

## See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



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

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545 0047 2009

Department of the Treasury

Open to Public Inspection

III (CI		THE DETVICE				se a copy or this return to						
		e 2009 calend	lar year,	·	eginning		2009, and endir		<u>,</u>			
В	Check if	applicable	Please use	С				D Em	ployer Identifi	cation Number		
	Add	lress change	IRS label	NIGHTLI		AN ADOPTIONS		9!	5-22546	34		
	Nan	ne change	or print or type.			VENUE, STE E	3	E Tele	ephone numbe	er		
	$\vdash$	al return	Sée specific	ANAHEIM	HILLS, CA	92807		714-693-5437				
	$\vdash$		Instruc-					<del>'</del> -	14 055	3437		
	Н	mination	tions.									
	⊢ Amı	ended return		L		<del>-</del>		T - "	ss receipts \$		<u>, 333.</u>	
	App			and address of pr	="			H(a) Is this a group r		ates? Ye	s X No	
				AS C ABO	VE			H(b) Are all affiliates If 'No,' attach a		Ye:	s No	
1	Tax-	exempt_status	s X 501	(c) (3	) <b>(</b> insert no.)	4947(a)(1)	or 527	ii ivo, attacii a	1131 (366 11131)	uctions)		
J	Web	site: ► HTT	TP://W	WW.NIGHT	LIGHT.ORG			H(c) Group exemptio	n number >			
ĸ	Form (		X Corpora			Other >	L Year of Forma		M State of leg	gal domicile C.	Δ	
	rt I	Summa		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	7 00001011011	T Ourier	= rear or rouna	1303	TI State of leg	gar dorniche C.		
1 0	1 E				mission or most o	significant activities	N DODUTON	AND HIDAN	TUNDIAN	LCEDUTC		
	' '	onelly describ	e the ort	Janization 5 i	111551011 01 11105( 5	significant activities	WDO5110V	L AND HOMAN	TTWKTW	N ZEKATĆI	<u>₽</u> 2	
9	-	<del></del>		· <del>-</del>		<del></del>	<b></b>			<b>-</b>		
nar	-			· <b></b>		- <i>-</i>			<b></b>	<b>-</b>	<b>_</b> _	
Activities & Governance				. <del></del> .		- <b></b>	- <b></b>			<b></b> _	<b>-</b>	
30	2 (	Check this box	x <b>-</b>	if the organiz	zation discontinu	ed its operations or	disposed of mo	ore than 25% of i	ts assets			
8					overning body (F				3		9 9	
8						rning body (Part VI	, line 1b)		4		<u> </u>	
¥		Total number							5		32	
ŧ					te if necessary)				6		40	
٩						III, column (C), line	12		7a		0.	
	1 d	Net unrelated	business	taxable inco	me from Form 9	90-T, line 34			7 b		0.	
								Prior Ye	ar	Current `	Year	
	8 (	Contributions	and gran	ıts (Part VIII.	line 1h)				,865.		4,790.	
5		Program servi						1,432			5,543.	
Revenue		-		-		and 7d)		1,452	,044.	1,540	<i>),</i> 343.	
æ	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)								<del></del>			
	1							2 226	700	2 415	222	
						Part VIII, column (	A), line 12)	2,226			5,333.	
					ALLX, column (			12		4,532.		
					aziz domini(A							
ø						POIX, column (A),	lines 5-10)	958	,721.	1,074	4,721.	
Expenses	16a F	Professional fi	undraisi	Bees (Hari	ΙΧ <u>Θ</u> αθμη <b>χη (Α</b> ), Ι	109 (1e)						
per							5/ 117			* * * ½		
Ä					, column (D), lin	<u> </u>	54,117.					
	17 (	Other expense	es (Partil	X, columina (f	prines llattd	(, column (A), line 2		1,196			9 <u>,954.</u>	
							25)	2,167			<del>9,207.</del>	
	19 F	Revenue less	expense	s. Subtract li	ne 18 from line 1	2		59	,137.	86	5,126.	
88								Beginning o		End of Y		
Pare	20 1	Fotal assets (f	Part Y li	ne 16)					,699.		9,708.	
As		Total liabilities		•					,845.		$\frac{3,708.}{3,728.}$	
N S			•									
-u					act line 21 from l	ine 20		164	<u>,854.</u>	250	0 <u>,980.</u>	
<u>_a</u>	rt II	Signatu	ire Bloc	<u>K</u>								
		Under penalties	of perjupy,	t declare that I h	ave examined this retu	rn, including accompanyir	ng schedules and sta	tements, and to the be	st of my knov	vledge and belief	í, it is	
		true, correct. ar	na projecte	- Declaration of p	oparer (other than off	iver) is trased on all inforr	nation of which prepared	arer nas any knowledg	e / /			
Sic	n		ーレ	1 d b	ヘリノイ	2/1/2		10	/12/2	010		
<u>Pa</u> Sig He	re	Signature o	of officer	+ / -	1/1/	1		Date		<u> </u>		
		$\triangleright P_{\bullet}$		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	. 1100-			0				
		Type or prin	nt name and	d title	A DALHET	EXEC. A	I PEET OH	<u></u>				
		1360 01 6111					15.					
				11 /	フ <i>ノ</i> ム		Date	Check if self	Prep	parer's identifying instructions)	j number	
Pa		Preparer's		1/1	7-9 <del>-2</del>	$\overline{}$	1.1.1	employed	▶ ∐			
Pre		signature	<b>≯</b>	FREY (T.	GRAY, CPA	/	10[1[]	ן טו	_ P0	0199491		
	rer's	Firm's name (or	RON	ALD BLUE	<del></del>	1						
Ùs O		yours if self	<u>155</u>		IN AVE SUIT	TE 1000		FIN ►	58-141	1966		
On	ııy	address, and										
		ZIP + 4			CA 92705-86			Phone no	- /14	543-0500	<del></del>	
May	/ the IF	RS discuss this	s return v	with the prep	arer shown abov	e? (see instructions	s)			X Yes	No	

BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2009)

		5-2254634	Page 2
	Statement of Program Service Accomplishments	<u> </u>	
1	ADODUTON AND INMANITADIAN CODUTORS		
	ADDPTION AND HUMANITARIAN SERVICES		
		·	
2	Did the organization undertake any significant program services during the year which were not listed on the p	prior	
	Form 990 or 990-EZ?	Yes	X No
	If 'Yes,' describe these new services on Schedule O		
3	3	Yes Yes	X No
4	If 'Yes,' describe these changes on Schedule O.  Describe the exempt purpose achievements for each of the organization's three largest program services by e	unangag Saatian EC	11/-1/21
7	and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocepenses, and revenue, if any, for each program service reported	cations to others, the	e total
4:	a (Code) (Expenses \$2,016,658. including grants of \$) (Rever	nue \$ 1,340	) <u>,543.</u> )
	SEE SCHEDULE O		
			<b>-</b>
			<b>-</b>
			<b>-</b> -
		<b></b>	
4	<b>b</b> (Code:) (Expenses \$) (Rever	nue \$	)
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	c (Code:) (Expenses \$		
	(Code) (Expenses 4) (Rever	iue Ş	,
			- <b>-</b>
			_ <b></b>
			- <b></b>
			<b>-</b>
		<del>-</del>	
	d Other program services (Describe in Schedule O)		
	(Expenses \$ including grants of \$ ) (Revenue \$	1	
4	e Total program service expenses ► 2,016,658.		<del>_</del> · · ·

			Yes	No				
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	x					
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X					
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		Х				
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4		Х				
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III	5						
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		Х				
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7_		Х				
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III							
	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		Х				
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If $Y$ 'Yes,' complete Schedule D, Part $Y$	10		Х				
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11		Х				
•	Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI							
•	Did the organization report an amount for investments – other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII							
•	Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII							
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX							
•	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X							
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If 'Yes,' complete Schedule D, Part X							
12	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12	Х					
12 <i>A</i>	AWas the organization included in consolidated, independent audited financial statement for the tax  year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional  12 A X							
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X				
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х					
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I	14b	Х					
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II	15		X				
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III							
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	17		Х				
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		_X				
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		Х				
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		<u>X</u>				

Part IV Checklist of Required Schedules (continued)

_				
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 27 If 'Yes,' complete Schedule I, Parts I and III	22		_X_
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23		Х
24:	a 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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, go to line 25	24a		Х
t	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
(	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
C	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	a Section 501(c)(3) and 501(c)(4) 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
1	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		<u>x</u>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' 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 a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		х
28	Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):	مارية مارية	يمارد الله . ريمار	生意
i	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		<u>X</u>
ı	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28ь		X
•	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		<u>X</u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		<u>X</u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		<u>X</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		_X_
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2.	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?  Note. All Form 990 filers are required to complete Schedule O	38	х	
D A A		C	000 /	2000

Form **990** (2009)

Statements Regarding Other IRS Filings and Tax Compliance

Yes No 1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns Enter -0- if not applicable 1a 1 b 0 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to yendors and reportable gaming (gambling) winnings to prize winners? 1 c Х 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 32 22 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Х Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return За b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **b** If 'Yes,' enter the name of the foreign country. See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5Ь c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization Х solicit any contributions that were not tax deductible? 6a b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not 6Ь deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services Х 7a provided to the payor? **b** If 'Yes,' did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7с d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 e **7**f f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7<u>g</u> q For all contributions of qualified intellectual property, did the organization file Form 8899 as required? h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 9a b Did the organization make any distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter. 10a a Initiation fees and capital contributions included on Part VIII, line 12 b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter. a Gross income from other members or shareholders 11 a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11 b 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b

BAA

Form **990** (2009)

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.

sec	tion A.	Governing E	sody and Ma	anagement								_			
										1				Yes	No
		number of votin	_		_				}	1 a			9		
t	Enter the	number of votin	ig members tha	it are independ	dent				l	1 b			_9		
2		officer, director, t irector, trustee o			e a far	mily rela	lationsh	ip or a bu	isiness re	lations	ship with	any other	2		X
3	Did the o	rganization deleg	gate control over	er managemer emplovees to a	nt dution	ies custi lagemer	tomarily	performe	ed by or u	nder t	he direct	supervisio	n   3		x
4		rganization mak				_		-					4		X
		prior Form 990		J	,	,									
5	Did the o	rganization beco	me aware duri	ng the year of	a mat	terial di	iversion	of the or	ganızatıor	n's ass	sets?		5		Х
6	Does the	organization hav	ve members or	stockholders?									6		X
7	Does the	organization hav	ve members, s	tockholders, or	other	r persor	ns who	may elect	t one or n	nore n	nembers	of the	7a		х
ŧ	Are any	decisions of the	governing body	subject to app	oroval	l by mer	mbers,	stockhold	ers, or ot	her pe	ersons?		7 b		X
8	Did the o	organization conti	emporaneously	document the	meet	tings he	eld or w	ritten acti	ons unde	rtaken	during th	ne year by			
á		erning body?											8a	Х	
	-	nmittee with auth	nority to act on	behalf of the g	govern	ning boo	dy?						86		
9	Is there a	any officer, direction's mailing add	tor or trustee, o	or key employe	e liste	ed in Pa	art VII,	Section A	, who car	nnot b	e reached	d at the	9		x
Sec			This Section	•						reaui	red by t	he Interr			
	enue Code	•								,					
		· -												Yes	No
10	a Does the	organization hav	ve local chapte	rs, branches, o	or affil	liates?							10a		X
1	if 'Yes,' d and bran	does the organizations to	ation have writt heir operations	en policies and are consistent	d proc t with	cedures those o	s govern	ing the ac	ctivities o	f such	chapters	, affiliates,	10 b	)	
11	Has the	organization prov	uded a copy of	this Form 990	to all	i membe	ers of it	s governi	ng body b	oefore	filing the	form?	11	X	
11/	<b>A</b> Describe	ın Schedule O ti	he process, if a	iny, used by th	e orga	anızatıo	on to re	view this l	Form 990	. SI	EE SCH	EDULE C			
12	a Does the	organization hav	ve a written co	nflict of interes	t polic	cy? If 'I	'No,' go	to line 13	!				12a	X	
ı	Are office to conflic	ers, directors or t	trustees, and k	ey employees	requir	red to d	disclose	annually	ınterests	that co	ould give	rise	12b	Х	
(	Does the	organization rec	gularly and con one	sistently monit	or and	d enforc	ce com	oliance wi	th the po	licy?	lf 'Yes,' d	escribe in	120	X	
13	Does the	organization ha	ve a written wh	ıstleblower pol	licy?								13	Х	
14	Does the	organization ha	ve a written do	cument retenti	on and	ıd destrı	uction p	olicy?					14	X	
15	Did the p	rocess for deterr comparability da	mining compenata, and conten	sation of the for	ollowir ibstant	ng perso	sons inc	lude a rev eliberatioi	view and a	approv	val by ind	ependent			
i	a The orga	nization's CEO,	Executive Direc										15a	X	
1	<b>b</b> Other off	icers of key emp	loyees of the o	rganızatıon	SEE	SCHE	EDULE	0					15b	X	
	If 'Yes' to	o line 15a or 15b	, describe the p	process in Sch	edule	O. (Se	e instru	ctions.)					i		
16		organization investing the year?	st in, contribute	e assets to, or	partic	ipate in	n a joint	venture o	or sımılar	arran	gement w	ith a taxab	le <b>16a</b>		X
	in joint v	nas the organizatenture arrangement to such	ents under app	licable federal	or prod tax la	cedure aw, and	requirir d taken	ng the org steps to s	anızatıon afeguard	to eva	aluate its ganizatio	participation's exemp	on t 16b		
_		Disclosures													
17	List the s	states with which	a copy of this	Form 990 is re	quire	d to be	filed >	NONE_							
18		5104 requires an in. Indicate how	you make these	e available Ch	ieck a <u>l</u>	II that a	apply		e), 990, aı	nd 990	)-T (501(d	c)(3)s only)	) availab	le for p	public
	ш	website	Another's		L	- 1	on requ								
19	Describe statemer	ın Schedule O v nts avaılable to th	whether (and if ne public. S	so, how) the o SEE SCHEDU	rganız JLE (	zation m O	makes it	s governi	ng docum	nents,	conflict o	f interest p	oolicy, ai	nd fina	ncıal
		e name, physical  A_REMIJIO_4											rganızat 	ion. 	

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organizations's tax year. Use Schedule J-2 if additional space is needed.
- 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. See instructions for definition of 'key employees.'
- 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

(A)	(B)	Dan	tion (		;)	hat an-		(D)	(E)	<b>(F)</b>
Name and Title	Average hours per week	Individual trustee or director	Institutional trustee	Officer	ਰ Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W 2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
RICK BEE, PHD										
CHAIRMAN	1	X		Х			Ш	0.	0.	0
MICHAEL POWERS										
TREASURER	1	X		X				0.	0.	
JEFF_SLACK										
SECRETARY	1	X		X				0.	0.	
DENEE PARKER										
GENERAL MANAGER	1	X	_	Х				0.	0.	C
RICHARD ARMSTRONG										
TREASURER	1	X		Х				0.	0.	
BETTY BURNETT	. 🚽									
MEMBER	1	Х					Ш	0.	0.	0
PATRICIA ESSER								_	_	_
MEMBER	1 1	Х						0.	0.	0
KEVIN O'NEIL									_	_
MEMBER	1	X						0.	0.	C
ROGER SONNENBERG										_
MEMBER	1	X	_					0.	0.	
RONALD STODDART		١.,		.,	٠,			114 566		E 001
PRESIDENT & CEO	55	X		X	Х			114,566.	0.	5,281
		<del>                                     </del>	-		_		Н	· · · · · ·	-	
	1		$\vdash$	$\vdash$			H			
								-		
				_						<del></del>

Part VII Section A. Officers, Directors, Trus	ees, K	ey	Em	ıplo	ye	es,	an	d Highest Con	npensated Em	ployees (cont.)
(A)	(B)			(0				(D)	(E)	(F)
Name and Title	Average hours per week		r -	check Officer	_	_		Reportable compensation from the organization (W 2/1099-MISC)	Reportable compensation from related organization: (W-2/1099-MISC)	Estimated amount of other compensation from the
	per week	/idual tr	Institutional trustee	er	employee	Highest compensa:	ner	(11 2 1033 111100)	(WE 1033 MISSO)	organization and related organizations
		ustee	trustee		18	npensat				-
			L"			ēd				
						:				
			_							
			_							
1 b Total							<u> </u>	114,566.	0	-, -,
<ul><li>2 Total number of individuals (including but not limite from the organization</li><li>1</li></ul>	d to tho	se li	sted	abo	ove)	wh	o red	ceived more than	\$100,000 in repo	rtable compensation
						_		<del></del>		Yes No
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such ii	or trust า <i>dıvıdua</i>	ee, I	key	emp	oloy	ee,	or hi	ighest compensati	ed employee	3 X
4 For any individual listed on line 1a, is the sum of re the organization and related organizations greater to	portable nan \$15	cor 0,00	npe )0?	nsat <i>If 'Y</i>	tion 'es'	and con	i oth <i>oplet</i>	er compensation te Schedule J for s	from such	4 X
<ul><li>individual</li><li>Did any person listed on line 1a receive or accrue or</li></ul>	ompens	atio	n fro	om a	any	unre	elate	ed organization foi	services	
rendered to the organization? If 'Yes,' complete Sci. Section B. Independent Contractors	nedule .	tor	suc	n pe	erso	n				5 X
Complete this table for your five highest compensation from the organization.	ed inde	penc	dent	con	itrac	tors	tha	t received more th	nan \$100,000 of	
(A) Name and business addres	<u> </u>					-		(B Description	) of Services	(C) Compensation
Hame and pasiness address										
										<del></del>
2 Total number of independent contractors (including \$100,000 in compensation from the organization ▶		lımı	ted	to th	nose	list	ed a	above) who receiv	ed more than	

Pai	t viii   Statement of Revenue					
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
5,0	1a Federated campaigns 1a	-				
AN	b Membership dues 1b					
유호	c Fundraising events 1c					
A S	d Related organizations 1d					
₽₹	e Government grants (contributions)					
SS	e dovernment grants (contributions)					
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	f All other contributions, gifts, grants, and similar amounts not included above	1,074,790.				
EO	g Noncash contribns included in lns 1a-1f. \$					
§₹	h Total. Add lines 1a-1f	<b>&gt;</b>	1,074,790.			
ш	, , , , , , , , , , , , , , , , , , , ,	Business Code			<del></del>	
ᆲ	2a ADOPTION SERVICES		1,340,543.	1,340,543.		
	b		1/310/3131	1/310/3131		
핑						
\ <u>\</u>	c					
A SE	a					
RA	e					
8	f All other program service revenue					
-	g Total. Add lines 2a-2f	<b>&gt;</b>	1,340,543.			
	3 Investment income (including dividend	s, interest and				
	other similar amounts)				·	
	4 Income from investment of tax-exempt	bond proceeds				
	5 Royalties	•				
	(i) Real	(II) Personal				
	6a Gross Rents					
	<b>b</b> Less. rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)	<b>&gt;</b>				
	7a Gross amount from sales of (i) Securities	(ii) Other				
	assets other than inventory					
	<b>b</b> Less, cost or other basis					
	and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss)	<b>•</b>				
별	8a Gross income from fundraising events (not including \$					
<u> </u>	of contributions reported on line 1c).	•				
OTHER REVEN	See Part IV, line 18	a				
띩	b Less: direct expenses	b		1		
5	c Net income or (loss) from fundraising	-				
	• • •	events				. 1
	9a Gross income from gaming activities. See Part IV, line 19	a				,
	<b>b</b> Less. direct expenses	b				
	c Net income or (loss) from gaming activ				-	<u>_</u>
		vittes				
	10a Gross sales of inventory, less returns and allowances	a				
	b Less. cost of goods sold	b				
	c Net income or (loss) from sales of inve		~			
	Miscellaneous Revenue	Business Code				
		Dusinos Code		- <del>-</del> i		
	11a			-		
	b	<u> </u>			<u> </u>	<del>- · · · · · · · · · · · · · · · · · · ·</del>
	C		-			<del></del>
	d All other revenue				<del></del>	
	e Total. Add lines 11a-11d		2 415 222	1 240 542		
	12 Total revenue. See instructions		2,415,333.	1,340,543.	0.	0.

Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	All other organizations must comp	(A)	(B)	(C)	(D)
6b,	7b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22.	4,532.	4,532.		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees.	119,847.	101,870.	15,580.	2,397.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B).	0.	0.	0.	0.
7	Other salaries and wages.	945,820.	803,947.	122,957.	18,916.
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	9,054.	9,054.		
10	Payroll taxes				
11	Fees for services (non-employees)				
á	a Management	4,500.	3,015.	1,395.	90.
1	Legal	26,413.	17,697.	8,188.	528.
	Accounting	11,109.	7,443.	3,444.	222.
	d Lobbying				
	Prof fundraising svcs See Part IV, In 17				
1	Investment management fees				
	g Other	21,898.	15,002.	6,478.	418.
12	Advertising and promotion	261,993.	235,793.	20,959.	5,241.
13	Office expenses	200,591.	137,384.	59,376.	3,831.
14	Information technology		·		
15	Royalties				
16	Occupancy	•			
17	· · ·	38,637.	38,637.		
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				
22	Depreciation, depletion, and amortization				
23	Insurance	18,430.	12,348.	5,713.	369.
24	Other expenses. Itemize expenses not covered above (Expenses grouped together	1	j		
	and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below ).				
;	a INTERNATIONAL EXPENSES	418,615.	418,615.		
	BUSINESS DEVELOPMENT	83,011.	83,011.		
	DOMESTIC ADOPTION	36,784.	36,784.		
	d TOURS	23,006.	23,006.		
	OTHER EXPENSES	22,611.	15,150.	7,009.	452.
	All other expenses	82,356.	53,370.	7,333.	21,653.
25		2,329,207.	2,016,658.	258,432.	54,117.
26		, = -			.,
BAA					Form <b>990</b> (2009)

Part X Balance Sheet

Form 990 (2009)

(A) Beginning of year **(B)** End of year Cash - non-interest-bearing 114,113 1 229,646. 2 Savings and temporary cash investments. 3 3 Pledges and grants receivable, net 67,586 45,097. 4 4 Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, 5 and highest compensated employees. Complete Part II of Schedule L 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) 6 and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L 7 Notes and loans receivable, net 8 Inventories for sale or use 8 9 14,965 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D 10b b Less. accumulated depreciation 10c 11 Investments - publicly-traded securities. 11 12 Investments - other securities. See Part IV, line 11 12 13 13 Investments - program-related. See Part IV, line 11 14 14 Intangible assets 15 15 Other assets. See Part IV, line 11 181,699. 289,708. 16 Total assets Add lines 1 through 15 (must equal line 34). 16 16,845. 17 17 Accounts payable and accrued expenses 38,728 Grants payable 18 18 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Payables to current and former officers, directors, trustees, key employees, 22 highest compensated employees, and disqualified persons. Complete Part II 22 of Schedule L 23 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities. Complete Part X of Schedule D 25 16,845. 26 Total liabilities. Add lines 17 through 25 26 38,728. X and complete lines Organizations that follow SFAS 117, check here 27 through 29 and lines 33 and 34. 27 Unrestricted net assets 164,854. 27 250,980. 28 28 Temporarily restricted net assets. 29 Permanently restricted net assets R Organizations that do not follow SFAS 117, check here and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, and equipment fund 31 32 32 Retained earnings, endowment, accumulated income, or other funds 164,854. 33 Total net assets or fund balances. 33 250,980. 181,699. 289,708. Total liabilities and net assets/fund balances 34

BAA

		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,' ex in Schedule O	xplain						
2a Were the organization's financial statements compiled or reviewed by an independent accountant?							
<b>b</b> Were the organization's financial statements audited by an independent accountant?	2b	X					
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility review, or compilation of its financial statements and selection of an independent accountant	r for oversight of the audit, at?	х					
If the organization changed either its oversight process or selection process during the tax y in Schedule O	ear, explain						
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the consolidated basis, separate basis, or both.	he year were issued on a						
X Separate basis Consolidated basis Both consolidated and separate basis	asis						
3a As a result of a federal award, was the organization required to undergo an audit or audits a Audit Act and OMB Circular A-133?	as set forth in the Single	х					
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	t undergo the required audit	х					

BAA

#### SCHEDULE A (Form 990 or 990-EZ)

### **Public Charity Status and Public Support**

OMB No 1545 0047

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

\_\_\_\_

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

Employer identification number

		IGH	CHI	RIST.	IAN A	ADOPTIONS							95-22	254634	1		
ar		Reas	son f	or Pu	blic (	Charity Statu	ıs (All c	rganizations	must o	comple	ete this	part.	) See i	nstruct	ions		
he c	rgar	nızatıo	n is no	t a pri	vate fo	undation becau	use it is. i	For lines 1 thro	ugh 11,	check o	nly one	box.)					
1		A chu	rch, co	nventi	on of c	churches or ass	ociation o	of churches des	cribed in	section	n 170(b)	<b>(1)(A)(</b> i)	).				
2		A sch	ool des	scribed	ın se	ction 170(b)(1)(	<b>A)(ii).</b> (A	ttach Schedule	E)								
3		A hos	pital oi	r coope	erative	hospital service	e organız	ation described	ın <b>secti</b>	on 1 <b>70</b> (	ьх1хах	(iii).					
4		A med	lical re	esearch	n organ	nization operate	ed in conj	unction with a h	nospital d	describe	d in <b>sec</b>	tion 17	0(b)(1)(A	A)(iii) Er	nter the ho	spital's	ŝ
				and sta									_ <b></b>				
5		170(b)	<b>(1)(A)</b>	(iv). ((	Comple	ete Part II.)		ege or university					nmental	unit des	scribed in	section	n
6	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described																
7	$\vdash$	ın sec	tion 1	70(b)(1	χΑχνί	<b>).</b> (Complete F	Part II)	•		_	vernmei	ntal uni	t or from	the gen	eral public	descr	ibed
8	=							( <b>A)(vi).</b> (Comple		•							
9		from a	ctivitie: ment i	s relate ncome	ed to its and u	exempt function	ns – subje ess taxab	n 33-1/3 % of its ect to certain exc le income (less Part III )	eptions,	and (2) r	no more t	than 33-	1/3 % of	its suppo	ort from arc	SS	fter
10	П	An or	ganıza	tion or	ganize	d and operated	exclusive	ely to test for pu	ublic safe	ety. See	section	1 <b>509(</b> a)	(4).				
11		An ord	ganıza publicl bes th	tion or y supp e type	ganize orted of su	d and operated organizations operating organi	l exclusive described zation an	ely for the bene in section 509( d complete line	fit of, to (a)(1) or s 11e thr	perform section rough 11	the fund 509(a)(2 h	ctions o 2) See	of, or car section	ry out th <b>509(a)(3</b>	e purpose: ). Check t	s of on he box	ne or k that
			Туре І			<b>b</b> Type II		_	II – Fund					d $\square$	Type III-		
е	_	By ch	ecking oundat	this bo	ox, I ce anager	ertify that the o	rganization in one or	n is not control more publicly s	led direc	tly or in	directly l zations o	by one describe	or more ed in sec	disqualition 509	fied perso (a)(1) or s	ns oth ection	er
f																	
g		Since	Augus	st 17, 2	2006, h	as the organiza	ation acce	epted any gift o	r contrib	ution fro	om any o	of the fo	ollowing	persons	?		
																Yes	No
		(i)	a perso below,	on who the go	direct overnin	tly or indirectly g body of the s	controls, supported	either alone or organization?	together	with pe	rsons de	escribed	d in (ii) a	ind (III)	11 g (i)		
		(ii)	a famıl	ly men	nber o	f a person des	cribed in	(ı) above?							_11 g (ii)		<u> </u>
		(iii)	a 35%	contro	lled er	ntity of a persoi	n describe	ed in (i) or (ii) a	bove?						_11 g (iii)	,	L
h		Provid	le the	follow	ng info	rmation about	the suppo	orted organization	ons				,				
	Ø		of Suppor	rted		(ii) EIN	(descr abov	oe of organization ibed on lines 1-9 e or IRC section instructions))	organizat (i) lister gove	Is the tion in col d in your erning ment?		ıızatıon in (i) of	(vi) I organizati (i) organi U S	on in col	(vii) Amou	nt of Sup	port
									Yes	No	Yes	No	Yes	No			
_		-															
					-		-										
				_													
			-			-								_			
-					<del>                                     </del>	<del></del>	<u> </u>	<del></del>									
otal													l				

Sec	(Complete only if you checketion A. Public Support	ed the box on line	5, 7, or 8 of Par								
Cale	ndar year (or fiscal year	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total				
_	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')										
_	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf										
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge										
4	Total. Add lines 1-through 3										
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)										
6	<b>Public support.</b> Subtract line 5 from line 4										
Sec	tion B. Total Support										
	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total				
7	Amounts from line 4										
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources										
9	Net income from unrelated business activities, whether or not the business is regularly carried on										
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)										
11	Total support. Add lines 7 through 10		L								
12	Gross receipts from related activ	rities, etc. (see in:	structions)			12					
13	First five years. If the Form 990 organization, check this box and		ation's first, seco	nd, third, fourth, o	or fifth tax year as	a section 501(c)(3	3) ▶ □				
Sec	tion C. Computation of Pul	blic Support P	ercentage								
	Public support percentage for 20	•		ne 11, column (f)		14	%				
15	Public support percentage from 3	2008 Schedule A,	Part II, line 14			15	%				
16 <i>a</i>	a 33-1/3 support test — 2009. If the and stop here. The organization	e organization did qualifies as a pul	not check the boolicly supported o	ox on line 13, and organization.	the line 14 is 33-	1/3 % or more, ch	eck this box				
t	<b>b 33-1/3 support test</b> — <b>2008.</b> If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization.										
17 a	a 10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts	meets the 'facts-a	and-circumstance	s' test, check this	box and stop her	re. Explain in Part	IV how				
t	o 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-and	meets the 'facts-a	and-circumstance	s' test, check this	box and stop her	re. Explain in Part					
18	Private foundation. If the organi	zation did not che	ck a box on line,	13, 16a, 16b, 17a	, or 17b, check th	nis box and see ins	tructions				
BAA					Sc	hedule A (Form 99	0 or 990-EZ) 2009				

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

Sect							
	tion A. Public Support						
Calen	dar year (or fiscal yr beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	<b>(e)</b> 2009	(f) Total
	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants.')	804,682.	856,034.	803,003.			
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt	004,002.	656,034.	803,003.	793,663.	1,074,790.	4,332,374.
3	purpose Gross receipts from activities that are	1,278,534.	1,184,664.	1,108,322.	1,432,844.	1,340,543.	6,344,907.
	not an unrelated trade or business under section 513 Tax revenues levied for the						0.
	organization's benefit and either paid to or expended on its behalf						0.
	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
6	Total. Add lines 1 through 5	2,083,216.	2,040,698.	1,911,325.	2,226,709.	2,415,333.	10,677,281.
	Amounts included on lines 1, 2, 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the			0.			<u>_</u>
	year	0.	0.	0.	7,733.	847.	8,580.
С	Add lines 7a and 7b	0.	0.	0.	7,733.	847.	8,580.
8	Public support (Subtract line						
	7c from line 6)						10,668,701.
	tion B. Total Support	<u> </u>	<del></del>				
	ndar year (or fiscal yr beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	<b>(e)</b> 2009	(f) Total
	Amounts from line 6	2,083,216.	2,040,698.		2,226,709.	2,415,333.	10,677,281.
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	2,003,210.	2,040,038.	1,911,323.	2,220,709.	2,413,333.	0.
							<u> </u>
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0.
	income (less section 511 taxes) from businesses	0.	0.	0.	0.	0.	0.
c 11	income (less section 511 taxes) from businesses acquired after June 30, 1975	0.	0.	0.	0.	0.	
c 11	income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is	0.	0.	0.	0.	0.	0.
11 12 13	income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (add lns 9, 10c, 11, and 12) First five years. If the Form 990	is for the organiz					0. 0. 10,677,281.
11 12 13 14	income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (add lins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and	is for the organizatop here	ation's first, secon				0. 0. 10,677,281.
11 12 13 14 Sect	income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support. (add lins 9, 10c, 11, and 12)  First five years. If the Form 990 organization, check this box and tion C. Computation of Pu	is for the organizatop here	ation's first, secon	nd, third, fourth, c			0. 0. 10,677,281. (3)
11 12 13 14 Sect	Income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (add lins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pu	is for the organization here  blic Support P  009 (line 8, column	ation's first, secon ercentage n (f) divided by lir	nd, third, fourth, c			0. 0. 10,677,281. (3) ► □
11 12 13 14 Sect 15 16	Income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (add lins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pu Public support percentage for 20 Public support percentage from	is for the organized stop here  blic Support P  009 (line 8, column  2008 Schedule A,	ercentage of divided by line Part III, line 15	nd, third, fourth, one 13, column (f))		a section 501(c)	0. 0. 10,677,281. (3)
11 12 13 14 Sect 15 16	Income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (add lins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pu	is for the organized stop here  blic Support P  009 (line 8, column  2008 Schedule A,	ercentage of divided by line Part III, line 15	nd, third, fourth, one 13, column (f))		a section 501(c)	0. 0. 10,677,281. (3) ► □
11 12 13 14 Sect 15 16 Sect	Income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (add lins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pu Public support percentage for 20 Public support percentage from	is for the organization here blic Support P 009 (line 8, column 2008 Schedule A,	ercentage  of divided by line Part III, line 15  ne Percentage	nd, third, fourth, one 13, column (f))	or fifth tax year as	a section 501(c)	0. 0. 10,677,281. (3) ► □
11 12 13 14 Sect 15 16 Sect 17	income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support. (add lins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pu Public support percentage for 20 Public support percentage from tion D. Computation of Inv	is for the organization here blic Support P 009 (line 8, column 2008 Schedule A, restment Incor for 2009 (line 10c,	ercentage  (f) divided by lir  Part III, line 15  ne Percentage  column (f) divide	nd, third, fourth, one 13, column (f))	or fifth tax year as	a section 501(c)	0. 0. 10,677,281. (3) ► □
11 12 13 14 15 16 Sect 17 18 19a	Income (less section 511 taxes) from businesses acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support. (add lins 9, 10c, 11, and 12)  First five years. If the Form 990 organization, check this box and tion C. Computation of Pu  Public support percentage from the support tests — 2009. If the more than 33-1/3%, check this box and the support tests — 2009. If the more than 33-1/3%, check this box and the support tests — 2009. If the more than 33-1/3%, check this box and the support tests — 2009. If the more than 33-1/3%, check this box and the support tests — 2009. If the support than 33-1/3%, check this box and the support tests — 2009. If the support tests — 2009.	is for the organization here blic Support P 009 (line 8, column 2008 Schedule A, restment Incor for 2009 (line 10c, rom 2008 Schedul organization did not boox and stop here	ercentage  (f) divided by lir  Part III, line 15  me Percentage  column (f) divided le A, Part III, line  check the box on  The organization	nd, third, fourth, one 13, column (f))  d by line 13, column 17 line 14, and line 15 in qualifies as a pu	or fifth tax year as mn (f)) is more than 33-1/3	15 16 17 18 19, and line 17 is norganization	0. 0. 10,677,281. (3) ► □ 99.9% 99.9% 0.0% 0.0%
11 12 13 14 15 16 Sect 17 18 19a	Income (less section 511 taxes) from businesses acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support. (add lins 9, 10c, 11, and 12)  First five years. If the Form 990 organization, check this box and tion C. Computation of Pu  Public support percentage from those procentage from the support percentage from the support percenta	is for the organization here blic Support P 009 (line 8, column 2008 Schedule A, restment Incor or 2009 (line 10c, rom 2008 Schedul organization did not boox and stop here the organization did	ercentage  n (f) divided by lir  Part III, line 15  ne Percentage  column (f) divided le A, Part III, line  check the box on  The organization d not check a box	nd, third, fourth, one 13, column (f))  d by line 13, column 17 line 14, and line 15 in qualifies as a pure con line 14 or 19	or fifth tax year as  mn (f))  is more than 33-1/3 iblicly supported on, and line 16 is n	15 16 17 18, and line 17 is norganization more than 33-1/3%	0.  0.  10,677,281.  (3)  99.9%  99.9%  0.0%  0.0%  ot  XX  6, and line 18

Schedule A	(Form 990 or 9	990-EZ) 2009	NIGHTLIGHT	CHRISTIAN	ADOPTIONS	95-2254634	Page 4
PartIV	Supplemen Part II, line	tal Informat 17a or 17b;	i <b>on.</b> Complete and Part III, III	this part to p ne 12. Provid	rovide the ex le any other a	95-2254634 planations required by Part II, additional information. See ins	line 10; tructions.
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# SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Financial Statements**

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions

OMB No 1545 0047

Open to Public Inspection

Name	of the organization				Employer	dentification	number
NTO	GHTLIGHT CHRISTIAN ADOPTIONS						
	SHIPTONI CHRIDIIM IDOI IIOND				95-22	54634	
Pai	rt I Organizations Maintaining Donoi	r Advised Funds or Oth	er Similar Fur	ds or Acco	ounts C	omplete	e if
	the organization answered 'Yes' to	o Form 990, Part IV, lin	e 6.				
		(a) Donor advised	funds	(b) F	unds and	other acc	counts
1	Total number at end of year						
2	Aggregate contributions to (during year)						-
3	Aggregate grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and dor funds are the organization's property, subject			onor advised		Yes	No
6	Did the organization inform all grantees, dono used only for charitable purposes and not for purpose conferring impermissible private bene	the benefit of the donor or do	ing that grant fun nor advisor or for	ds may be any other	Γ	Yes	□No
Pai	rt II   Conservation Easements Comple	ete if the organization a	nswered 'Yes'	to Form 99	0. Part	IV. line	<del></del>
	Purpose(s) of conservation easements held by			10 1 01111 33	70, 1 art	14, 11110	,.
•	Preservation of land for public use (e.g., r	·	Preservation	of an historica	ally impor	tant land	area
	Protection of natural habitat		Preservation				u, ou
	Preservation of open space						
2	Complete lines 2a through 2d if the organization last day of the tax year	on held a qualified conservati	on contribution in	the form of a	conserva	ation ease	ment on the
					Held at t	he End o	f the Year
	a Total number of conservation easements			2a			
ı	b Total acreage restricted by conservation easer	ments		2b			
	Number of conservation easements on a certif	fied historic structure included	d in (a)	2c			
	d Number of conservation easements included ii	n (c) acquired after 8/17/06		2d			
3	Number of conservation easements modified,		iished, or termina	ted by the org	janization	during th	ne tax
	year ►						
4	Number of states where property subject to co			_			
5	Does the organization have a written policy reand enforcement of the conservation easemer	it it holds?	-	_	ations,	Yes	☐ No
6	Staff and volunteer hours devoted to monitoring the year						_
7	Amount of expenses incurred in monitoring, in during the year ►	ispecting, and enforcing cons	ervation easemer	its \$ _			
8	Does each conservation easement reported or 170(h)(4)(B)(ı) and 170(h)(4)(B)(ı)?	n line 2(d) above satisfy the re	equirements of se	ection		Yes	No No
9	In Part XIV, describe how the organization reports include, if applicable, the text of the footnote to conservation easements.	s conservation easements in its to the organization's financial	revenue and expe statements that o	nse statement, describes the	, and balar organızatı	nce sheet, ion's acco	and ounting for
Pa	rt III Organizations Maintaining Colle Complete if the organization ansi	ctions of Art, Historical wered 'Yes' to Form 990	Treasures, o	r Other Sim	nilar Ass	sets	
1:	a If the organization elected, as permitted under treasures, or other similar assets held for publi the text of the footnote to its financial stateme	r SFAS 116, not to report in it	s revenue statern	ent and balar	nce sheet service, j	works of provide, ii	art, historical n Part XIV,
ł	b If the organization elected, as permitted under treasures, or other similar assets held for publ amounts relating to these items:	r SFAS 116, to report in its re lic exhibition, education, or re	evenue statement esearch in furthera	and balance : ance of public	sheet wor service, j	ks of art, provide th	historical le following
	(i) Revenues included in Form 990, Part VIII,	line 1			►\$		
	(ii) Assets included in Form 990, Part X				►\$		<u> </u>
2	If the organization received or held works of a amounts required to be reported under SFAS	rt, historical treasures, or othe 116 relating to these items:	er sımılar assets t	for financial g	aın, provi	de the fol	lowing
i	a Revenues included in Form 990, Part VIII, line	e 1			<b>►</b> \$		
	b Assets included in Form 990. Part X				►\$		

Schedule D (Form 990) 2009 NIGHT	LIGHT CHRI	STIAN ADOPTION	ONS	95-225	4634	Page 2		
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)								
3 Using the organization's acquisition accession and other records, check any of the following that are a significant use of its collection items (check all that apply)								
a Public exhibition		d Loan	or exchange programs					
<b>b</b> Scholarly research	b Scholarly research e Other							
c Preservation for future gener								
4 Provide a description of the orgal Part XIV.		•	•		se in			
5 During the year, did the organiza assets to be sold to raise funds r	tion solicit or rece ather than to be r	eive donations of ar naintained as part o	t, historical treasures, o of the organization's co	or other similar llection?	Yes	∏No		
Part IV Escrow and Custodia 9, or reported an amo	l Arrangemen	ts Complete if o	rganization answe		90, Part	IV, line		
1a Is the organization an agent, trus included on Form 990, Part X?				ner assets not	Yes	No		
<b>b</b> If 'Yes,' explain the arrangement	in Part XIV and	complete the follows	ng table.	<del></del>				
					Amount			
c Beginning balance				1c				
d Additions during the year				1d				
e Distributions during the year				1e				
f Ending balance		00 D-d V I 013		11				
2a Did the organization include an a		90, Part X, line 217			Yes	∐No		
Part Va Endowment Funds Co		nization answer	ad 'Vas' to Form 9	00 Part IV June 10				
Traft Va Endowment Funds Co	(a) Current year	(b) Prior yea	<del></del>			r years back		
1 a Beginning of year balance	(a) Current year	(b) Thor yea	(c) Two years bac	(u) Tillee years back	(6) 100	i years back		
<b>b</b> Contributions								
					131 (2.3)			
c Net Investment earnings, gains, and losses								
d Grants or scholarships								
<ul> <li>Other expenditures for facilities and programs</li> </ul>								
f Administrative expenses			6-0-					
<b>g</b> End of year balance			And was about a sure					
<ol><li>Provide the estimated percentage</li></ol>	e of the year end	balance held as.						
a Board designated or quasi-endov	vment ►	%						
<b>b</b> Permanent endowment ►	<b>%</b>							
c Term endowment ►	<del></del>							
3a Are there endowment funds not a organization by.	n the possession	of the organization	that are held and admi	nistered for the	Y	es No		
(i) unrelated organizations					3a(i)			
(ii) related organizations					3a(ii)			
<b>b</b> If 'Yes' to 3a(II), are the related of	_	•			3b			
4 Describe in Part XIV the intended				1 10				
Part VI Investments—Land, B								
Description of investment	(a)	Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated Depreciation	( <b>d)</b> Boo	ok Value		
1a Land					<del></del>			
<b>b</b> Buildings	<u> </u>							
c Leasehold improvements	-		•					
d Equipment								
e Other  Total. Add lines 1a through 1e (Column	m (d) must savel	Form 900 Part V	column (P) Inn 10(a) )			0.		
BAA	ri (u) musi equal	i Uilli 990, Fail A, C	.ошни ( <i>в), ште 10(С).)</i>		lule D (For	m 990) 2009		
				Julieu	1410 P (1 011	JJUJ 2003		

Schedule D (Form 990) 2009 NIGHTLIGHT CHRISTI	IAN ADOPTIONS	95-22	54634 Page 3
PantVIII Investments-Other Securities See Fo	orm 990, Part X, lir	ne 12. N/A	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valu Cost or end-of-year ma	ation irket value
Financial derivatives			
Closely-held equity interests			
Other			
			<del></del>
Total. (Column (b) must equal Form 990 Part X, col (B) line 12 ) ►			
Part VIII Investments—Program Related (See F	Form 990, Part X, I	ine 13) N/A	
(a) Description of investment type	(b) Book value	(c) Method of valu Cost or end-of-year ma	ation rket value
			-
Total. (Column (b) must equal Form 990, Part X, Col (B) line 13)			
Part X Other Assets (See Form 990, Part X,		·	
(a) De	scription	<del> </del>	(b) Book value
	<del>-</del>		
			<del> </del>
T-A-1 (Calcium (h) march assist Farm 000 Fact V and (D) I	15)		
Total. (Column (b) must equal Form 990, Part X, col (B), In Part X Other Liabilities (See Form 990, Part		<b>&gt;</b>	
(a) Description of Liability	(b) Amount		
Federal Income Taxes	(b) Amount		
rederal income raxes			
	<del></del>		
	-		
Total (Column (h) must aqual Form 000 Part V and (P) line 25)	<del></del>		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ►			

		95-2254634	Page <b>4</b>
Par	t XI   Reconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII,column (A), line 12)	2	, 415, 333.
2	Total expenses (Form 990, Part IX, column (A), line 25).	2	,329,207.
3	Excess or (deficit) for the year Subtract line 2 from line 1		86,126.
4	Net unrealized gains (losses) on investments		
5	Donated services and use of facilities		
6	Investment expenses		<del></del>
7	Prior period adjustments		
8	Other (Describe in Part XIV)		
9	Total adjustments (net) Add lines 4 through 8		
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		86,126.
	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return	00,120.
1	Total revenue, gains, and other support per audited financial statements		,415,333.
	Amounts included on line 1 but not on Form 990, Part VIII, line 12.		, 110, 555.
	Net unrealized gains on investments	-	
	Donated services and use of facilities 2b		
	Recoveries of prior year grants		
		-   [ ] [	
- E	Add lines 2a through 2d.	2e	415 222
3	Subtract line 2e from line 1	3 2	,415,333.
	Amounts included on Form 990, Part VIII, line 12, but not on line 1	ا شاره	
	Investments expenses not included on Form 990, Part VIII, line 7b		
	Other (Describe in Part XIV)		
	Add lines 4a and 4b	4c	
_	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		,415,333.
Par	t XIII   Reconciliation of Expenses per Audited Financial Statements With Expenses p		
1	Total expenses and losses per audited financial statements	1 2	<u>,329,207.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.	[# <u>#</u> ]	
а	Donated services and use of facilities 2a		
b	Prior year adjustments 2b		
C	Other losses 2c		
d	Other (Describe in Part XIV)		
е	Add lines 2a through 2d.	2e	
3	Subtract line 2e from line 1	3 2	,329,207.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investments expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIV)	2.00 de	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18)	5 2	,329,207.
Par	t XIV Supplemental Information		
	À, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this mation		
  BAA	TEEA3304L 02/02/10	Schedule <b>D</b> (F	Form 990) 2009

Schedule <b>D</b> (Form 990) 2009	NIGHTLIGHT CHRISTIAN ADOPTIONS	95-2254634	Page 5
Pa元XIV Supplementa	NIGHTLIGHT CHRISTIAN ADOPTIONS Il Information (continued)		
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# Schedule F (Form 990)

#### **Statement of Activities Outside the United States**

OMB No 1545-0047

2009

Department of the Treasury Internal Revenue Service

Complete if the organization answered 'Yes' to Form 990, Part IV, line 14b, 15, or 16.
 ► Attach to Form 990.
 ► See separate instructions.

Open to Public Inspection

Name of the organization				Employer identif	ication number
NIGHTLIGHT CHRISTIA	N ADOPTIONS			95-22546	34
Part I General Informato Form 990, Part	t <mark>ion on Activiti</mark> t IV, line 14b.	es Outside the	e United States. Complet	e if the organization	n answered 'Yes'
			substantiate the amount of the tion criteria used to award the edures for monitoring the use o		
3 Activities per Region (Usi	e Schedule F-1 (Fo	orm 990) if addition	nal space is needed.)		
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region
RUSSIA	1	1	ADOPTION SERVICES	FACILITATING	101,498.
				ADOPTION	
			•	SERVICES	
-					
			-		
·					
				****	
Totals	1	1			101.498.

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Schedule F (Form 990) 2009 NIGHTLIGHT CHRISTIAN ADOPTIONS

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes' to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 Use Schedule F-1 (Form 990) if additional space is needed.

(i) Method of valuation (book, FMV, appraisal, other)									
(h) Description of non-cash assistance									
(g) Amount of non-cash assistance									
(f) Manner of cash disbursement									
(e) Amount of cash grant				,					
(d) Purpose of grant									
(c) Region									
(b) IRS code section and EIN (if applicable)									
(a) Name of organization									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

Schedule F (Form 990) 2009

3 Enter total number of other organizations or entities

BAA

95-22

NIGHTLIGHT CHRISTIAN ADOPTIONS

Schedule F (Form 990) 2009

Partill Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed.

(h) Method of valuation (book, FMV, appraisal, other) Schedule F (Form 990) 2009 (g) Description of non-cash assistance (f) Amount of non-cash assistance (e) Manner of cash disbursement (d) Amount of cash grant (c) Number of recipients (b) Region (a) Type of grant or assistance BAA

TEEA3503L 07/06/09

Schedule F	(Form 990) 2009 NIGHTLIGHT CHRISTIAN ADOPTIONS	95-2254634	Page <b>4</b>
PartIM	Supplemental Information		
	Complete this part to provide the information required in Part I, line 2, and any additional infor	rmotion	
	Complete this part to provide the information required in Fart 1, line 2, and any additional infor	mation	
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# SCHEDULE O (Form 990)

## **Supplemental Information to Form 990**

OMB No 1545-0047

2009

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990.

Open to Public Inspection

Name of the organization	Employer identification number
NIGHTLIGHT CHRISTIAN ADOPTIONS	95-2254634
FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS	
NIGHTLIGHT CHRISTIAN ADOPTIONS IS LICENSED BY THE STATES OF CAL	IFORNIA AND SOUTH
CAROLINA TO PROVIDE ADOPTION SERVICES AND IS HAGUE ACCREDITED T	HROUGH THE COUNCIL ON _
ACCREDITATION. NIGHTLIGHT PROVIDES A VARIETY OF ADOPTION RELAT	ED SERVICES, IN
ADDITION TO HUMANITARIAN WORK FOR ORPHANS. SERVICES INCLUDE DO	MESTIC AND
INTERNATIONAL ADOPTION PROGRAMS, EMBRYO ADOPTION PROGRAMS, ADOP	TION HOME STUDIES AND
RELATED COUNSELING PROGRAMS.	·
NIGHTLIGHT'S MISSION IS TO SHARE GOD'S LOVE BY HELPING CHILDREN	BOTH_DOMESTIC_AND
INTERNATIONAL, TO FIND LOVING FAMILIES; TO ASSIST BIRTHPARENTS	AND GENETIC PARENTS IN
MAKING A WISE AND LOVING PLAN FOR THEIR CHILD'S FUTURE; TO PREP	ARE FAMILIES TO BE
COMMITTED AND EFFECTIVE PARENTS TO ADOPTIVE CHILDREN; AND TO RE	COGNIZE AND ADVOCATE
THE_PERSONHOOD_OF_PRE-BORN_CHILDREN	·
FORM 990, PART VI, LINE 11 - FORM 990 REVIEW PROCESS	
COPIES OF THE 990 ARE PRESENTED TO THE BOARD FOR COMMENT	· <b></b>
FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS	FOR OFFICERS & KEY EMPLOYEES
BOARD UTILIZES A PROFESSIONAL NONPROFIT SALARY SURVEY AND PERFO	RMS COMPARABILITY
STUDIES TO DETERMINE APPROPRIATE COMPENSATION	
FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AV	AILABLE
FORM 990, GOVERNIING DOCUMENTS, CURRENT POLICIES, AND FINANCIAL	STATEMENTS ARE
AVAILABLE FOR PUBLIC VIEW BY ANYONE WHO REQUESTS TO SEE THEM DU	RING REGULAR BUSINESS
HOURS.	
	·

Schedule <b>0</b> (Form 990) 2009	Page 2
Name of the organization	Employer identification number
NIGHTLIGHT CHRISTIAN ADOPTIONS	95-2254634
MIGHT SIMILETTIM INDIVIDUAL	150 220 1001
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2009

### FEDERAL SUPPORTING DETAIL

PAGE 1

**NIGHTLIGHT CHRISTIAN ADOPTIONS** 

95-2254634

OFFICERS, DIRECTORS, TRUSTEES COMPEN. NONTAXABLE BENEFITS

HEALTH INSURANCE

TOTAL \$ 1,844.