501(b) organization that receives membership dues, assessments, or similar amounts as defined in Revence Proceeding or Complete Schedule C, Part II S X 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such thads or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such tasks or the results. Complete Schedule D, Part II 7 X 7 Did the organization maintain any donor of anoths in such tasks of the results, or other similar assets II 'I'ves, "complete Schedule D, Part II 7 X 8 Did the organization receive or hold a conservation essement, including essemants to preserve open space, the environment, listoic In Part X, or provide crudit conselling, debt management, crudit repair, or distict addition services? 7 X 9 Did the organization report an amount for related organization, hold assets in temporarity restricted endowments, permanent endowments, or quasi-indownents? 7 X 10 Did the organization report an amount for related organization, hold assets in temporarity restricted endowments, permanent endowments, or quasi-edavised organization, hold assets in Part X, line 12 that is 5% or more of its total assets reported in Part X, ime 16? 10 X 11 He organization report an amount for relatesin Part X, line 12 that is 5% or more	4			37	
assisting amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part II 5 X 6 Did the organization maintain any door advised funds or any summary to a construction assement, including assements to preserve open space, the environment, historic land areas, on historic structures II'' res,' complete Schedule D, Part II 6 X 7 Did the organization maintain collections of works of art, historical ressures, or other similar assets I'' res,' complete Schedule D, Part II 7 X 8 Did the organization report an amount in Part X, line 21, for escrow or custolial account liability, serve as a custodian for amounts no tisted in Part X, or provide credit connselling, det management, credit repair, or debt negotiation services? 7 X 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endownents? If 'ves,' complete Schedule D, Part V 9 X 10 Did the organization report an amount for investments- other securities in Part X, line 10? II''se,' complete Schedule D, Part V 10 X 11 If the organization report an amount for investments- other securities Part X, line 12? II''se,' complete Schedule D, Part X 11 X 12 Did the organization report an amount for investments- other securities Part X, line 12? II''se,' complete Schedule D, Part X 11 X 13 assest reported In Part	_		4	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 anounts in such funds or accounts? <i>II "Yes," complete Schedule D, Part II</i> 0 7 X 8 Did the organization reserve in obid a conservation essenter, funding essenters to preserve open space, the environment, historic and areas, or historic structures? <i>II "Yes," complete Schedule D, Part II</i> 7 X 8 Did the organization operation collection of works of art, historical reserves, or other similar assets? <i>II "Yes," complete Schedule D, Part II</i> 8 X 9 Did the organization operation amount in Part X, Ine 21, for secrow or custodial account liability, serve as a custodian for amounts not listed in Part X, ine 21, for secrow or custodial account liability, serve as a custodian for amounts or through related organization, directly of through a related organization, increasing and anount for investments - program related in Part X, line 10? <i>II'</i> "Yes," complete Schedule D, Part V 10 9 Did the organization report an amount for investments - organs related in Part X, line 10? <i>II'</i> "Yes," complete Schedule D, Part V 11 11 10 Did the organization inserver the IRP <i>II'</i> Yes, "complete Schedule D, Part X 11 X 11 Did the organization corport an amount for investments - program related in Part X, line 10? <i>II'</i> "Yes," complete Schedule D, Part X 11 X 111	5				v
provide advice on the distribution or investment of amounts in such funds or accounts? II "Yes," complete Schedule D, Part II 6 X 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic istructures? II "Yes," complete Schedule D, Part II. 7 X 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amount no listed In Part X, ion provide credit conseling, debt management, credit repair, or debt negotiation services? 8 X 9 Did the organization report an amount for label D, Part IV. 10 X 10 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, permanent or organization report an amount for label D, Part V. 10 X 11 If the organization report an amount for lavestments - program related in Part X, line 10? If "Yes," complete Schedule D, Part V. 11a X 12 D dth eorganization report an amount for investments - organizate and the organization report an amount for orbit assets 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 X. 11a X 13 D dth eorganization report an amount for orbit iabilities in Part X, line 12? If "Yes," complete Schedule D, Part X. 11a X 14	•		5		
7 Did the organization receive or hold a conservation essement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "ke," complete Schedule D, Part II 7 X 8 X Did the organization maintain collections of works of art, historical treasures, or other similar asset? If "Yes," complete Schedule D, Part II 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? 9 X 10 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts on any of the following questions is "Yes," the complete Schedule D, Part V 10 X 11 If the organization report an amount for land, buildings, and equipment 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 VI 11a X 11 Did the organization report an amount for investments - order assets 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 VI 11b X 11 Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI 11b X	6				v
the environment, historic land areas, or historic structures? If Y'es, 'complete Schedule D, Part II 7 X 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If Y'es, 'complete Schedule D, Part II 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, ico provide credit counseling, debt management, credit repair, or debt negotiation services? 9 X 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments? If Yes, 'complete Schedule D, Part V 10 X 11 the organization answer to any of the following questions is 'Yes,' then complete Schedule D, Part V, VII, VII, VII, VX, or X as applicable. 10 X 12 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 167 If Yes,' complete Schedule D, Part VII 11a X 13 Did the organization report an amount for investments for the tax, line 157 that is 5% or more of its total assets reported in Part X, line 167 If Yes,' complete Schedule D, Part VIII 11a X 14 Did the organization report an amount for investments ro the tax line 157 that is 5% or more of its total assets reported in Part X, line 167 If Yes,' complete Schedule D, Part XIII 11a <td< td=""><td>-</td><td></td><td>6</td><td></td><td></td></td<>	-		6		
B Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete</i> Schedule <i>D, Part III</i> B X D 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? 9 X 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>II "Yes," complete Schedule D, Part V</i> 10 X 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>II "Yes," complete Schedule D, Part V</i> 11a X 12 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? <i>II "Yes," complete Schedule D, Part VI</i> 11a X 13 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>II "Yes," complete Schedule D, Part X</i> 11a X 14 Did the organization report an amount for other assets in Part X, line 25? <i>II "Yes," complete Schedule D, Part X</i> 11d X 15 Did the organization subjits or other assets in Part X, line 25? <i>II "Yes," complete Schedule D, Part X</i> 11d X <	'		_		v
Schedule D, Part III 8 X 9 Did the organization or bised in Part X, ore provide credit counseling, debt management, credit repair, or debt negotiation services? 9 X 10 Did the organization, direct with V 9 X 10 Did the organization, direct with V 9 X 11 If the organization, direct with V 10 X 9 X 11 If the organization, direct with V 10 X 10 X 12 If the organization, direct with the old with organization report an amount for indextments or organization report an amount for investments - ther securities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 167 if 'yes,' complete Schedule D, Part X /// 116 X 11 X 10 Did the organization report an amount for investments or the tax year include a footnote that addresses the organization report an amount for investments or the tax year? If 'Yes,' complete Schedule D, Part X 116 X 12 Did the organization neoperati ax positi	0		⊢ ≁−		<u></u>
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? 9 X 10 Did the organization, directly or through a related organization, hold assets in temporally restricted endowments, permanent endowments? If V'se," complete Schedule D, Part V 10 X 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If Yrge," complete Schedule D, Part VI 10 X 12 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 Yrge," complete Schedule D, Part VI 11a X 13 Did the organization report an amount for ther assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If Yrge," complete Schedule D, Part VII 11a X 14 Did the organization report an amount for other liabilities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If Yrge," complete Schedule D, Part XII 11d X 15 Did the organization report an amount for other liabilities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If Yrge," complete Schedule D, Part XIII 11d X 16 Did the organization obtain separate, independent audited financial statement	0	, ,			x
amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? y X If 'Yes,'' complete Schedule D, Part IV 10 X Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? Ir 'Yes,'' complete Schedule D, Part V 10 X 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,'' complete Schedule D, Part VI 11 X 12 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 11 X 13 Did the organization report an amount for investments - other assets in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,'' complete Schedule D, Part VII 11 X 14 Did the organization report an amount for other assets in Part X, line 25? If 'Yes,'' complete Schedule D, Part X 114 X 15 Did the organization report an amount for other assets in Part X, line 25? If 'Yes,'' complete Schedule D, Part X 114 X 14 Did the organization report an amount for ther lastellises in Part X, line 25? If 'Yes,'' complete Schedule D, Part X 114 X 15 Did the organization report an amount for other assets in Part X, line 25? If 'Yes,'' complete Schedule D, Part X 114 X <td>٩</td> <td></td> <td></td> <td></td> <td>- 23</td>	٩				- 23
# "Yes," complete Schedule D, Part IV 9 X 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? # "Yes," complete Schedule D, Part V 10 X 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, VX, or X as applicable. 10 X 12 Did the organization report an amount for investments - other securities in Part X, line 10? # "Yes," complete Schedule D, Part VI 11a X 13 Did the organization report an amount for investments - other securities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? # "Yes," complete Schedule D, Part VII 11c X 14 Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? # "Yes," complete Schedule D, Part VII 11c X 11 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? # "Yes," complete Schedule D, Part X 11d X 11 Did the organization report an amount for other lassifies in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? # "Yes," complete Schedule D, Part X 11d X 11 Z Did the organization report an amount for other lassifies in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16?	3				
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 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 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 report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for any foreign individuals? If "Yes," complete Schedule F, Parts II and IV 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 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 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 18 X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X 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 			14a		
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or for foreign individuals? // f "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? // f "Yes," complete Schedule G, Part I 17 X 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? // f "Yes," complete Schedule G, Part II 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? // f "Yes," 18 X 20a Did the organization operate one or more hospital facilities? // f "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 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? // f "Yes," complete Schedule I, Parts I and II 21 X	16		-15		
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domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
	21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
832003 12-31-18 Form 990 (2018)		domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II			
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Form	990 (2018) THE NIGHT MINISTRY 36-314 t IV Checklist of Required Schedules (continued)	5764	P	_{age} 4
Far	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		103	NO
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	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			37
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? // "Yes,"			v
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	07		х
00	of any of these persons? If "Yes," complete Schedule L, Part III	27		~
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
-	instructions for applicable filing thresholds, conditions, and exceptions):	28a		х
	A current or former officer, director, trustee, or key employee? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i> A family member of a current or former officer, director, trustee, or key employee? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>			X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	. 200		
C	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		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		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
•••	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	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	Х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	. 37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
_	Note. All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
		4		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		37	
	(gambling) winnings to prize winners?	1c	X	(a.c.)
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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 203			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
-	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	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	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
Ū	to file Form 8282?	7c		x
Ь	If "Yes," indicate the number of Forms 8282 filed during the year 7d	10		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7.11		
U		8		
9	sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.	Ū		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
		9b		
10	Section 501(c)(7) organizations. Enter:	30		
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	T2.G		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
u	Note. See the instructions for additional information the organization must report on Schedule O.	100		
h	Enter the amount of reserves the organization is required to maintain by the states in which the			
D	organization is licensed to issue qualified health plans			
~	Enter the amount of reserves on hand			
14a		14a		x
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		x
	If "Yes," see instructions and file Form 4720, Schedule N.	15		
16	a the exercited an educational institution subject to the section 1069 system to yes not investment income?	16		x
10	If "Yes," complete Form 4720, Schedule O.	10		
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THE NIGHT MINISTRY

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

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

				_		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1 a		19			
	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 in Schedule 0.						
b	Enter the number of voting members included in line 1a, above, who are independent	1b		19			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with a	iny other				
	officer, director, trustee, or key employee?		-		2		Х
3	Did the organization delegate control over management duties customarily performed by or under the			·····			
	of officers, directors, or 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			F	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as				5		X
6	Did the organization become aware during the year of a significant diversion of the organization size.				6		X
0 7a	Did the organization have members of stockholders, or other persons who had the power to elect or ap			····· -	0		- 23
1a					70		x
	more members of the governing body?			····· -	7a		
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, st						v
_	persons other than the governing body?				7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year		-				
	The governing body?			····· -	8a	<u>X</u>	
b	Each committee with authority to act on behalf of the governing body?			······ -	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ched at	the				
_	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			<u></u>	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue	Code.)				
				-		Yes	
10a	Did the organization have local chapters, branches, or affiliates?			L	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such ch						
	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 bod	y befor	e filing the fo	rm?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.						
	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	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Y			·····	12.0		
Ŭ		,			12c	x	
10	in Schedule O how this was done			····· F	13	X	
13 14	Did the organization have a written whistleblower policy?				14	X	
14 15	Did the organization have a written document retention and destruction policy?				14	<u></u>	
15	Did the process for determining compensation of the following persons include a review and approva	ai by inc	iependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					v	
	The organization's CEO, Executive Director, or top management official			····· ⊢	15a	X	
b	Other officers or key employees of the organization			····· -	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	ment wi	th a				
	taxable entity during the year?				16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	te its pa	articipation				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nization	's				
	exempt status with respect to such arrangements?				16b		
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed $ ightarrow { m IL}$						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A if applicable), 990, ar	nd 990- ⁻	T (Section 50	1(c)(3)s c	only) a	vailab	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	n in Sch	adula ()				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co		,	and fi	nanci	al	
				<i>, , a</i> nu n			
	statements available to the public during the tax year.						
20	State the name, address, and telephone number of the name on the name the ansatz the transfer the telephone to the state of the name of th			~			
20	State the name, address, and telephone number of the person who possesses the organization's booperature $PAUL W \cdot HAMANN - (773) 784 - 9000$	oks and					
20		oks and					

Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compe	ensated	Page I
	Employees, and Independent Contractors		
	Check if Schedule O contains a response or note to any line in this Part VII		
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		

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D. . . 7

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

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

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

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A)	(B)	l		(0	C)		Juit	(D)	(E)	(F)
Name and Title	Average	(do			ition more	l than c	one	Reportable	Reportable	Estimated
	hours per					s both r/trus		compensation	compensation	amount of
	week (list any	tor						from the	from related organizations	other compensation
	hours for	direc				p		organization	(W-2/1099-MISC)	from the
	related	tee or	ustee			ensate		(W-2/1099-MISC)		organization
	organizations	al trus	nal tr		loyee	e e				and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) ALICIA V. POND	2.00									
CHAIR	0.00	Х		Х				0.	0.	0.
(2) MARK WARREN	2.00									
VICE CHAIR	0.00	Х		Х				0.	0.	0.
(3) JAMES R. KING	2.00									
TREASURER	0.00	Х		Х				0.	0.	0.
(4) KIANTAE A. BOWLES	2.00									
SECRETARY	0.00	Х		Х				0.	0.	0.
(5) W. GORDON ADDINGTON	1.00									
DIRECTOR	1.00	Х						0.	0.	0.
(6) DAN ALTER	1.00									
DIRECTOR	1.00	Х						0.	0.	0.
(7) DAVID BERGER	1.00									
DIRECTOR	0.00	Х						0.	0.	0.
(8) MICHAEL V. BORROMEO	1.00									
DIRECTOR	1.00	Х						0.	0.	0.
(9) SHAWNA BOWMAN	1.00									
DIRECTOR	0.00	Х						0.	0.	0.
(10) BILL GOLDSTEIN	1.00									
DIRECTOR	0.00	Х						0.	0.	0.
(11) CAROL HOGAN	1.00									
DIRECTOR	0.00	Х						0.	0.	0.
(12) SUZANNE HOYES	1.00									
DIRECTOR	0.00	Х						0.	0.	0.
(13) TERRENCE MCMAHON	1.00									
DIRECTOR	0.00	Х						0.	0.	0.
(14) DON MIZERK	1.00									
DIRECTOR	0.00	Х						0.	0.	0.
(15) DAVE ORTMAN	1.00									
DIRECTOR	0.00	Х						0.	0.	0.
(16) DANA RINGER	1.00									
DIRECTOR	0.00	Х						0.	0.	0.
(17) ALLAN J. RUTER	1.00	l								
DIRECTOR	0.00	Х						0.	0.	0.
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Form	990	(2018)

Part	VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	d Hig	ghes	st C	ompensated Employee	s (continued)				
	(A)	(B)			(C)			(D)	(E)			(F)	
	Name and title	Average	(do				ו than o	ne	Reportable	Reportable		E	stimat	ed
		hours per	box	, unles	ss pe	rson i	is both pr/trus	n an	compensation	compensatior	n	ar	nount	
		week					l / l us	lee)	- from	from related			other	
		(list any hours for	lirecto						the organization	organizations (W-2/1099-MIS			npens: rom th	
		related	e or c	stee			Isated		(W-2/1099-MISC)	(00-2/1099-1013	0)		ganiza	
		organizations	Individual trustee or director	Institutional trustee		yee	mper					۳ I	d rela	
		below	idual	tution	er	old ma	est cc loyee	ler				org	anizat	ions
		line)	Indiv	Insti	Officer	Key e	Highest compensated employee	Former						
(18)	DENNIS W. THORN	1.00												
DIREC	CTOR	0.00	Х						0.		0.			0.
(19)	NORMAN JEDDELOH	1.00												
DIREC		0.00	Х						0.		0.	<u> </u>		0.
	PAUL HAMANN	40.00							010 151					~ ~
PRESI		2.00			X				210,171.		0.	2	5,6	22.
	REV. BARBARA A. BOLSEN	40.00										-	~ -	
	STRATEGIC PARTNERSHIP	0.00			X				90,024.		0.	<u> </u>	0,7	07.
	CHRISTY PRASSAS	40.00							110 010			1	2 0	
	F DEVELOPMENT AND EXTERNAL	0.00			X				116,017.		0.	<u> </u>	3,8	75.
	ERIN RYAN	40.00							115 000			2	0 F	0.2
SENIC	DR VICE PRESIDENT	2.00			X				115,090.		0.		0,5	03.
			1											
1b	Sub-total	1							531,302.		0.	11	0,7	07.
c	Total from continuation sheets to Part VI	I. Section A							0.		0.		-	0.
	Total (add lines 1b and 1c)								531,302.		0.	11	0,7	07.
	Total number of individuals (including but n							o re	eceived more than \$100,	000 of reportable				
	compensation from the organization						-							3
													Yes	No
3	Did the organization list any former officer	director, or tru	uste	e, ke	y er	nplo	yee,	or	highest compensated en	nployee on				
	line 1a? If "Yes," complete Schedule J for s	uch individual										3		X
	For any individual listed on line 1a, is the su									U				
	and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sche	edule	e J f	for such individual			4	X	
	Did any person listed on line 1a receive or a								•					
	rendered to the organization? If "Yes." con	nplete Schedule	e J f	or sı	ich i	pers	on					5		X
	ion B. Independent Contractors													
	Complete this table for your five highest co	•	•							•	ensat	tion fro	om	
	the organization. Report compensation for	the calendar ye	ear e	endir	ng w	ith c	or wi	thin T		ear.				
	(A) Name and business	address	NIC	ONE	7				(B) Description of s	ervices	C	ب) ompe	C) ensatio	n
			INC		<u> </u>				Becomption of e					
	Total number of independent contractors (i		ot lir	nitec	d to			ted	above) who received mo	ore than				
	\$100.000 of compensation from the organi	zation 🕨				(,							

\$100,000 of compensation from the organization

Form **990** (2018)

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generation 1 Federated campaigns 1 1 1 Federated campaigns 1 <th></th> <th></th> <th>Check if Schedule O contai</th> <th>ins a response</th> <th>or note to any line</th> <th>e in this Part VIII</th> <th></th> <th></th> <th></th>			Check if Schedule O contai	ins a response	or note to any line	e in this Part VIII			
Both Membership dues Ib b Mentbership dues Id d Related organizations It d Related organizations It d Security It d Total. Add lines 1a-1f It d All other program service revenue It d It All other program service revenue It d Income from investment of tax-escenpt bond proceeds It d Income from investment of tax-escenpt bond proceeds It d Rest escopress It d Gross enother basis or flash add lines 2d / dist It d Income from investment of tax-escopress It d Inconter flash add lines 2d / dist It<						(A) Total revenue	Related or exempt function	Unrelated business	(D) Revenue excluded from tax under sections 512 - 514
go of generation proor and service FRES pusiness Code pusiness Code 0 00099 130. 130. 0 0 00099 130. 130. 0 0 0 00099 130. 130. 1 1 0 0 0 0 0 1 1 0 0 0 0 0 0 1 1 0	ts ts	1 a	Federated campaigns	1a					
generative generation genera	ran Dun	b	Membership dues	1b					
generative generation genera	۵, G	с	Fundraising events	1c	442,686.				
generative generation genera	ar A								
generative generation genera	s, G				1,762,313.				
generative generation genera	Sig								
go of generation proor and service FRES pusiness Code pusiness Code 0 00099 130. 130. 0 0 00099 130. 130. 0 0 0 00099 130. 130. 1 1 0 0 0 0 0 1 1 0 0 0 0 0 0 1 1 0	her				9,279,967.				
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go of generation proor and service FRES pusiness Code pusiness Code 0 00099 130. 130. 0 0 00099 130. 130. 0 0 0 00099 130. 130. 1 1 0 0 0 0 0 1 1 0 0 0 0 0 0 1 1 0	Son	-				11,484,966.			
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Og orgened Boold b b b b c c c c c c f All other program service revenue c c c c g Total. Add lines 2a 2f 130. c c c g Total. Add lines 2a 2f 130. c c c g Total. Add lines 2a 2f 130. c c c g Total. Add lines 1a 2f 130. c c c g Total. Add lines 1a 11d 100 Personal 282, 765. 282, c c d Income from investment of tax-exempt bond proceeds income com coss income com com coss income com coss income com com coss income com	6	2 a	PROGRAM SERVICE FEES			130.	130.		
g Total. Add lines 2a:21 130 3 threatmaching dividends, interest, and other similar amounts) 282,765 4 income from investment of tax-exempt bond proceeds 282,765 5 Royaties (0) Personal 6 a Gross rents (0) Personal b Less: rental income or (loss) (0) Personal 7 a Gross amount from sales of assets other than inventory (0) Securities b Less: cost or other basis (0) Other a dires since from fundraising events (not including \$42,685. of cont from fundraising events (not including \$442,685. of cont from fundraising events (not including \$442,685. of cont from gaming activities. See Part IV, line 18 46,817. b Less: direct expenses	- Ki	_							
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g Total. Add lines 2a:21 130 3 threatmaching dividends, interest, and other similar amounts) 282,765 4 income from investment of tax-exempt bond proceeds 282,765 5 Royaties (0) Personal 6 a Gross rents (0) Personal b Less: rental income or (loss) (0) Personal 7 a Gross amount from sales of assets other than inventory (0) Securities b Less: cost or other basis (0) Other a dires since from fundraising events (not including \$42,685. of cont from fundraising events (not including \$442,685. of cont from fundraising events (not including \$442,685. of cont from gaming activities. See Part IV, line 18 46,817. b Less: direct expenses	gra Re								
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b Less: rental expenses		6 2	Gross ronts	(i) Heal	(ii) i ersonal				
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d Net rental income or (loss)									
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and sales expenses		L	· · · ·						
c Gain or (loss)		b							
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Part IV, line 19 a b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b a b b c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a a b a c a d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions				-		100,505.			100,303.
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c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a		h							
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e Total. Add lines 11a-11d ► Image: Construction of the second			All other revenue		+				+
12 Total revenue. See instructions ▶ 11,667,298. 130. 0. 182,									
						11 667 298	130	0	. 182,202.
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Form 990 (2018) THE NIG

THE NIGHT MINISTRY

THE NIGHT MINISTRY

Part IX	Statement of Functional Expenses
Section 501	1(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Sect	on 501(c)(3) and 501(c)(4) organizations must comp			ipiele column (A).	
	Check if Schedule O contains a respons not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) (A) Total expenses	nis Part IX (B) Program service expenses	(C) Management and general expenses	(D) Fundraising
			expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations	14 542	14 542		
-	and domestic governments. See Part IV, line 21	14,543.	14,543.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	531,302.	531,302.		
6	Compensation not included above, to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	4,515,836.	3,727,106.	296,434.	492,296.
8	Pension plan accruals and contributions (include	_,,,,			
0	section 401(k) and 403(b) employer contributions)				
•	· · · · · · · · · · · · · ·	1,303,907.	1,054,493.	109,297.	140,117.
9	Other employee benefits	1,303,307.		103,437.	140,11/•
10	Payroll taxes				
11	Fees for services (non-employees):				
а	F	0.44		0.4.1	
b	Legal	841.		841.	
С	Accounting	47,369.	25,045.	22,324.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	277,619.	10,017.	49,139.	218,463.
12	Advertising and promotion	41,647.	3,123.	767.	37,757.
13	Office expenses	94,907.	13,303.	14,448.	67,156.
14	Information technology	86,210.	62,694.	22,866.	650.
15	Royalties	,		,	
16	Occupancy	707,921.	537,264.	134,625.	36,032.
17		105,442.	71,397.	31,936.	2,109.
	Travel	105,4420	11,557.	51,550.	2,105.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	101 104	0.0	0.000	
22	Depreciation, depletion, and amortization	101,134.	87,679.	8,390.	5,065.
23	Insurance	94,989.	70,632.	20,925.	3,432.
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)				
а	REPAIRS AND MAINTENANCE	266,062.	114,316.	140,466.	11,280.
b	KITCHEN SUPPLIES	156,504.	146,132.	10,349.	23.
с	STAFF/VOLUNTEER STREET	93,400.	32,381.	57,739.	3,280.
d	DUES, BOOKS, AND SUBSCR	81,982.	41,475.	29,229.	11,278.
	All other expenses	178,260.	136,057.	39,064.	3,139.
25	Total functional expenses. Add lines 1 through 24e	8,699,875.	6,678,959.	988,839.	1,032,077.
25	Joint costs. Complete this line only if the organization	-,,,-		200,000	_,,.,.
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Form 990 (2018)
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THE NIGHT MINISTRY

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1 4		Dalance Sheet						
		Check if Schedule O contains a response or note t	to any line	e in this Part X	·····			
						(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing				1,127,825.	1	2,472,875.
	2	Savings and temporary cash investments				547,665.	2	
	3	Pledges and grants receivable, net				854,711.	3	1,752,034.
	4	Accounts receivable, net				2,997.	4	3,052.
	5	Loans and other receivables from current and form						
		trustees, key employees, and highest compensate						
		Part II of Schedule L			5			
	6	Loans and other receivables from other disqualifie						
		section 4958(f)(1)), persons described in section 49						
		employers and sponsoring organizations of section						
Ś		employees' beneficiary organizations (see instr). C	Complete F	Part II of Sch L	[6	
Assets	7	Notes and loans receivable, net			[7	
As	8	Inventories for sale or use					8	
	9					142,803.	9	172,302.
	10a	Land, buildings, and equipment: cost or other						
		basis. Complete Part VI of Schedule D	10a	3,071,52	21.			
	b	Less: accumulated depreciation	10b	2,640,9)7.	202,682.	10c	430,614.
	11	Investments - publicly traded securities			L	2,845,252.	11	3,815,731.
	12	Investments - other securities. See Part IV, line 11	L		12			
	13	Investments - program-related. See Part IV, line 11	L		13			
	14	Intangible assets	L		14			
	15	Other assets. See Part IV, line 11	L	10,000.	15	10,000.		
	16	Total assets. Add lines 1 through 15 (must equal				5,733,935.	16	8,656,608
	17	Accounts payable and accrued expenses	L	538,493.	17	493,743.		
	18	Grants payable			18			
	19	Deferred revenue			19			
	20	Tax-exempt bond liabilities	_		20			
	21	Escrow or custodial account liability. Complete Pa	_		21			
es	22	Loans and other payables to current and former of						
Liabilities		key employees, highest compensated employees,	•	•				
iab.		Complete Part II of Schedule L			_		22	
-	23	Secured mortgages and notes payable to unrelate			·····		23	
	24	Unsecured notes and loans payable to unrelated t			····· -		24	
	25	Other liabilities (including federal income tax, paya						
		parties, and other liabilities not included on lines 1	,	•			05	
	06	Schedule D Total liabilities. Add lines 17 through 25			····· -	538,493.	25 26	493,743.
	26	Organizations that follow SFAS 117 (ASC 958),				550,455.	20	= , , , , , = , , , = , , , , = , , , ,
		complete lines 27 through 29, and lines 33 and 3						
ces	27	Unrestricted net assets				2,135,013.	27	2,625,014.
lan	28	Temporarily restricted net assets				1,699,189.	28	4,176,611.
Ba	29					1,361,240.	29	1,361,240.
pun	20	Organizations that do not follow SFAS 117 (ASC		_	F		20	_,,
ŗ		and complete lines 30 through 34.	0 000,, 01		-			
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds					30	
sse	31	Paid-in or capital surplus, or land, building, or equi					31	
t∆ŝ	32	Retained earnings, endowment, accumulated inco					32	
Ne	33	Total net assets or fund balances				5,195,442.	33	8,162,865.
	34	Total liabilities and net assets/fund balances				5,733,935.	34	8,656,608.
						· · ·		Form 990 (2018

Form 990 (2018)
Part X Balance Sheet

Form	990 (2018) THE NIGHT MINISTRY	36-	3145764	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	11,667		
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,699		
3	Revenue less expenses. Subtract line 2 from line 1	3	2,967	7,42	23.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,195	5,44	42.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	8,162	2,80	65.
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 in Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		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				
	review, or compilation of its financial statements and selection of an independent accountant?			X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Auc			
	Act and OMB Circular A-133?		<u>3a</u>	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	XI	

Form **990** (2018)

SCH	IED	ULE	Α
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(Form 990 or 990-EZ)

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.

OMB No. 1545-0047
2018
Open to Public

		of the Treasury enue Service			Attach to Form 990 or F v/Form990 for instruction			nformation.		Inspection
Nar	ne of	the organizati		de le fillinieige				lionidationi	Employer	identification numbe
		-	THE	NIGHT MINI	STRY					6-3145764
Pa	art I	Reason			All organizations must co	omplete th	is part.) Se	e instructions		
The	orga	nization is not a	private found	ation because it is: (For lines 1 through 12, c	heck only	one box.)			
1					on of churches described			1)(A)(i).		
2		A school des	cribed in sect i	ion 170(b)(1)(A)(ii).	(Attach Schedule E (Forn	n 990 or 99	90-EZ).)			
3		A hospital or	a cooperative	hospital service org	anization described in s	ection 170)(b)(1)(A)(i	ii).		
4		A medical res	search organiz	ation operated in co	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and stat	e:							
5		An organizati	on operated fo	or the benefit of a co	llege or university owned	l or operat	ed by a go	overnmental u	nit describe	ed in
		section 170	(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, sta	te, or local gov	vernment or governr	nental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	An organizati	on that norma	Ily receives a substa	ntial part of its support fi	rom a gove	ernmental	unit or from th	ne general	public described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community	trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9		An agricultur	al research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	unction with a	land-grant	college
		or university	or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	e or
		university:								
10		An organizati	on that norma	Illy receives: (1) more	e than 33 1/3% of its sup	port from o	contributio	ns, membersł	nip fees, ar	d gross receipts from
		activities rela	ted to its exem	npt functions - subje	ct to certain exceptions,	and (2) no	more thar	n 33 1/3% of it	s support	from gross investment
					(less section 511 tax) fro	om busines	sses acqui	red by the org	anization a	after June 30, 1975.
				mplete Part III.)						
11			•	-	ively to test for public sa	•				
12		-	•	-	ively for the benefit of, to	-			•	
				-	ed in section 509(a)(1) o					Check the box in
	_	_	-		of supporting organization		-		-	
a				-	supervised, or controlled	• • •	-			
			-		gularly appoint or elect a	majority c	of the direc	ctors or truste	es of the su	upporting
				complete Part IV, Se						
k				-	d or controlled in connect			-		-
			-		anization vested in the sa	ame perso	ns that co	ntroi or manag	je trie supp	Joned
				t complete Part IV,		in connoci	tion with	and functional	luintograta	od with
c	•		-		ng organization operated a). You must complete l				ly integrate	eu witti,
c			-		porting organization oper				tod organi	zation(c)
	• _		-		zation generally must sat				-	
					mplete Part IV, Sections				anattenti	1033
e					written determination fro				II Type III	
			•		nally integrated supporti			1)po 1, 1)po	n, 1990 m	
f	Ent	ter the number			integrates cappert					
c				n about the supporte						
		(i) Name of supp		(ii) EIN	(iii) Type of organization	(iv) Is the org	anization listed ing document?	(v) Amount of	monetary	(vi) Amount of other
		organizatior	ı		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	structions)	support (see instructions
Tot	al									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 832021 10-11-18 Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 THE NIGHT MINISTRY

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Part II 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	6083358.	6335416.	9065056.	8447950.	11484966.	41416746.
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 \dots						
4	Total. Add lines 1 through 3	6083358.	6335416.	9065056.	8447950.	11484966.	41416746.
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)						4825238.
6	Public support. Subtract line 5 from line 4.						36591508.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	6083358.	6335416.	9065056.	8447950.	11484966.	41416746.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots	3,018.	7,884.	14,759.	51,746.	282,765.	360,172.
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.)						44 88 604 0
11	Total support. Add lines 7 through 10					i 1	41776918.
12		•	,			12	11,225.
	First five years. If the Form 990 is for						. —
Sec	organization, check this box and stor ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2018 (I					14	87.59 %
15	Public support percentage from 2017	Schedule A, Part	II, line 14			15	85.74 %
16a	33 1/3% support test - 2018. If the o	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this bo	x and
	stop here. The organization qualifies	as a publicly suppo	orted organization				► X
b	33 1/3% support test - 2017. If the o	organization did no	t check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	ifies as a publicly s	upported organiza	ation			▶∟
17a	10% -facts-and-circumstances test	- 2018. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstand	ces" test, check th	is box and stop h	iere. Explain in Pa	rt VI how the orga	nization
	meets the "facts-and-circumstances"	test. The organizat	ion qualifies as a p	publicly supported	organization		▶∟
b	10% -facts-and-circumstances test	- 2017. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or ⁻	17a, and line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circur	nstances" test, ch	eck this box and	stop here. Explair	n in Part VI how the	e
	organization meets the "facts-and-circ	cumstances" test.	The organization q	ualifies as a public	ly supported orga	nization	▶∐
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	s >
					Sche	edule A (Form 990) or 990-EZ) 2018

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Schedule A (Form 990 or 990-EZ) 2018 THE NIGHT MINISTRY

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

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(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	3 (f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disgualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	3 (f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses						
acquired after June 30, 1975					-	
 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is fo	r the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a sectio	n 501(c)(3) org	janization,
check this box and stop here)
Section C. Computation of Publ	ic Support Per	rcentage				
15 Public support percentage for 2018 (ine 8, column (f), d	livided by line 13,	column (f))		15	%
16 Public support percentage from 2017					16	%
Section D. Computation of Inves					 	
17 Investment income percentage for 20		B			17	%
18 Investment income percentage from					18	<u>%</u>
19a 33 1/3% support tests - 2018. If the						
more than 33 1/3%, check this box at		•		••••••		P
b 33 1/3% support tests - 2017. If the						
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organizatio	IT UID HOT CHECK A	box on line 14, 19	a, or 190, check t			PL
832023 10-11-18		15	5	Scr	iedule A (Forn	n 990 or 990-EZ) 2018

^{2018.05010} THE NIGHT MINISTRY

Yes No

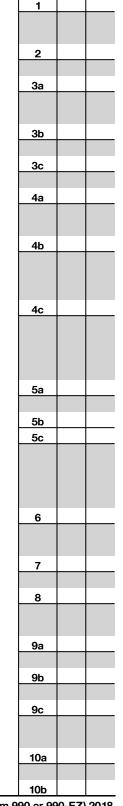
Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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Schedule A (Form 990 or 990-EZ) 2018

16

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
0	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
Sec	the supported organization(s). tion D. All Type III Supporting Organizations	1		
000			Vee	Na
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
•	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			
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	_		
-	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		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions	;).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions)	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	<u>3b</u>		
832025	5 10-11-18 Schedule A (Form	990 or 99	•0-ЕZ)	2018

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2018.05010 THE NIGHT MINISTRY

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Part V	Type III Non-Fund	tionally	Integrate	d 509(a)(3) Supp	orting Organizations
	(Form 990 or 990-EZ) 20				

1

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

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

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

Schedule A (Form 990 or 990-EZ) 2018

832026 10-11-18

Schedule A (Form 990 or 990-EZ) 2018 THE NIGHT MINISTRY

	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continued)	
	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer			
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	3	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	e organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
с	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
с	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

832027 10-11-18

Schedule A (Form 990 or 990 EZ) 2018 THE NIGHT MINISTRY

	Section D, lines 5, 6, and 8; and Part V, Section (See instructions.)	/, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V on E, lines 2, 5, and 6. Also complete this part fo	or any additional information.
832028 10-11-1	8		Schedule A (Form 990 or 990-EZ) 2018
11016	L44198 157838.157838	20 2018.05010 THE NIGH	T MINISTRY 15783

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

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

OMB No. 1545-0047

2018

Employer identification number

36-3145764

THE	NIGHT	MINISTRY

Organization type (check of	
Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

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 or 990-EZ), 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 for an *exclusively* set is charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

 $\label{eq:LHA} \ \ \mbox{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization

Employer identification number

THE NIGHT MINISTRY

36-3145764

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		- \$ <u>574,948.</u> -	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		- \$\$702,838.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	, , , , , , , , , , , , , , , , ,	- \$\$1,025,550.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		- _ \$ <u>600,000.</u> -	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		- \$\$448,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		- \$\$\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2018)

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Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

2018.05010 THE NIGHT MINISTRY

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization

Page **2** Employer identification number

THE NIGHT MINISTRY

36-3145764

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	itional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	Name, address, and Zir + 4	\$405,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$\$00,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$400,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$350,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$280,085.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>12</u> 823452 11-08		\$\$\$\$\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2018)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization

THE NIGHT MINISTRY

36-3145764

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	

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2018.05010 THE NIGHT MINISTRY

Page 4

Name of org	ganization		Employer identification number
ЧЕ МТ	GHT MINISTRY		36-3145764
Part III) through (e) and the following line entrichter of the entries of	tion 501(c)(7), (8), or (10) that total more than \$1,000 for the ye
(a) No.			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
_	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
-		(e) Transfer of gift	
	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
_		(e) Transfer of gift	
	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
\vdash		(e) Transfer of gift	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
3454 11-08-1	18	26	Schedule B (Form 990, 990-EZ, or 990-PF) (20

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2018.05010 THE NIGHT MINISTRY

SCHEDULE C

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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

2018 Open to Public Inspection

OMB No. 1545-0047

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

• Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of organization

Nan	ne of organization				Emplo	yer identification	n number
		HT MINISTRY				36-31457	64
Pa	rt I-A Complete if the or	ganization is exempt under	section 501(c) o	r is a section 52	27 org	anization.	
1 2		tures					
3	Volunteer hours for political campa	aign activities			-		
Pa	rt I-B Complete if the org	ganization is exempt under	section 501(c)(3)				
1	Enter the amount of any excise tax	incurred by the organization under	section 4955		. ► \$		
2	Enter the amount of any excise tax	incurred by organization managers	under section 4955		▶\$		
3	If the organization incurred a section	on 4955 tax, did it file Form 4720 fo	r this year?			Yes	No No
4a	Was a correction made?					Yes	No
	If "Yes," describe in Part IV.				01(-)	(0)	
		ganization is exempt under					
1	Enter the amount directly expende		-		. ▶\$_		
2		nization's funds contributed to othe	-		• •		
-	exempt function activities				►\$_		
3	Total exempt function expenditure						
					▶\$_		No
4		1120-POL for this year?					
	5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.						
	(a) Name	(b) Address	(c) EIN	(d) Amount paid f filing organizatio funds. If none, ente	n's	(e) Amount of contributions rec promptly and delivered to a s political organ If none, ente	eived and directly eparate ization.

For Paperwork Reduction Act Notice,	Schedule C	(Form 990 or 990-EZ) 2018	

832041 11-08-18

Schedule C (Form 990 or 990-EZ) 2018						145764 Page 2
Part II-A Complete if the org	anizatio	n is exen	npt under section	501(c)(3) and file	ed Form 5768 (ele	ction under
section 501(h)).						
A Check 🕨 🛄 if the filing organiza	tion belong	gs to an affil	iated group (and list in	Part IV each affiliated	group member's name	e, address, EIN,
expenses, and shar	e of exces	s lobbying e	expenditures).			
B Check 🕨 🔄 if the filing organiza	tion check	ed box A ar	d "limited control" pro	visions apply.		
		oying Exper eans amou	nditures nts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	lence publ	ic opinion (c	arass roots lobbving)			
b Total lobbying expenditures to influ	•				3,255.	
c Total lobbying expenditures (add lir					3,255.	
d Other exempt purpose expenditure					8,696,620.	
e Total exempt purpose expenditures					8,699,875.	
f Lobbying nontaxable amount. Ente					584,994.	
If the amount on line 1e, column (a) o			bying nontaxable amo			
Not over \$500,000			the amount on line 1e.			
Over \$500,000 but not over \$1,000	0.000		0 plus 15% of the exce	ess over \$500.000.		
Over \$1,000,000 but not over \$1,50			0 plus 10% of the exce			
Over \$1,500,000 but not over \$17,0			0 plus 5% of the exces			
Over \$17,000,000				. , , ,		
		. , , ,				
g Grassroots nontaxable amount (en	ter 25% of	line 1f)			146,249.	
h Subtract line 1g from line 1a. If zero		,			0.	
i Subtract line 1f from line 1c. If zero	or less, er	nter -0-			0.	
j If there is an amount other than zer	ro on eithe					
reporting section 4911 tax for this						Yes No
		4-Year Ave	eraging Period Under	Section 501(h)		
(Some organizations th				•	of the five columns be	low.
			ate instructions for lin			
	Lobb	oying Exper	nditures During 4-Yea	r Averaging Period	[r
Calendar year (or fiscal year beginning in)	(a) 2	2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount	473	3,412.	493,048.	546,648.	584,994.	2,098,102.
b Lobbying ceiling amount (150% of line 2a, column(e))						3,147,153.
c Total lobbying expenditures	Į	5,492.	2,727.	7,404.	3,255.	18,878.
d Grassroots nontaxable amount	118	3,353.	123,262.	136,662.	146,249.	524,526.
e Grassroots ceiling amount (150% of line 2d, column (e))						786,789.
f Grassroots lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2018

Schedule C (Form 990 or 990-EZ) 2018 THE NIGHT MINISTRY

36-3145764 Page 3

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	r each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description		(a)		(b)	
	lobbying activity.	Yes	No	Amo	ount	
1 a	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?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities?					
j	Total. Add lines 1c through 1i					
2a	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					
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5)), or sec	tion		
	501(c)(6).					
				Yes	Νο	
1	Were substantially all (90% or more) dues received nondeductible by members?		1			
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2			
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the		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 '	'No," OR ((b) Part	III-A, line	9, is	
	answered "Yes."					
1	Dues, assessments and similar amounts from members		. 1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic					
	expenses for which the section 527(f) tax was paid).					
а	Current year		2a			
	Carryover from last year					
	Total					
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?		4			
5	Taxable amount of lobbying and political expenditures (see instructions)		. 5			
Par						
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	, 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 or 990-EZ) 2018

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SCHEDULE	D
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Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.



Internal Revenue Service ne of the organization Na

Department of the Treasury

ipioyer lacitation namber	nployer	identification number	
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Part Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yee' or Form 950, Part N, Ine 6. 1 Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of contributions to (during year) 4 Aggregate value of contributions to (during year) 5 Del the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantese, donors, and donor advisors in writing that grant funds can be used only for charitable private Berndring in portication in scores regulation is concerve legal control. 6 Del the organization inform all grantese, donors, and donor advisors in writing that grant funds can be used only for charitable private Berndring importantiation is concerve legal control. 9 Perposedigit of conservation assements held by the organization (Area at all that apply). 1 Proposedigit of conservation assements held by the organization in the form of a conservation assements and by the organization in the form of a conservation assements. 2 Composite insize 32 through 2 if if the organization held a qualified conservation contribution in the form of a conservation assements. 2 Composite insize 32 through 2 if if the conservation assements. 2 Autor of conservation assements in cluded in (a) caucile at the tripport. 2 Autor of conservation assements in cluded in (a) caucile at the tripport. 3 Number of conservation assements in cluded in (a) caucile at the tripport. 4 Total annabage restricted by conservation assements in clude	Nam	e of the organization THE NIGHT MINISTRY			Employer identification number $36 - 3145764$
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 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. Ia If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part X b Assets included in Form 990, Part X 		include, if applicable, the text of the footnote to the organizat	tion's financial statements that describes	the orga	inization's accounting for
Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1	Des			har C	wiley Acceto
 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part X b Assets included in Form 990, Part X 	Par			iner Si	milar Assets.
 historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 \$ 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X 					
 the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part X b Assets included in Form 990, Part X c S	18				
 b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part X b Assets included in Form 990, Part X 				nce of p	bublic service, provide, in Part XIII,
 treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 \$ 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part X b Assets included in Form 990, Part X b Assets included in Form 990, Part X 					
 relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X b Assets included in Form 990, Part X 	D				
 (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X b Assets included in Form 990, Part X 			ducation, or research in furtherance of pu	DIIC Serv	ice, provide the following amounts
 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X b Assets included in Form 990, Part X 		-			
 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 \$					
the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X	0				
 a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X \$ 	2			u gain, p	roviae
b Assets included in Form 990, Part X \$	_				► ¢
	-				
	-				

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2018.05010	THE	NIGHT	MINISTRY

Sche		IT MINISTRY				36-31			age 2
Par	t III Organizations Maintaining Co	ollections of Art	t, Historical Tre	asures, or Oth	er Simila	r Assets	(contin	ued)	
3	Using the organization's acquisition, accessio	on, and other records	s, check any of the f	ollowing that are a	significant u	use of its c	ollection	items	
	(check all that apply):								
а	Public exhibition	d	Loan or exc	hange programs					
b	Scholarly research	е							
с	Preservation for future generations								
4	Provide a description of the organization's co	llections and explair	how they further th	e organization's ex	empt purpo	se in Part	XIII.		
5	During the year, did the organization solicit or	-	-	-					
	to be sold to raise funds rather than to be ma						Yes		No
Par	t IV Escrow and Custodial Arrang). Part IV. I	_		2
	reported an amount on Form 990, Parl		5			, , ,	,		
1a	Is the organization an agent, trustee, custodia	an or other intermedi	iarv for contributions	s or other assets no	t included				
	on Form 990, Part X?						Yes		No
b	If "Yes," explain the arrangement in Part XIII a]]
~			ioning table.				Amount		
с	Beginning balance				1c		7 arrio di la		
	Additions during the year				····				
	Distributions during the year								
f	Ending balance				<u>16</u> 1f				
	Did the organization include an amount on Fo				····	·	Yes		No
	If "Yes," explain the arrangement in Part XIII.				• • • • • • •				1
Par									4
		(a) Current year	(b) Prior year	(c) Two years back		years back	(e) Four	vears	hack
1a	Beginning of year balance	2,845,252.	2,206,093.	352,910		45,153.		110,	
b	Contributions	715,441.	436,811.	,	-			886.	
	Net investment earnings, gains, and losses	255,038.	85,599.	14,291	_			242.	
	Grants or scholarships		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		-				
	Other expenditures for facilities								
e									
f									
	Administrative expenses End of year balance	3,815,731.	2,728,503.	367,201	3	352,910.		145,	153
g 2	Provide the estimated percentage of the curre			,	• •			,	
	Board designated or quasi-endowment	57.51	%	ji fielu as.					
a L	Permanent endowment 35.67	%	70						
b		<u> </u>							
C	· · · · · · · · · · · · · · · · · · ·								
2-	The percentages on lines 2a, 2b, and 2c shou Are there endowment funds not in the posses		tion that are hold or	d administered for	the exercise	otion			
38		ssion of the organiza	llion that are neid ar	ia administerea for	the organiza	alion	Г	Vaa	Ne
	by:							Yes	No X
	(i) unrelated organizations						3a(i)		X
	(ii) related organizations						3a(ii)		
D	If "Yes" on line 3a(ii), are the related organizat						3b		
4 Par	t VI Land, Buildings, and Equipme		wment funds.						
1 41			Dout IV line 110 C	an Form 000 Dort	V line 10				
	Complete if the organization answered					1	(-1) D1		
	Description of property	(a) Cost or o basis (investr			Accumulate depreciation		(d) Book	value	Э
	Land	· · · · · ·	Dasis	(other) c	epreciation				
	Land								
	Buildings		4.0	0 0 4 0	101 0	11			07
	Leasehold improvements			8,048.	421,3				$\frac{07}{21}$
	Equipment				<u>,157,3</u>			3,12	
	Other			2,957.	62,1	/ 1 •		$\frac{1}{78}$	
Tota	. Add lines 1a through 1e. (Column (d) must ec	gual Form 990, Part J	X, column (B), line 1	0c.)),61	
						Schedule	D (Form	990)	2018

	Complete if the examination ensured "Ver"	on Form 000 Doct N/	ing 11b Soc Earm 000	Dart V lina 10	
(a) Descrip	Complete if the organization answered "Yes" option of security or category (including name of security)	on Form 990, Part IV, I (b) Book value			d-of-year market value
	al derivatives				-
	-held equity interests				
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(E)					
(G)					
(H)					
	b) must equal Form 990, Part X, col. (B) line 12.) 🕨				
	Investments - Program Related.				
i art i m	-		ine 11 - Cee Ferrer 000	Davit V, line 10	
	Complete if the organization answered "Yes" (a) Description of investment	on Form 990, Part IV, I (b) Book value			d-of-year market value
(4)	(a) Description of investment				a or year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX	Other Assets.				
	Complete if the organization answered "Yes" (ine 11d. See Form 990,	Part X, line 15.	
	(a)	Description			(b) Book value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Colu	<u>ımn (b) must equal Form 990, Part X. col. (B) line</u>			>	
Part X	Other Liabilities.				
	Complete if the organization answered "Yes"	on Form 990, Part IV,		990, Part X, line 25	
1.	(a) Description of liability		(b) Book value		
(1) Fec	deral income taxes				
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	ımn (b) must equal Form 990, Part X, col. (B) line	25)			
	r for uncertain tax positions. In Part XIII, provide		e to the organization's fi	nancial statements t	hat reports the
uomty			s is the organization of in	.a. orar oraronnonito ti	

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII 🛛

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Schedule D (Form 990) 2018

Sche	edule D (Form 990) 2018 THE NIGHT MINISTRY			36-	3145764	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stater	nents With	Revenue per Re			
	Complete if the organization answered "Yes" on Form 990, Part IV, line ⁻	12a.				
1	Total revenue, gains, and other support per audited financial statements			1	11,930,0)41.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a				
b	Donated services and use of facilities	2b	262,743.			
с	Recoveries of prior year grants					
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e	262,7	
3	Subtract line 2e from line 1			3	11,667,2	298.
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	11,667,2	298.
Pa	t XII Reconciliation of Expenses per Audited Financial State	ements With	Expenses per F	Retur	n.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line "	12a.				
1	Total expenses and losses per audited financial statements			1	8,962,6	518.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a	262,743.			
b	Prior year adjustments	2b				
с	Other losses	2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e	262,7	743.
3	Subtract line 2e from line 1			3	8,699,8	375.
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	8,699,8	375.
Pa	rt 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:

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THE ORGANIZATION FOLLOWS THE ACCOUNTING STANDARDS FOR CONTINGENCIES IN

EVALUATING UNCERTAIN TAX POSITIONS. THE GUIDANCE PRESCRIBES RECOGNITION

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THRESHOLD PRINCIPLES FOR THE FINANCIAL STATEMENT RECOGNITION OF TAX

Schedule D (Form 990) 2018

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	NIGHT MINISTRY	36-3145764 Page 5
Part XIII Supplemental Information	n (continued)	
POSITIONS TAKEN OR EXPE	CTED TO BE TAKEN ON A TAX RETURN TH	AT ARE NOT
CERTAIN TO BE REALIZED.	NO LIABILITY HAS BEEN RECOGNIZED BY	Y THE
ORGANIZATION FOR UNCERT	AIN TAX POSITIONS AS OF JUNE 30, 20	19 AND 2018. THE
ORGANIZATION'S TAX RETU	RNS ARE SUBJECT TO REVIEW AND EXAMI	NATION BY
FEDERAL AND STATE AUTHO	RITIES.	

Schedule D (Form 990) 2018

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5,000 c or For uction ered "Y	on For rm 99 s and	Part IV, line 17, 18, or rm 990-EZ, line 6a. 0-EZ. the latest information	on.	or if the	2018 Open to Public Inspection
ered "Y	s and				
ered "Y		the latest mornation			Inspection
ng activ	es" or			Employer ide	entification number
ng activ	es" or			36-3145	
-		n Form 990, Part IV, li	ine 17	7. Form 990-E2	Z filers are not
tion of fundra (incluc rofessi	non-g gover iising o ling of onal fu	nment grants events ficers, directors, trus undraising services?		X Ye	
have c or con	ustody trol of	(iv) Gross receipts from activity	to (o	r retained by) undraiser	(vi) Amount paid to (or retained by) organization
Yes	No				
	X	20,199.		75,254.	-55,055.
	X	0.		140,350.	-140,350.
contrib	▶ utions	20,199. or has been notified	it is e		
990 or	990-E	Z. §	Sched	lule G (Form S	990 or 990-EZ) 2018
	tion of fundra (includ rofession ant to a (iii) fundra fundra or con contribu Yes	tion of gover fundraising of rofessional fu ant to agreed (iii) Did fundraiser have custody or control of contributions? Yes No X X X X X X X X X X X	rofessional fundraising services? ant to agreements under which the fundraiser have custody or contributions? Yes No X 20,199. X 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	tion of government grants fundraising events (including officers, directors, trustees, or rofessional fundraising services? ant to agreements under which the fundraise fundraise have custody or control of tindraise? (iv) Gross receipts from activity Yes No X 20,199. X 0. X 0. 20,199. contributions or has been notified it is e	tion of government grants fundraising events (including officers, directors, trustees, or rofessional fundraising services? I Yes ant to agreements under which the fundraiser is to b (i) Amount paid from activity for activity fundraiser isted in col. (i) Yes No X 20,199. 75,254. X 0. 140,350. X 0. 140,350. 1 10 10 10 10 10 10 10 10 10 10 10 10 10

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Schedule G (Form 990 or 990 EZ) 2018 THE NIGHT MINISTRY

36-3145764 Page 2

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

			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			LIGHT UP THE			(add col. (a) through
				GOLF OUTING	1	col. (c)
3			(event type)	(event type)	(total number)	
	1	Gross receipts	431,817.	41,857.	15,829.	489,503
	2	Less: Contributions	403,529.	39,157.		442,686
	3	Gross income (line 1 minus line 2)	28,288.	2,700.	15,829.	46,817
	4	Cash prizes				
	5	Noncash prizes	1,105.	2,273.		3,378
	6	Rent/facility costs		10,800.		10,800
	7	Food and beverages	102,999.	1,440.		104,439
		Entertainment				108
		Other direct expenses		6,165.	348.	28,655
1		Direct expense summary. Add lines 4 throug				<u>147,380</u> -100,563
ar	tl	Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.				
,			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
51				bingo/progressive bingo	() 5 5	col. (a) through col. (c
	1	Gross revenue				
	<u>1</u> 2	Gross revenue				
	3	Cash prizes				
	3 4	Cash prizes				
	3 4 <u>5</u>	Cash prizes Noncash prizes Rent/facility costs	Yes% No	☐ Yes %	☐ Yes % ☐ No	
	3 4 <u>5</u>	Cash prizes Noncash prizes Rent/facility costs Other direct expenses	No		No	
	3 4 5 7	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	No h 5 in column (d)	No	<u>No</u> No	
	3 4 5 7 8	Cash prizes	n 5 in column (d)	No	<u>No</u> No	
	3 4 5 6 7 8 Ent	Cash prizes	No No for column (d) from line 1, column (d)	<u> </u>	<u>No</u> ►	
	3 4 5 6 7 8 Ent	Cash prizes	No N	No No	<u>No</u> ►	Yes N
a	3 4 5 6 7 8 Ent	Cash prizes	No	states?	No	
	3 4 5 6 7 8 Ent s ti s ti ls ti	Cash prizes	No N	states?	No	

Schedule G (Form 990 or 990-EZ) 2018

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Is the organization a grantor, beneficiary or truttee of a brut, or a member of a partnership or other entity formed Interpretations facility Interpretations Interpretations <th>Sched</th> <th>ule G (Form 990 or 990-EZ) 2018 THE NIGHT MINISTRY</th> <th>36-3</th> <th>8145</th> <th>764</th> <th>Page 3</th>	Sched	ule G (Form 990 or 990-EZ) 2018 THE NIGHT MINISTRY	36-3	8145	764	Page 3			
to administer chartable gaming?	11 D	oes the organization conduct gaming activities with nonmembers?			Yes	No			
Indicate the percentage of gaming activity conducted in: I tag I									
Indicate the percentage of gaming activity conducted in: I tag I	to	o administer charitable gaming?			Yes	No			
a no totic facility 13b Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name ▶ Address ▶ a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes: ■ N b If 'Yes,' enter the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue refamed by the third party. Name ▶ Address ▶	13 In	ndicate the percentage of gaming activity conducted in:							
a no totic facility 13b Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name ▶ Address ▶ a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes: ■ N b If 'Yes,' enter the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue refamed by the third party. Name ▶ Address ▶	a T	he organization's facility		13a		9			
Name				13b		9			
Address >	14 E	nter the name and address of the person who prepares the organization's gaming/special events books and records	:						
a Dees the organization have a contract with a third party from whom the organization receives gaming revenue?	N	ame							
a Dees the organization have a contract with a third party from whom the organization receives gaming revenue?	А	ddress 🕨							
a I 'Ves,' enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party: ▶ \$ and the amount of gaming revenue retained by the third party: ▶ \$ and the amount of the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming manager information: Name ▶					Yes	No			
ef gaming revenue retained by the third party ▶\$	L If	$\mathbb{P}(x_0)$ and the amount of coming revenue received by the exception \mathbf{N}	 t						
b If Yes," enter name and address of the third party: Name ▶ Address ▶ Gaming manager information: Name ▶ Gaming manager compensation ▶ \$ Gaming manager compensation ▶ \$ Description of services provided ▶			nı						
Name									
Address >	CIT	"Yes," enter name and address of the third party:							
Gaming manager information: Name ▶ Gaming manager compensation ▶ \$	N	ame							
Name	A	ddress 🕨							
Gaming manager compensation ▶ \$ Description of services provided ▶ Description of services provided ▶ Director/officer Employee Independent contractor Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? O Inter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ Int IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (y); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions. C:) NAME OF FUNDRAISER: SCHULTZ & WILLIAMS C:) NAME OF FUNDRAISER: SCHULTZ & WILLIAMS C:) NAME OF FUNDRAISER: THE ALFORD GROUP C:) NAME OF FUNDRAISER: THE ALFORD GROUP C:) ADDRESS OF FUNDRAISER: 1603 ORRINGTON AVE., EVANSTON, IL 60201 C:) ADDRESS OF FUNDRAISER: 1603 ORRINGTON AVE., EVANSTON, IL 60201 C:) ACTIVITY: CAPITAL CAMPAIGN CONSULTING, PLANNING & IMPLEMENTATION Schedule G (Form 990 or 990-EZ) 20	16 G	aming manager information:							
Gaming manager compensation ▶ \$ Description of services provided ▶ Description of services provided ▶ Director/officer Employee Independent contractor Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? O Inter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ Int IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (y); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions. C:) NAME OF FUNDRAISER: SCHULTZ & WILLIAMS C:) NAME OF FUNDRAISER: SCHULTZ & WILLIAMS C:) NAME OF FUNDRAISER: THE ALFORD GROUP C:) NAME OF FUNDRAISER: THE ALFORD GROUP C:) ADDRESS OF FUNDRAISER: 1603 ORRINGTON AVE., EVANSTON, IL 60201 C:) ADDRESS OF FUNDRAISER: 1603 ORRINGTON AVE., EVANSTON, IL 60201 C:) ACTIVITY: CAPITAL CAMPAIGN CONSULTING, PLANNING & IMPLEMENTATION Schedule G (Form 990 or 990-EZ) 20	N	ame ►							
Description of services provided ►									
□ Director/officer □ Employee □ Independent contractor Mandatory distributions: ■ is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? □ Yes □ No □ Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organizations on exempting the tax yea >> s S Image: Second Sec	U U								
□ Director/officer □ Employee □ Independent contractor Mandatory distributions: ■ is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? □ Yes □ No □ Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organizations on exempting the tax yea >> s S Image: Second Sec	П	escription of services provided							
Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions. EHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS: ENAME OF FUNDRAISER: SCHULTZ & WILLIAMS E) ADDRESS OF FUNDRAISER: 325 CHESTNUT STREET, PHILADELPHIA, PA 19106 E) NAME OF FUNDRAISER: THE ALFORD GROUP E) ADDRESS OF FUNDRAISER: 1603 ORRINGTON AVE., EVANSTON, IL 60201 E) ADDRESS OF FUNDRAISER: 1603 ORRINGTON AVE., EVANSTON, IL 60201 E) ACTIVITY: CAPITAL CAMPAIGN CONSULTING, PLANNING & IMPLEMENTATION 10: 043-18	a Is re	landatory distributions: s the organization required under state law to make charitable distributions from the gaming proceeds to etain the state gaming license?	the		Yes	No			
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions. 2HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS: 2:) NAME OF FUNDRAISER: SCHULTZ & WILLIAMS 2:) ADDRESS OF FUNDRAISER: 325 CHESTNUT STREET, PHILADELPHIA, PA 19106 2:) NAME OF FUNDRAISER: THE ALFORD GROUP 2:) ADDRESS OF FUNDRAISER: 1603 ORRINGTON AVE., EVANSTON, IL 60201 3:) ADDRESS OF FUNDRAISER: 1603 ORRINGTON AVE., EVANSTON, IL 60201 3:10-03-18									
 NAME OF FUNDRAISER: SCHULTZ & WILLIAMS ADDRESS OF FUNDRAISER: 325 CHESTNUT STREET, PHILADELPHIA, PA 19106 NAME OF FUNDRAISER: THE ALFORD GROUP ADDRESS OF FUNDRAISER: 1603 ORRINGTON AVE., EVANSTON, IL 60201 ACTIVITY: CAPITAL CAMPAIGN CONSULTING, PLANNING & IMPLEMENTATION ACTIVITY: CAPITAL CAMPAIGN CONSULTING, PLANNING & IMPLEMENTATION 	Part		nd Pa	rt III, lin	ies 9, 9	9b, 10b,			
 NAME OF FUNDRAISER: SCHULTZ & WILLIAMS ADDRESS OF FUNDRAISER: 325 CHESTNUT STREET, PHILADELPHIA, PA 19106 NAME OF FUNDRAISER: THE ALFORD GROUP ADDRESS OF FUNDRAISER: 1603 ORRINGTON AVE., EVANSTON, IL 60201 ACTIVITY: CAPITAL CAMPAIGN CONSULTING, PLANNING & IMPLEMENTATION ACTIVITY: CAPITAL CAMPAIGN CONSULTING, PLANNING & IMPLEMENTATION 	יניסצ	דעסטענים ערע גער ער גער איז גער איז גער איז גער איז גער איז איז איז איז איז גער איז גער איז גער איז גער גער איז	ידסכ						
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NAME OF FUNDRAISER: THE ALFORD GROUP ADDRESS OF FUNDRAISER: 1603 ORRINGTON AVE., EVANSTON, IL 60201 ACTIVITY: CAPITAL CAMPAIGN CONSULTING, PLANNING & IMPLEMENTATION Schedule G (Form 990 or 990-EZ) 20 37	(I)	NAME OF FUNDRAISER: SCHULTZ & WILLIAMS							
NAME OF FUNDRAISER: THE ALFORD GROUP ADDRESS OF FUNDRAISER: 1603 ORRINGTON AVE., EVANSTON, IL 60201 ACTIVITY: CAPITAL CAMPAIGN CONSULTING, PLANNING & IMPLEMENTATION Schedule G (Form 990 or 990-EZ) 20 37	(т\		יס	10	105				
ADDRESS OF FUNDRAISER: 1603 ORRINGTON AVE., EVANSTON, IL 60201 ACTIVITY: CAPITAL CAMPAIGN CONSULTING, PLANNING & IMPLEMENTATION Schedule G (Form 990 or 990-EZ) 20 37	(I)	ADDRESS OF FUNDRAISER: 323 CRESTNUT STREET, FRILADELPHIA,	FA	19	100				
ADDRESS OF FUNDRAISER: 1603 ORRINGTON AVE., EVANSTON, IL 60201 ACTIVITY: CAPITAL CAMPAIGN CONSULTING, PLANNING & IMPLEMENTATION Schedule G (Form 990 or 990-EZ) 20 37	(I)	NAME OF FUNDRAISER: THE ALFORD GROUP							
CI) ACTIVITY: CAPITAL CAMPAIGN CONSULTING, PLANNING & IMPLEMENTATION N83 10-03-18 Schedule G (Form 990 or 990-EZ) 20 37	(I)		602	201					
083 10-03-18 Schedule G (Form 990 or 990-EZ) 20 37									
37	(II) ACTIVITY: CAPITAL CAMPAIGN CONSULTING, PLANNING & IMPLEME	SNTA	<u></u>	IN				
	32083		i (Forn	n 990 d	or 990	-EZ) 2018			
	121		RY			15783			

i arti t	(continuea)		
		Sch	edule G (Form 990 or 990-EZ)

832084 04-01-18

SCHEDULE I (Form 990)	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.								
Department of the Treasury Internal Revenue Service		•		Attach to For s.gov/Form990 fo	m 990.			Open to Public Inspection	
Name of the organization	on THE NIGHT	MINISTRY						Employer identification number $36 - 3145764$	
Part I General In	formation on Grants a	nd Assistance							
criteria used to a	ation maintain records t ward the grants or assis IV the organization's pro	stance?					stance, and the selecti		
	d Other Assistance to I					anization answered "Y	′es" on Form 990, Part	IV, line 21, for any	
1 (a) Name and ad	nat received more than dress of organization rernment	5,000. Part II can (b) EIN	be duplicated if addition (c) IRC section (if applicable)	onal space is need (d) Amount of cash grant	ed. (e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
HOWARD BROWN HEAL 4025 N. SHERIDAN H CHICAGO, IL 60613		36-2894128	501(C)(3)	14,543.	0.			SUB-GRANTEE OF THE HHS STREET OUTREACH GRANT, PROVIDING DAYTIME DROP IN SERVICES AT BROADWAY	
	er of section 501(c)(3) and the section solution of other organizations of other o	0		l e line 1 table			1	▶ <u> </u>	
	Reduction Act Notice,							Schedule I (Form 990) (2018)	

THE NIGHT MINISTRY

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	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
RANSPORTATION	1034	41,999.	0.		
CLOTHING	27	836.	0.		
IEDICAL	12	371.	0.		
MISCELLANEOUS	107	11,802.	0.		

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

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: HOWARD BROWN HEALTH CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: SUB-GRANTEE OF THE HHS STREET

OUTREACH GRANT, PROVIDING DAYTIME DROP IN SERVICES AT BROADWAY YOUTH

CENTER. GRANT EXPIRED ON 9/30/18 AND WAS NOT RENEWED.

SC	HEDULE J		OMB No.	1545-00	47		
(Fo	Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees				2018		
		3.	2010)		
Depar	tment of the Treasury		Open to		ic		
Intern	al Revenue Service	n.	Inspection				
Nam	e of the organization			r identificati		mber	
		THE NIGHT MINISTRY	36-	314576	4		
Ра	rt I Question	s Regarding Compensation					
	o				Yes	No	
1a		ate box(es) if the organization provided any of the following to or for a person listed on Fo	orm 990,				
		line 1a. Complete Part III to provide any relevant information regarding these items.					
	First-class or o						
	Travel for com	panions Payments for business use of persona Eation and gross-up payments I Health or social club dues or initiation					
	_	spending account Personal services (such as maid, cha					
			neur, chei)				
h	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or					
b		provision of all of the expenses described above? If "No," complete Part III to explain		1b	Х		
2		n require substantiation prior to reimbursing or allowing expenses incurred by all director			- 23		
2	•	rs, including the CEO/Executive Director, regarding the items checked on line 1a?	-	2	Х		
	trustees, and onlee						
3	Indicate which, if a	ny, of the following the filing organization used to establish the compensation of the orga	nization's				
-		ector. Check all that apply. Do not check any boxes for methods used by a related organi					
		ation of the CEO/Executive Director, but explain in Part III.					
	X Compensation						
		compensation consultant X Compensation survey or study					
	·	ther organizations X Approval by the board or compensati	on committee				
		5					
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	lated organization:					
а	Receive a severance	e payment or change-of-control payment?		4a		X	
b	Participate in, or re	ceive payment from, a supplemental nonqualified retirement plan?		4b		X	
с	Participate in, or re	ceive payment from, an equity-based compensation arrangement?		4c		X	
	If "Yes" to any of lir	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.					
	Only section 501(c	c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.					
5	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compens	ation				
	contingent on the r						
						X	
b		ation?		<u>5b</u>		X	
		or 5b, describe in Part III.					
6	•	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compension	ation				
	contingent on the r						
						X	
b		ation?		<u>6b</u>		X	
_		br 6b, describe in Part III.					
7	-	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed paym		_		v	
~		nes 5 and 6? If "Yes," describe in Part III		7		X	
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject		_		v	
~				8		X	
9		id the organization also follow the rebuttable presumption procedure described in					
		n 53.4958-6(c)?					
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Sche	edule J (Forr	n 990	2018	

832111 10-26-18

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.

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(()())	reported as deferred on prior Form 990
(1) PAUL HAMANN	(i)	210,171.	0.	0.	8,727.	16,895.	235,793.	0.
PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	<u>(ii)</u>							
	(i)							
	(ii)							
	(i) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	<u>(ii)</u>							
	(i)							
	(ii)							

Schedule J (Form 990) 2018

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.

PART I, LINE 1A:

BARBARA BOLSEN WAS PROVIDED A MINISTERIAL PARSONAGE ALLOWANCE OF

\$38,750, WHICH IS APPROVED BY THE ORGANIZATION'S BOARD OF DIRECTORS.

PART I, LINE 3:

THE EXECUTIVE DIRECTOR'S COMPENSATION IS ESTABLISHED BY REVIEW OF THE

BOARD OF DIRECTORS, WHICH INCLUDES REVIEW OF COMPENSTAION SURVEYS. THE

COMPENSATION FOR THE EXECUTIVE DIRECTOR IS FORMATIZED IN A WRITTEN

EMPLOYMENT AGREEMENT.

Schedule J (Form 990) 2018

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.

ZU IU
Open to Public
Inspection

Name of the organization

Employer identification numbe

	THE NIGHT MI	NISTRY			36-3145764
Pa	rt I Types of Property	_			
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	Х	16	284,625.	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 \ldots				
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 ► ()				
26	Other ► ()				
27	Other ► ()				
28	Other (

			Yes	No
30a				
	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?	30a		Х
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?	31	Х	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash			
	contributions?	32a		Х
b	If "Yes," describe in Part II.			
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,			
	describe in Part II.			

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

Schedule M (Form 990) 2018

832141 10-18-18

Part II	Supplen	nental	Inforr	nation. P	rovide the informa
Schedule N	/I (Form 990)	2018	THE	NIGHT	MINISTRY

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.

222142 10.10.10		Schedule M (Form 990) 2018
832142 10-18-18		

16511216 144198 157838.157838

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information.

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

Inspection Employer identification number 36-3145764

OMB No. 1545-0047

Open to Public

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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:

SERVED 244 YOUTH IN THE YEAR ENDED JUNE 30, 2019. THE YOUTH OUTREACH

TEAM REACHES OUT TO HOMELESS AND AT-RISK YOUTH AND PROVIDES

INDIVIDUALIZED SERVICES AT A YOUTH CENTER DROP-IN PROGRAM. A TOTAL OF

227 INDIVIDUAL YOUTH WERE SERVED DURING THE YEAR ENDED JUNE 30, 2019.

OPENED IN SEPTEMBER 2017 AS AN 18-MONTY PILOT PROJECT, PHOENIX HALL IS

AN 8-BED PROGRAM FOR HIGH SCHOOL STUDENTS STRUGGLING WITH HOUSING

INSTABILITY IN THE NORTH LAWNDALE COMMUNITY. THE PROJECT IS A

PARTNERSHIP BETWEEN THE NIGHT MINISTRY, EMPOWER TO SUCCEED, YOUTH

OUTREACH SERVICES, AND NORTH LAWNDALE PREPARATORY HIGH SCHOOL DURING

THE YEAR ENDED JUNE 30, 2019 THE PROJECT SERVED 12 STUDENTS AND THEIR

FAMILIES.

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

LHAFor Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.Schedule O (Form 990 or 990-EZ) (2018)83221110-10-18

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Schedule O (Form 990 or 990-EZ) (2018)	Page						
Name of the organization Employer identification nu THE NIGHT MINISTRY 36-3145764							
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:

AN INDEPENDENT BOARD OF DIRECTORS IS RESPONSIBLE FOR APPROVING THE <u>COMPENSATION OF THE PRESIDENT AND IS BASED ON COMPARATIVE DATA, PERFORMANCE</u> <u>EVALUATION, AND BUDGETARY CONSIDERATIONS. FOR OFFICERS OF THE ORGANIZATION,</u> <u>THE PRESIDENT RECOMMENDS COMPENSATION PACKETS FOR BOARD APPROVAL BASED ON</u> <u>COMPARATIVE DATA, PERFORMANCE EVALUATION, AND BUDGETARY CONSIDERATIONS.</u>

FORM 990, PART VI, SECTION C, LINE 19:

GOVERNING DOCUMENTS ARE MADE AVAILABLE UPON EVALUATION OF WRITTEN REQUEST

TO EITHER THE PRESIDENT OR BOARD CHAIR.

FORM 990, PART XII, LINE 2C:

THE ORGANIZATION HAS NEITHER CHANGED ITS OVERSIGHT PROCESS OR SELECTION

PROCESS DURING THE TAX YEAR.

Schedule O (Form 990 or 990-EZ) (2018)

832212 10-10-18

832161 10-02-18 LHA

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

Schedule R (Form 990) 2018

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.

Open to Public Inspection Employer identification number

36-3145764

Name of the organization

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.

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

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 Part II organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	Section 5 contr enti	olled
				501(c)(3))		Yes	No
TNM ASSET MANAGEMENT ORGANIZATION -							
26-2372668, 4711 NORTH RAVENSWOOD AVE,	SUPPORT PROGRAMS OF THE				THE NIGHT		
CHICAGO, IL 60640	NIGHT MINISTRY	ILLINOIS	501(C)(3)	LINE 12A, I	MINISTRY	Х	
	-						
	-						

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Part I

SCHEDULE R

(Form 990)

Schedule R (Form 990) 2018 THE NIGHT MINISTRY

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.

		,		1					1		
(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		ortionate itions?	Code V-UBI amount in box 20 of Schedule	Genera manag partne	or Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	ю
											+
	-										
	1										
	1										
	4										

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

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

Schedule R (Form 990) 2018 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 Gift, grant, or capital contribution to related organization(s)			
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	Ŧ
f Dividends from related organization(s)			
g Sale of assets to related organization(s)			
h Purchase of assets from related organization(s)	1 h		
Exchange of assets with related organization(s)			
Lease of facilities, equipment, or other assets to related organization(s)			+
Lease of facilities, equipment, or other assets from related organization(s)	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)			
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	\square
Other transfer of cash or property to related organization(s)			
s Other transfer of cash or property from related organization(s)			T

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) TNM ASSET MANAGEMENT ORGANIZATION	к	398,340.	FAIR MARKET VALUE
(2) TNM ASSET MANAGEMENT ORGANIZATION	Q	144,252.	ALLOCATED COST
(3)			
(4)			
(5)			
<u>(6)</u>			

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

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

(a)	(b)	(c)		6	.)	(f)	(g)	(ł	1)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	Are partne 501(org	e all rs sec.	Share of	Share of		opor-	Code V-UBI	Genera	I or Percentage
of entity	, ,	(state or foreign	(related, unrelated,	501(org	c)(3) s.?	total	end-of-year	Dispr tior alloca	nate tions?	amount in box 20	manag partne	_{r?} ownership
		country)	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Yes	No	income	assets	Yes	No		Yes	10

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Part VII Supplemental Information.

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

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