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532001 12-16-15

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

A F	or the 2	2015 calendar year, or tax year beginning and ending	ıg					
	heck if	C Name of organization	D	Employer ide	ntificatio	on number		
	Address change	NIGHTLIGHT CHRISTIAN ADOPTIONS						
	Name change	Doing business as	95	95-2254634				
	Initial	Number and street (or P.O. box if mail is not delivered to street address) Room	Telephone nu					
	Final return/ termin-	4430 E. MIRALOMA AVE. B			<u>4-69</u>	3-5437		
	ated Amended	City or town, state or province, country, and ZIP or foreign postal code	Gross receipts \$		3,983,225.			
<u></u>	Jreturn Applica-	ANAHEIM HILLS, CA J2007		a) is this a gro	-	Yes X No		
L	tion	F Name and address of principal officer DANIEL NEHRBASS, PH.D		for subordin		[
. 7		same as C above npt status	527	b) Are all subordin		Yes No (see instructions)		
		WWW.NIGHTLIGHT.ORG		c) Group exem				
						ate of legal domicile: CA		
		Summary			<u> </u>			
		riefly describe the organization's mission or most significant activities ADOPTIO	N & H	UMANITA	RIAN			
Governance		ERVICES.						
2	2 C	heck this box 🕨 🔲 if the organization discontinued its operations or disposed of	f more tha	ın 25% of its n	et assets	S		
Š	3 N	umber of voting members of the governing body (Part VI, line 1a)			3	9		
2		umber of independent voting members of the governing body (Part VI, line 1b)			4	9		
S	5 To	otal number of individuals employed in calendar year 2015 (Part V, line 2a)			5	41		
Z	-	otal number of volunteers (estimate if necessary)			6	15		
Activities &		otal unrelated business revenue from Part VIII, column (C), line 12			7a	0.		
	b N	et unrelated business taxable income from Form 990-T, line 34	<u> </u>		7b	0.		
		(0.4)(11.1)		Prior Year 801,80	7 -	Current Year		
ne	1	ontributions and grants (Part VIII, line 1h)	ļ ₁	,815,06		1,021,583. 2,785,121.		
Revenue		rogram service revenue (Part VIII, line 20)		,013,00	0.			
ě		ivestment income (Part VIII - column (A) lines 3, 4, and 7d)		64,39		3,070. 173,451.		
		ther revenue (Part VIII, column (A), lines 5, 6d, 86,9c, 10c, and 11e) otal revenue · add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2	,681,26		3,983,225.		
		rants and similar argunts the Bio (Part IX, column-(A), lines 1-3)		242,93		417,663.		
	13 G	enefits paid to or for members (Part IX, column (A), line 4)		242,33	0.	0.		
	14 B 15 S	alaries, other competitation, employee benefits (Part IX, column (A), lines 5-10)	1	,097,65	-	1,756,184.		
מ	163 P	rofessional fundraising fees (Part IX, column (A), line 11e)	-	700.700	0.	0.		
Expenses	h T	otal fundraising expenses (Part IX, column (D), line 25) 54,082.						
Ĕ		ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		,017,06	3.	1,285,298.		
		otal expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	2	,357,65	3.	3,459,145.		
	19 R	evenue less expenses Subtract line 18 from line 12		323,61	2.	524,080.		
Ses			Beginn	ing of Current Y	ear	End of Year		
und Balances	20 T	otal assets (Part X, line 16)	1	.,020,80		1,911,682.		
<u> </u>	21 T	otal liabilities (Part X, line 26)		<u>396,75</u>		944,344.		
ᄔ	ZZ N	et assets or fund balances. Subtract line 21 from line 20		624,04	6.	967,338.		
		Signature Block		· · · · · · · · · · · · · · · · · · ·				
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my know true, correct, and complete. Beclaration of preparer (other than officer) is based on all information of which preparer has any knowledge								
rue,	correct,	and complete. Beclaration of preparer (other than officer) is based on all information of which pr	reparer nas	any knowledge	//	2016		
		Signature of officer		Date	''')	2016		
Sigi	1	DANIEL NEHRBASS, PH.D., PRESIDENT						
Her	e	Type or print name and title						
		Print/Type preparer's name Prepaler's signature	Date	Chec	k	PTIN		
aid		SHAWN WILLIAMSON William	40 4	/2//6 self	employed	P01202759		
		Firm's name Fick, Eggemeyer & Williamson, CPA'		Firm's EIN		7-1231621		
-	Only	Firm's address 6240 S. Lindbergh, Ste 101						
J.J.	····,	St. Louis, MO 63123		Phone no	314-	845-7999		
May the IRS discuss this return with the preparer shown above? (see instructions)								
		LHA For Paperwork Reduction Act Notice, see the separate instructions.				EX Yes No Form 990 (2015)		

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form	990 (2015) NIGHTLIG	HT CHRISTIAN ADOP	TIONS	95-2254634 Page 2
Pa	t III Statement of Program Serv	vice Accomplishments		
	Check if Schedule O contains a resp	oonse or note to any line in this Par	t III	
1	Briefly describe the organization's mission	None		
2	Did the organization undertake any signific	cant program services during the vi	ear which were not listed on	
_	the prior Form 990 or 990-EZ?	our program correct daming the y		Yes X No
	If "Yes," describe these new services on S	Schedule O		
3	Did the organization cease conducting, or	make significant changes in how it	conducts, any program services?	Yes X No
	If "Yes," describe these changes on Sche	dule O.		
4	Describe the organization's program service			
	Section 501(c)(3) and 501(c)(4) organization		nt of grants and allocations to other	s, the total expenses, and
	revenue, if any, for each program service if (Code) (Expenses \$3, 1	reported	417 662	2 061 642
4a		TANT CODITION TAKE		(\$2,961,642.)
	ADOPTION & HUMANITARI	AN SERVICES.		
				
				
4b	(Code) (Expenses \$	including grants of \$) (Revenue	,\$)
			to application of the state of	
	-			
4c	(Code) (Expenses \$	including grants of \$	(Revenue)
				~
4d	Other program services (Describe in Sche	dule O.)		
	(Expenses \$	ncluding grants of \$) (Revenue \$)
4e	Total program service expenses	3,133,515.		F 000 (55 :
				Form 990 (2015)

Ц				
	Is the organization decembed in posture EQ1(a)(2) as 4047(a)(4) (a) by the contract of the con		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			
2	Is the organization required to complete Schedule B, Schedule of Contributors?	1 2	X	├
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	2		
-	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	├	 	
	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	<u> </u>		
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		_X_
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	l		
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		_X_
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	i		
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		<u>X</u> _
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
_	as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI		v	
h	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	11a	X	
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u>X</u> _
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		İ	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u>X</u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
_	Schedule D, Parts XI and XII	12a		<u>X</u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u>X</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>X</u>
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>X</u>
D	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		- 1	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	x	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140	^	
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	ĺ	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
-	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	x	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	ł	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	Ì		
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u>X</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
		Form 9	9 90 (2	(015)

Form 990 (2015) NIGHTLIGHT CHRISTIAN ADOPTIONS
Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	1.00	X
b		20b	—	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		1	\vdash
	domestic government 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 or other assistance to or for domestic individuals on		<u> </u>	—
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	ĺ	x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		})
	Schedule J	23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			<u> </u>
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete		ľ	
	Schedule K. If "No", go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	- 10		
·	any tax-exempt bonds?	24c]	
А	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	2.0		—
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	250		
	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		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	200		
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? 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	1		 -
21	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			İ
	of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		
20	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
С	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	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		
30	contributions? If "Yes," complete Schedule M	30		_x
31	Did the organization liquidate, terminate, or dissolve and cease operations?	00		
31	If "Yes," complete Schedule N, Part I	31		Lx.
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	-		
32	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
33	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
24	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
34	Part V, line 1	34		_x
250		35a		X
35a	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	334		
D	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	256		
20		35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	20		v
0.7	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		<u>X</u>
37	-	27		X
00	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	37		
38	Note. All Form 990 filers are required to complete Schedule O	38	x	
	NOTE: All LOTTI 200 litera die regalieu to complete defiedule o			(2015)

Form	990 (2015) NIGHTLIGHT CHRISTIAN ADOPTIONS 95-2254	<u>634</u>	P	age !
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 13 17			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	<u>1c</u>	X	<u> </u>
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 41			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<u>3a</u>		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, 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		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?	<u>5a</u>		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	_5b_		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		 -
6 a	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	Ch		1
_	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		x
a	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	-75		<u> </u>
С	to file Form 8282?	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
9 h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
Ū	sponsoring organization have excess business holdings at any time during the year?	8		,
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	<u>9</u> a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			_
а	Initiation fees and capital contributions included on Part VIII, line 12			ŀ
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders		,	
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	L	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			1
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	Li	
	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
_	Enter the amount of reserves on hand		}	l

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14a

14b

X

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 9			
	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 O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 9			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		_X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	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 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a_	X	
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 reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a	X	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X	
11a		11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	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 arrangement with a			7.7
	taxable entity during the year?	16a		X
þ	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	_16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed CA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) and the second section 501(c)(3)s only) and the second section 501(c)(3)s only) and 500-T (Section 501(c)(3)s only) are section 501(c)(3)s only) and 500-T (Section 501(c)(3)s only) are section 501(c)(3)s only) and 500-T (Section 501(c)(3)s only) are section 501(c)(3	ivaliab	ie	
	for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website YUpon request Other (explain in Schedule O)	l 6	a.a.	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	tinan	ciai	
	statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	The Organization - 714-693-5437 4430 E. MIRALOMA AVE. , No. B, ANAHEIM HILLS, CA 92807			
	4430 E. MIRALOMA AVE. , No. B, ANAHEIM HILLS, CA 92807			

		-	
orm	gan.	120	15)

NIGHTLIGHT CHRISTIAN ADOPTIONS

95-2254634

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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 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"
- 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.

X Check this box if neither the organization in	or any related	orga	nıza	tion	cor	nper	nsat	ed any current officer, o	director, or trustee.	·
(A) (B)			(C)					(D)	(E)	(F)
Name and Title	Average	(do	not c	Pos heck	≀tiO⊓ more	than	one	Reportable	Reportable	Estimated
	hours per	box, unless person is both a officer and a director/trustee		h an	compensation	compensation	amount of			
	week				from	from related	other			
	(list any	recto			ļ			the	organizations	compensation
	hours for	0.0	8			sated		organization	(W-2/1099-MISC)	from the
	related	ustee	trust		8	ubeu		(W-2/1099-MISC)		organization and related
	organizations below	ual tr	tional		oldr	yee	_	,		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			019411124110113
(1) JAMES LIGHT	1.00							_	_	_
CHAIRMAN		X		Х			_	0.	0.	0.
(2) BETTY BURNETT	1.00									_
DIRECTOR		X			ļ			0.	0.	0.
(3) KEVIN O'NEILL	1.00]				•
DIRECTOR	1 00	Х	_		ļ			0.	0.	0.
(4) MICHAEL POWERS	1.00									0
DIRECTOR	1 00	X	 -			-		0.	0.	0.
(5) JEFF SLACK	1.00									
SECRETARY	1 00	X		X	ļ	<u> </u>		0.	0.	0.
(6) ROGER SONNENBERG	1.00									
DIRECTOR	1 00	X				ļ .		0.	0.	0.
(7) JERE VANDEWALLE	1.00				ľ					•
TREASURER	1 00	X	_	X	_			0.	0.	0.
(8) TORREY HARMON	1.00	х		ļ				0.	0.	0.
DIRECTOR	1.00	^	-			┢	-	<u> </u>	U•	<u> </u>
(9) SARAH SOWELL	1.00	X						0.	0.	0.
DIRECTOR	 	Δ	 					0.	0.	
	· · · · · · · · · · · · · · · · · · ·									
									~~~	
				<u> </u>						
	<u> </u>					ļ-	_	<u> </u>		
							}			
						<del>                                     </del>	-			
						<u> </u>				
<u></u>	1	L _			L		<u> </u>	l	l	

Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	<u>ees</u>	, and	d Hi	ghe	st C	ompensated Employe	es (continued)				
	(A)	(B)				C)			(D)	(E)			(F)	
	Name and title	Average	(do		Position of check more than of		one	Reportable	Reportable		Es	timate	ed	
		hours per	ьох	, unle	ss pe	rson	ıs bot	h an	compensation	compensation		amount o		of
		week		cerar	nd a d	irecto	or/trus	stee)	from	from related			other	
		(list any	ecto						the	organizations		l	pensa	
		hours for	흉	بوا			ated		organization	(W-2/1099-MIS	C)	l	om th	
		related	ste	truste		بها	pens		(W-2/1099-MISC)				anızat	
		organizations below	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee						d relat	
		line)	ğ	l fig	Officer	yem	plesi	Former				orga	anızatı	ons
			=	트	<del>5</del>	3	로등	2						
			1											
				<u> </u>	<u> </u>		ļ	ļ						
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							<u> </u>	<u> </u>						
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				Ĺ										
								1						
		-				1								
1h	Sub-total							<b>&gt;</b>	0.		0.			0.
	Total from continuation sheets to Part V	I. Section A							0.		0.			0.
	Total (add lines 1b and 1c)	.,						•	0.		0.			0.
_ <u>u</u>	Total number of individuals (including but r	ot limited to th	nose	liste	ed al	hove	e) w	ho re	<u> </u>	.000 of reportable				
2	compensation from the organization						·, ···			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				C
	compensation from the organization									<del></del>			Yes	No
•	Did the organization list any former officer,	director or tri	ieto	ما د	av er	mole	WAA	or	highest compensated e	molovee on				
3	line 1a? If "Yes," complete Schedule J for s			C, 140	, y C1	пріс	ycc	, 01	riigilest compensated c	inployed on		3		X
						atıar		4 41	her compensation from	the erganization		3		
4	For any individual listed on line 1a, is the su									ine organization				Х
	and related organizations greater than \$15									d 1 6		4	-	_^_
5	Did any person listed on line 1a receive or a							eiai	ed organization of indivi	dual for services		_		v
	rendered to the organization? If "Yes," corr	ipiete Schedul	<u>e J 1</u>	or s	ucn	pers	son					5		<u> </u>
Sec	tion B. Independent Contractors			_					h	Ф100 000 - f		-1		
1	Complete this table for your five highest co										pens	auon t	iom	
	the organization Report compensation for	the calendar y	ear	ena	ng v	vitn	or w	ntnir		/ear				
	(A) Name and business	addrass	B.T.	<b>∩</b> NT1					(B) Description of s	ervices	C	O) ompe		n
	Name and business		1//	ON	<u>-</u>			-						
								ŀ						
								-						
								İ						
		· · · · · · · · · · · · · · · · · · ·								+				
							-		·	+				
								-						
2	Total number of independent contractors (		ot l	mite	d to		_	stec	I above) who received n	ore than				
	\$100,000 of compensation from the organi	zation 🕨					0						000	
														2045

		Check if Schedule O conta	ıns a response	or note to any lin	e in this Part VIII			
	-				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
rts ts	1 a	Federated campaigns	1a					
필		Membership dues	1b					
G E		Fundraising events	1c	<u>.                                    </u>		•		
業点		Related organizations	1d					
S, E		Government grants (contribution	ons) 1e	284,880.				
rigis	f	All other contributions, gifts, grants	s, and					
돌		similar amounts not included above	e 1f	736,703.				
들임	g	Noncash contributions included in lines 1	la-1f \$					
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines 1a-1f		<b>_</b>	1,021,583.			
				<b>Business Code</b>				
ဗ္ဗ	2 a				1,501,916.			
Program Service Revenue	b	SNOWFLAKE EMBRY	O ADOP	624100	500,949.			
SE	С		PLACEM	624100	368,832.			
e d	d	FOSTER CARE		624100	255,423.	255,423.		
<u>6</u>	е	A HELPING HAND		624100	157,400.	157,400.		
ا ته	f	All other program service reven	nue	624100	601.	601.		
$\Box$	g	Total. Add lines 2a-2f			2,785,121.			ļ
	3	Investment income (including o	lividends, inter	est, and				
		other similar amounts) .		<b>&gt;</b>	3,070.	3,070.		
	4	Income from investment of tax-	exempt bond p	proceeds				
1	5	Royalties		<u> </u>				
		-	(ı) Real	(II) Personal				
	6 a	· .						
ļ	l b	` <u> </u>						
	C	•		<u></u>				
		Net rental income or (loss)		(i) Others			<del></del> ,	-
ŀ	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
ĺ		assets other than inventory						
	b							
		and sales expenses		<del> </del>				ŀ
		Gain or (loss)		J				
	0	• • •	ovents (not				**************************************	
ine ine	ва	<ul> <li>Gross income from fundraising including \$</li> </ul>	of			i		
Ver		contributions reported on line						
æ		Part IV, line 18	a a					
Other Revenu		Less: direct expenses	. b					
ŏ		: Net income or (loss) from fundi		<b></b>				
		Gross income from gaming act	_		-			
		Part IV, line 19	a	j				
	h	Less: direct expenses	b	***************************************	1			
		Net income or (loss) from gami	• • • • •	▶	1			
		Gross sales of inventory, less r						,
		and allowances	а					
	b	Less: cost of goods sold	. <b>b</b>					
		: Net income or (loss) from sales	of inventory	<b>&gt;</b>				
Ì		Miscellaneous Revenue		Business Code				
ļ	11 a	OTHER & MISCELL		624100	173,451.	173,451.		
- 1	b							
1	c							
		All other revenue					·····	
j	e	Total. Add lines 11a-11d		<b>&gt;</b>	173,451.			
	12	Total revenue. See instructions.	_	•	3,983,225.	2,961,642.	0.	.1 0.

### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising (A) Total expenses (B) Program service Do not include amounts reported on lines 6b. Management and 7b. 8b. 9b. and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign 417,663 417,663 individuals See Part IV, lines 15 and 16 Benefits paid to or for members 4 Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages . . . 1,485,113. 1,285,759. 177,994 21,360. 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 14,365. 12,353. 1,795. 217. 135,716. 116,716.  $16,9\overline{63}$ 2,037. Other employee benefits 9 104,051 120,990. 15,123. 1,816. 10 Payroll taxes Fees for services (non-employees): Management Legal b Accounting С Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees ... . . Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) 11,883. 10,219 1,485 179. Advertising and promotion 12 176,712. 205,479. 25,684. 3,083. Office expenses 13 45,330. 38,983. 5,666. 681. Information technology 14 15 Royalties 105,737 90,933 13,217 1,587. 16 Occupancy 51,831 51,831 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 7,837. 6,739 979. 119. Conferences, conventions, and meetings 19 13,523. 11,629 1,690 204. 20 Interest Payments to affiliates 21 Depreciation, depletion, and amortization 22 48,913. 42,065 6,114. 734. Insurance 23 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 O.) 200,167. 200,167 a DOMESTIC ADOPTION COSTS 148,995. 148,995 HOME STUDIES 130,818. c INTERNATIONAL ADOPTION 130,818 108,276. 108,276 d FOSTER CARE COSTS 206,509. 179,606. 4,838. 22,065. e All other expenses Total functional expenses. Add lines 1 through 24e 459,145. 3,133,515 271,548. 54,082. Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2015)
Part X | Balance Sheet

		Check if Schedule O contains a response or not	e to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing		457,003.	1	58,258.
	2	Savings and temporary cash investments			2	203,052.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		76,698.	4	
	5	Loans and other receivables from current and fo				
		trustees, key employees, and highest compensa	ited employees Complete			
		Part II of Schedule L			5	
	6	Loans and other receivables from other disqualit	ied persons (as defined under			
	-	section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contributing		i	
		employers and sponsoring organizations of sect				
şţ		employees' beneficiary organizations (see instr).	Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net			7	
⋖	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment, cost or other				
		basis. Complete Part VI of Schedule D	10a 1,665,477.			
	b	Less accumulated depreciation	10ы 15,605.	17,100.	10c	1,649,872.
	11	Investments - publicly traded securities		,, <u>,,,</u> ,	11	
	12	Investments - other securities See Part IV, line 1	1		12	
	13	Investments - program-related See Part IV, line 1		13		
	14	Intangible assets	470,000.	14		
	15	Other assets. See Part IV, line 11		0.	15	500.
	16	Total assets. Add lines 1 through 15 (must equa	Il line 34)	1,020,801.	16	1,911,682.
	17	Accounts payable and accrued expenses	,	16,817.	17	44,831.
	18	Grants payable		18		
	19	Deferred revenue	-		19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete F	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s		21	
Liabilities	22	Loans and other payables to current and former	, , , , , , , , , , , , , , , , , , , ,			
Ē		key employees, highest compensated employees	s, and disqualified persons			
Lia	00	Complete Part II of Schedule L			22	000 [10
	23	Secured mortgages and notes payable to unrelated Unsecured notes and loans payable to unrelated	· · · · · · · · · · · · · · · · · · ·	379,938.	23	899,513.
	24 25	Other liabilities (including federal income tax, pay	·	313,330.	24	
	23	parties, and other liabilities not included on lines			]	
		Schedule D	17-2-4) Complete Fait X Of		25	
	26	Total liabilities. Add lines 17 through 25	·	396,755.	26	944,344.
		Organizations that follow SFAS 117 (ASC 958)	check here	33077331	-20	744,344,
S		complete lines 27 through 29, and lines 33 and			ĺ	
ည	27	Unrestricted net assets		624,046.	27	967,338.
alar	28	Temporarily restricted net assets	<u>,</u>	021/0101	28	301,330.
Ä	29	Permanently restricted net assets	Ť	·· <del>-</del>	29	
Š		Organizations that do not follow SFAS 117 (AS	6C 958), check here ▶			
Net Assets or Fund Balances		and complete lines 30 through 34.	-,,			
sts	30	Capital stock or trust principal, or current funds	1		30	
SSE	31	Paid-in or capital surplus, or land, building, or equ	ipment fund		31	<del></del>
et A	32	Retained earnings, endowment, accumulated inc	· · · · · · · · · · · · · · · · · · ·		32	
ž	33	Total net assets or fund balances		624,046.	33	967,338.
	34	Total liabilities and net assets/fund balances		1,020,801.	34	1,911,682.

orm	990 (2015) NIGHTLIGHT CHRISTIAN ADOPTIONS	95	-2254634	Pa	ae 12
	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
					<del></del> -
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,98	3,2	25.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,45	9,1	45.
3	Revenue less expenses Subtract line 2 from line 1	3	52	4,0	80.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	62	<u>4,0</u>	46.
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	-18	<u>0,7</u>	88.
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	96	<u>7,3</u>	<u>38.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u></u>
			r	Yes	No
1	Accounting method used to prepare the Form 990 CashX Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			
<b>2</b> a	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				İ
b	Were the organization's financial statements audited by an independent accountant?		_2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	s,		1
	consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt	t,		
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil	ngle Au	ıdıt		
	Act and OMB Circular A-133?		3a		_X_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	ired au	ıdıt		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	_	3b		

Form **990** (2015)

### SCHEDULE A

Department of the Treasury Internal Revenue Service

(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.

► Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2015

Open to Public Inspection

Name of the organization

NIGHTLIGHT CHRISTIAN ADOPTIONS P5-2254634

<u> </u>		Ticason for Labite C	onanty Status (	All organizations must co	Jubiere m	iis part / St	ee instructions					
Γhe	organ	ization is not a private found	ation because it is	(For lines 1 through 11, o	heck only	one box )						
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).										
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)										
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).										
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,										
		city, and state										
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in										
_		section 170(b)(1)(A)(ıv). (C				704 1/41/41						
6		A federal, state, or local gov										
7		An organization that norma		intial part of its support t	rom a gov	ernmental	unit or from the general	public described in				
		section 170(b)(1)(A)(vi). (Co										
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II )							
9		An organization that normal	lly receives (1) more	than 33 1/3% of its sup	port from	contributi	ons, membership fees, a	and gross receipts from				
		activities related to its exem	npt functions - subje	ct to certain exceptions,	and (2) no	o more tha	n 33 1/3% of its support	t from gross investment				
		income and unrelated busing	ness taxable income	(less section 511 tax) fr	om busine	esses acqu	ired by the organization	after June 30, 1975				
		See section 509(a)(2). (Cor	nplete Part III )									
10		An organization organized a	and operated exclus	ively to test for public sa	fety See	section 50	)9(a)(4).					
11		An organization organized a	and operated exclus	ively for the benefit of, to	perform	the functio	ons of, or to carry out the	purposes of one or				
		more publicly supported or										
		lines 11a through 11d that	~				` ` ` `					
а	Г	Type I. A supporting orga	* *			-	_	v aivina				
<b>.</b>		the supported organization	· ·	·	-	-						
		organization. You must c	• • •	• • • •								
h		Type II. A supporting organization	<del>-</del>		tion with it	te eunnorti	ad organization(s), by ha	wing				
b	_	control or management o	•			- •		- <del>-</del>				
		_			ame perso	JIIS IIIAI CC	mittor or manage trie sup	ported				
	r~	organization(s). You mus						a al tha				
С	L	☐ Type III functionally inte	=					ed with,				
		its supported organization		· · · · · · · · · · · · · · · · · · ·								
d			•	= = =								
		that is not functionally int	•		=			iveness				
	_	requirement (see instructi										
е		☐ Check this box if the organic	anization received a	written determination fro	m the IRS	that it is a	Type I, Type II, Type III					
		functionally integrated, or	Type III non-function	nally integrated support	ing organi	zation						
f	Ente	er the number of supported o	organizations									
g	Prov	vide the following information	about the supporte									
	(	i) Name of supported	(ii) EIN	1		organization in your	(v) Amount of monetary	(vi) Amount of				
		organization		(described on lines 1-9 above (see instructions))	governing	document?	support (see	other support (see				
				,	Yes	No	instructions)	instructions)				
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Part II Support Schedule for C	Organizations	s Described in	Sections 170	(b)(1)(A)(iv) ar	id 170(b)(1)(A)(	Page 2 vi)
(Complete only if you checked						
fails to qualify under the tests t	listed below, plea	ase complete Part	III )			
Section A. Public Support						-
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and			1			
membership fees received (Do not				1		
include any "unusual grants ")						
2 Tax revenues levied for the organ						
ization's benefit and either paid to						-
or expended on its behalf		<b>,</b>				
3 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
4 Total, Add lines 1 through 3						
5 The portion of total contributions						
by each person (other than a						
governmental unit or publicly						
supported organization) included						
on line 1 that exceeds 2% of the						
amount shown on line 11,				1		
column (f)						
6 Public support. Subtract line 5 from line 4					<u> L</u>	<u> </u>
Section B. Total Support			<del></del>	·		
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4				<u> </u>		
8 Gross income from interest,		ļ		1		<u> </u>
dividends, payments received on						
securities loans, rents, royalties						1
and income from similar sources						
9 Net income from unrelated business						
activities, whether or not the						
business is regularly carried on			ļ			
10 Other income. Do not include gain						
or loss from the sale of capital						
assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10		<u> </u>		]		
12 Gross receipts from related activities,	etc (see instructi	ions)			12	
13 First five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3)	·
organization, check this box and stop	here					<b>_</b>
Section C. Computation of Public	c Support Pe	rcentage				
14 Public support percentage for 2015 (lin	ne 6, column (f) d	divided by line 11,	column (f))		14	%
15 Public support percentage from 2014					15	%
16a 33 1/3% support test - 2015. If the or	rganization did n	ot check the box o	on line 13, and line	14 is 33 1/3% or	more, check this be	ox and
stop here. The organization qualifies a						▶□
b 33 1/3% support test - 2014. If the or	rganization did n	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/39	% or more, check t	nis box
and stop here. The organization qualif						▶∟
17a 10% -facts-and-circumstances test						
and if the organization meets the "fact					art VI how the orga	nization
meets the "facts-and circumstances" t	test. The organiza	ation qualifies as a	publicly supporte	d organization	•	▶□

b 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

(Complete only if you checked the box on line 9 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)

Se	ction A. Public Support								
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received (Do not								
	include any "unusual grants ")	1,037,945.	1,648,612.	778,605.	801,807.	1,021,583.	5,288,552,		
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	1,606,308,	1,144,555,	1,082,875,	1,815,068,	2,785,121,			
3	Gross receipts from activities that	1,000,300	1,144,555.		1,015,000.	2,705,121.	8,433,927.		
Ū	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	2,644,253.	2,793,167.	1,861,480.	2,616,875.	3,806,704.	13,722,479,		
7a	Amounts included on lines 1, 2, and								
b	3 received from disqualified persons 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						0.		
c	Add lines 7a and 7b						0.		
8	Public support. (Subtract line 7c from line 6)						13 722 479.		
	ction B. Total Support					I, I	13,124,213.		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total		
9	Amounts from line 6	2 644 253.	2,793,167.	1,861,480.	2,616,875.	3,806,704.	13,722,479.		
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								
_	Add lines 10a and 10b  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.)	95,832.	18,710.	29,172.	64,390.	173,451.	381,555.		
13	Total support. (Add lines 9, 10c, 11, and 12)	2,740,085.	2,811,877	1,890,652.	2,681,265.	3,980,155.	14,104,034.		
14	First five years. If the Form 990 is for	the organization's	first, second, third	l, fourth, or fifth tax	x year as a sectioi	n 501(c)(3) organiza	ation,		
	check this box and stop here tion C. Computation of Publi	ic Support Per	centage						
15	Public support percentage for 2015 (li	ine 8, column (f) div	rided by line 13, co	olumn (f))		15	97.29 %		
16	Public support percentage from 2014	Schedule A, Part I	li, line 15			16	97.37 %		
Sec	tion D. Computation of Inves	tment Income	Percentage						
17	Investment income percentage for 20	15 (line 10c, colum	n (f) divided by line	e 13, column (f))		17	.00 %		
18	Investment income percentage from 2	2014 Schedule A, F	art III, line 17		[	18			
19a	33 1/3% support tests - 2015. If the	organization did no	t check the box o	n line 14, and line	15 is more than 3	3 1/3%, and line 17			
	more than 33 1/3%, check this box ar	nd stop here. The	organization qualif	ies as a publicly su	upported organiza	ition	$\triangleright x$		
b	33 1/3% support tests - 2014. If the	organization did no	ot check a box on l	line 14 or line 19a,	and line 16 is mo	re than 33 1/3%, a			
	line 18 is not more than 33 1/3%, che	=							
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions								

## Part IV | Supporting Organizations

(Complete only if you checked a box in line 11 on Part I If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Section A. A	ΑII	Supporting	<b>Organizations</b>
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- 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 11a or 11b 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?
- 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.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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)
- 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 disgualified persons as defined in section 4946 (other than foundation managers and organizations described ın 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.)

	Yes	No
1		
2		
3a		
3b		
3c_		
4a	ļ	
4b	-	
4c_		
5a		
5b	-	
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		
990 or 99	∪-EZ)	2015

Part IV   Supporting Organizations (continued)   Yes   Ne	Sch	edule A (Form 990 or 990 EZ) 2015 NIGHTLIGHT CHRISTIAN ADOPTIONS 95-2	25463	34 P	age 5
11 Has the organization accepted a gift or contribution from any of the following persons?  2 A person with directly or indevictly controls, either shore or together with persons discribed in (b) and (c) below, the governing body of a supported organization?  2 A family member of a person discribed in (a) or (b) above?!! "Yes" to a, b, or c, provide detail or Part VI.  1 Doll the directors, flustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organizations directors or trustees at all times during the tax year? If "No," describe ne Part VI how the supported organizations all directors or trustees at all times during the tax year and according to the power to regularly appoint or elect at least a majority of the organizations and make the organizations and what conditions or restrictions, if any, applied to such powers during the fax year organizations and what conditions or restrictions, if any, applied to such powers during the fax year organization and what conditions or restrictions, if any, applied to such powers during the fax year organization and what conditions or restrictions, if any, applied to such powers during the fax year organization and what conditions or restrictions, if any, applied to such powers during the fax year organizations and what conditions or restrictions, if any, applied to such powers during the fax year organizations and provided organizations organizations are provided organizations). The purposes of the supported organizations (in the purposes of the supported organizations) that operated, supported organizations or trustees during the supported organizations) that operated organizations are considered as a provided and the directors or trustees during the tax year also a majority of the organization organization was vested in the same persons that controlled or managed the supported organizations organizations are persons that controlled or managed organizations to tax year, (i) a corpor of the f	Fa	rt IV   Supporting Organizations (continued)			
a A person who decity or indirectly controls, either alone or together with persons described in (b) and (c) below, the giverning bod of a supported organization?  b A family member of a person described in (a) above?  c A 53% controlled entity of a person described in (a) above?  c A 53% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, prowde detail in Part VI.  Section B. Type I Supporting Organizations  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 decicions or trustess at all times during the tax year? If 'Yes', describe in Part VI from the supported organization() effectively operated, supervised, or controlled the organization's activates. If the organization had more than one supported organization, describe how the powers to appoint another amove directors or trusted whore the supported organization's activates. If the organization had more than one supported organization, describe how the powers to appoint amount of the purposes of trustees were allocated among the supported organization or trustees and another than the supported organization and what coeditions or instructions, if any, applied to such powers during the supported organization(s) that operated, supervised, or controlled the supporting organization in the purposes of the supported organization(s) that operated, supported organizations are supported organization(s) that operated, supervised, or controlled the supported organization(s) that operated organization(s) the supported organization(s) the organization is supported organizations. In the supported organization(s) the organization is the supported organization is supported organizations that of the organization is supported organizations and amount o			r**	Yes	No
below, the governing body of a supported organization?  b A family member of a person described in (a) bowe? If "Yes" to a, b, or c, provide detail in Part Vi.  c. A 35% controlled entry of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part Vi.  Section B. Type I Supporting Organizations  1. Did the directors, trustees, or membership of one or more supported organizations have the power to regularly spoon for elect at least a majority of the organization's directors or trustees at all times during the say year? If "No," describe in the augustation and interest than one supported organization, describe the designation and interest than one supported organization, describe the designation and interest than one supported organization, describe the with the propriets and interest and an expensive of organizations and what conditions or restrictions, if any, supplied to such powers during the tax year allows a supported organization or person to the benefit of any supported organization of the "the proposes of the supported organization (s) that operated, supervised, or controlled the supporting organization if "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization in Part VI how control or meagement of the supporting organization was vested in the same persons that controlled or menaged the supporting organization was vested in the same persons that controlled or menaged the supported organizations.  1. Were a majority of the organization's diversions that was the supported organizations, by the last day of the fifth month of the organization or supported organizations, by the last day of the fifth month of the organization or supported organizations, by the last day of the fifth month of the organization organizations and explored organizations, by the last day of the fifth month of the organization organizations and the control organizations and the contr					
b A family member of a person described in (a) above?  2. A 35% controlled entity of a generon described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.  Section B. Type I Supporting Organizations  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 organizations directors or trustees at all times during the supported organizations or trustees at all times during the supported organization or the controlled the organization or activities. If the organization had more than one supported organization or describe how the power to appoint and/or emerce directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year  2. Did the organization operate for the benefit of any supported organization of If "Yes," explain in Part VI how provinging such benefit carried out the purposes of the supporting organization(s) that operated, supervised, or controlled the supporting organizations.  2. Section C. Type II Supporting Organizations  1. Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s) or trustees of each of the organization is supported organizations? If "No," describe in Part VI how control or management of the supporting Organization was vested in the same persons that controlled or managed the supported organization is supported organizations. If the organization is powered to the supported organization is the supported organization is powered by the supported organization is powered by the supported organization is powered organization in the describing the type and amount of support provided during the prior tax year, (i) a written notice described in (i), did the organization is the part VI how the organization is the restrict organization is the part VI how the orga	а				
e. A 35% controlled entity of a person disconted in (s) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.  Section B. Type I Supporting Organizations  I 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 lax yea? If "No," describe in Part VI how this supported organization's directors or trustees at all times during the lax yea? If "No," describe in Part VI how the supported organization's directors or trustees at all times during the lax year organization's advisation and interest of the benefit of any supported organization and majority of the organization or institutions, at fav, applied to such powers during the lax year organization(s) that operated, supervised, or controlled the supported organization of the "No," organization organization or sentencing, at fav, applied to such powers during the lax year organization (s) that operated, supervised, or controlled the supported organization or sentencing organization or sentencing organization or law organization or sentencing organization or sentencing organization or sentencing organization or sentencing organization or sentencing organization or sentencing organization or sentencing organization or sentencing organization or sentencing organization or sentencing organization or sentencing organization or sentencing organization or sentencing organization or sentencing organization or sentencing organization or sentencing organization or sentencing organization or sentencing organization or sentencing organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organizat		below, the governing body of a supported organization?	11a	<u>.</u>	
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least at amonthy 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 directors or trustees at all times during the tax year? If 'No, 'describe in Part VI how the supported organization's directors or trustees at all times during the tax year? If 'No, 'describe in Part VI how the supported organization, describe how the powers to appoint and/or remove direction or trustees were allocated among the supported organization, describe how the powers to appoint and/or remove direction or trustees were allocated among the supported organization, describe how the powers or appoint and organization's understanding that operated, supervised, or controlled the supporting organization? If 'Yes,' organization's trustees are allocated among the tax year organization's trustees of a controlled the supporting organization's directors or trustees of the supported organization's the purposes of the supported organization's the purposes of the supported organization's trustees of each of the organization's supported organization's supported organization's supported organization's supported organization's supported organization's supported organization's supported organization's supported organization's supported organization's supported organization's supported organization's supported organization's supported organization's supported organization's supported organization's supported organization's supported organization's supported organization's supported organization's supported organization's governing documents in effect on the date of notification, and (ii) copies of the organization's supported organization's supported organization's supported organization's supported organization's supported organization's supported organization's supported organization's supported organization's supported organization's su	b	A family member of a person described in (a) above?	11b		<u> </u>
Dot 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 yea? If "No," describe in Part VI how the supported organization's effectively operated, supervised, or controlled the organization and activities. If the organization and activities are supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization operated to the benefit of any supported organization other than the supported organization operated organization operated to such powers during the supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the supported organizations.  1 Were a majority of the organization's supported organizations or trustees of each of the organization's supported organization and the supported organization or management of the supporting organization was vested in the same persons that controlled or managed to management of the supporting organizations was vested in the same persons that controlled or managed to management of the supporting organizations was vested in the same persons that controlled or managed to remark the supported organizations are supported organizations.  1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year. (i) a written in the same persons that controlled or managed to remark the supported organization's to the organization's to each of its supported organization's provided during the pinor tax year. (i) a copy of the Form 990 that was most recently fill the supported organization's to the organization's an effect o			11c		<u></u>
1 Did the directors, tustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least at anion, to the organization's directors or trustees at all times during the tax year? If 'No,' describe in Part VI. how the supported organization's defectively operated, supervised, or controlled the organization's activities. If the organization or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year organization organization or the powers of organization organization organization for the benefit of any supported organization organization organization organization organizations or trustees during the tax year organization organization's directors or controlled the supporting organizations? If the organization's directors or trustees during the tax year also a majority of the directors or trustees of each 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 directors or trustees during the tax year also a majority of the directors or trustees of each 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 directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's directors or trustees of each of the organization's account or management of the supporting organization was vested in the same persons that controlled or managed the supported organization's account or management of the supporting organization was vested in the same persons that controlled or managed the supported organization's account or directors or the supported organization's account organization's governing documents in effect on the date of notification, to the last day of the fifth month of the organization manalmeal of access and continuous working relationship with the supported organizatio	Sec	tion B. Type I Supporting Organizations			
regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year." (I No." describe her Part V. how the supported organization)s describe how the powers to appoint and/or remove directions or trustees were allocated among the supported organization operate to the benefit of any supported organization adming the supported organization operate to the benefit of any supported organization of the supported organization operate to the benefit of any supported organization of the supported organization operated organization operated to such powers during the tax year.  2 Did the organization operate for the benefit of any supported organization of the supported organization of the supporting organization?" I "Yes," explain in Part VI how providing such benefit carmed out the purposes of the supported organization? If "Yes," explain in Part VI how providing supporting organizations.  Section C. Type II Supporting Organizations  1 Wore a majority of the organization's supported organization in the same persons that controlled or immaged in the supported organization or trustees of each of the organization was vested in the same persons that controlled or immaged in supported organization is as year. (I) a written notice describing the type and amount of support provided during the prior tax year. (I) a written notice describing the type and amount of support provided during the prior tax year. (I) a written notice describing the type and amount of support provided during the prior tax year. (I) a written in effect on the date of notification, to the settle organization's governing documents in effect on the date of notification, to the vestion that the organization is effect on the date of notification, to the supported organization is organization and the supported organization is provided during the prior tax year organization is provided during the prior tax year organization is provided and the provided programization is never the organization is never the				Yes	No
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	dule A (Form 990 or 990 EZ) 2015 NIGHTLIGHT CHRISTIAN AD			95-2254634 Page 6
Pa	Type III Non-Functionally Integrated 509(a)(3) Supporting		·	
1	Check here if the organization satisfied the Integral Part Test as a qualifying			uctions. All
	other Type III non-functionally integrated supporting organizations must co	omplete Se	ections A through E	
Sect	ion 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	ion 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	ion 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	lly-integrati	ed Type III supporting org	anization (see

instructions).

Sćhe	dule A (Form 990 or 990 EZ) 2015 NIGHTLIGHT CH	RISTIAN ADOPTI	ONS	95-2254634 Page 7
Pai			anizations (continued)	a a a a a a a a a a a a a a a a a a a
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	ns	
4	Amounts paid to acquire exempt-use assets	·····	<del></del>	
5	Qualified set-aside amounts (prior IRS approval required)		·	ļ
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 t	the organization is responsiv	е	
	(provide details in Part VI). See instructions.			
9_	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount	<u> </u>		
		(1)	(II) Underdistributions	(ııi) Dıstrıbutable
Secti	ion E - Distribution Allocations (see instructions)	Excess Distributions	Pre-2015	Amount for 2015
	Distributable amount for 2015 from Section C, line 6			
_1	Underdistributions, if any, for years prior to 2015			<del> </del>
2	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015			
	Excess distributions carryover, if arry, to 2010			
<u>a</u> b				
C				
	From 2013	**************************************		
	From 2014			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount			
	Carryover from 2010 not applied (see instructions)			
i	Remainder Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount			
_c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if			
	any Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions)			
6	Remaining underdistributions for 2015. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2016. Add lines 3j			
	and 4c			

Schedule A (Form 990 or 990-EZ) 2015

b

8 Breakdown of line 7

c Excess from 2013d Excess from 2014e Excess from 2015

## SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

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

➤ Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number NIGHTLIGHT CHRISTIAN ADOPTIONS 95-2254634

Pa	Organizations Maintaining Donor Advise		s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		(5)
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed funds
•	are the organization's property, subject to the organization's	•	Yes No
6	Did the organization inform all grantees, donors, and donor a	•	
•	for charitable purposes and not for the benefit of the donor of		-
	impermissible private benefit?	, , ,	Yes No
Pai		ganization answered "Yes" on Form 990,	
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply)	
	Preservation of land for public use (e.g., recreation or e	ducation) Preservation of a his	torically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	of a conservation easement on the last
	day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stre	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 8/17/06, and not on a historic struc	ture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by th	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation eas	sement is located >	
5	Does the organization have a written policy regarding the per	rodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements if		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cor	servation easements during the year
	<b></b>		
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	ation easements during the year
	<b>▶</b> \$		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170	
	and section 170(h)(4)(B)(ii)?		. L Yes No
9	In Part XIII, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organization	ion's financial statements that describes	the organization's accounting for
	conservation easements		Mhan Cincilar Assas
Pai	t III Organizations Maintaining Collections of		other Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public exh		ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri		
b	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of pu	iblic service, provide the following amounts
	relating to these items.		
	(i) Revenue included on Form 990, Part VIII, line 1	•	<b>5</b>
	(ii) Assets included in Form 990, Part X	•	<b>&gt;</b> \$
2	If the organization received or held works of art, historical treations		al gain, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
	Revenue included on Form 990, Part VIII, line 1	• • •	• \$
h	Assets included in Form 990, Part X		<b>▶</b> \$

		GHT CHRIST							<u>54634</u>	
Par	t III Organizations Maintaining C	ollections of A	rt, His	torical Tr	easures,	or Othe	er Simila	<u>r Asse</u>	ts(continu	ed)
3*	Using the organization's acquisition, accession	on, and other record	ds, chec	k any of the	following that	at are a s	ignificant u	se of its	collection	items
	(check all that apply).									
а	Public exhibition	C	1 🗔	Loan or exc	hange progr	ams				
b	Scholarly research	6	,	Other						
С	Preservation for future generations			-						
4	Provide a description of the organization's co	ollections and explain	ın how ti	ney further t	he organizati	on's exe	mpt purpos	se in Par	t XIII	
	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 Arran					"Yes" on	Form 990.	Part IV.		
L	reported an amount on Form 990, Par	-		g			,			
10	Is the organization an agent, trustee, custodi		diary for	contribution	as or other as	sets not	ıncluded			
ıa	on Form 990, Part X?	and of ourier intermet	aidi y 101	0011111001101	15 01 011101 40	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	o.aaca		Yes	□ No
		and complete the fe	Moune	tabla					_ 162	
b	If "Yes," explain the arrangement in Part XIII	and complete the ic	Mowing	lable					Amount	
									Amount	
	Beginning balance						1c			
	Additions during the year						1d			
_	Distributions during the year						1e			
	Ending balance .						1f		7	
	Did the organization include an amount on Fo							L_	」Yes	∐ No
	If "Yes," explain the arrangement in Part XIII									<u> </u>
Par	t V Endowment Funds. Complete it	f the organization ar	nswered	"Yes" on Fo	orm 990, Pan	t IV, line	10			
		(a) Current year	(b) F	rior year	(c) Two yea	rs back	(d) Three ye	ars back	(e) Four y	ears back
1a	Beginning of year balance .									
b	Contributions						····		ļ	
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
e	Other expenditures for facilities					1				
•	and programs					i				
	Administrative expenses									
	End of year balance									
g	Provide the estimated percentage of the curr	rent year end haland	re (line 1	a column (:	a)) held as					
2	Board designated or quasi-endowment	cin year end balan	0 <u>/</u>	9, 00.011111 (	a,, 11010 ao					
		%								
	Permanent endowment	<del></del> -								
С	Temporarily restricted endowment	%								
	The percentages on lines 2a, 2b, and 2c sho									
3a	Are there endowment funds not in the posse	ssion of the organiz	ation th	at are held a	and administe	erea for ti	ne organiza	ition	C.	<del></del>
	by:									es No
	(i) unrelated organizations								3a(ı)	
	(ii) related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza	itions listed as requi	red on S	Schedule R?	•			<i></i>	3b	
4	Describe in Part XIII the intended uses of the		owment	funds		,	,			
Par										
	Complete if the organization answere	d "Yes" on Form 99	0, Part i	V, line 11a S	See Form 990	), Part X,	line 10			
	Description of property	(a) Cost or o	other	(b) Cost	t or other	(c) A	ccumulated	ı l	(d) Book	value
		basis (invest	ment)	basis	(other)	de	oreciation			
	Land									
b	Buildings			1,64	6,477.				1,646	,477.
~	Leasehold improvements				-					
d	Equipment			1	9,000.		15,60	5.	3	,395.
	Other .			<u> </u>						
	. Add lines 1a through 1e (Column (d) must e	qual Form 990 Pan	t X colu	mn (R) line	10c)				1,649	872
Lotal	. And mies ta unough te foolumn fol must e	4541 1 01111 000, 1 011	,	10// 11/10	· /			<del></del>		<u>, , , , , , , , , , , , , , , , , , , </u>

Part VII Investments - Other Securities.				
Complete if the organization answered "Yes"		ne 11b See Form 990, Pa	rt X, line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valu	ation Cost or end-	of-year market value
(1) Financial derivatives			·····	
(2) Closely held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(G)			<u></u>	
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	<u> </u>		<del> </del>	
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"				of-year market value
(a) Description of investment	(b) Book value	(c) Metriod of Valu	lation Cost or end-	or-year market value
(1)				
(2)				<del></del> ,
(3)				
	-	<del></del>		
(5)			<del> </del>	
(6)			<del></del>	· · · · · · · · · · · · · · · · · · ·
(7)				
(8)				
(9)				
Total (Col. (b) must equal Form 990, Part X, col (B) line 13.)	<u> </u>			
Part IX Other Assets.	F 000 D-+ IV I	11d Can Farm 000 Da	unt V luna 1E	
Complete if the organization answered "Yes"	Description	ne 110 See Form 990, Pa	irt X, line 15.	(b) Book value
	Description			(b) Dook value
(1)				
(2)				
(3)				
(4)				
(5)	<del></del>			
				<del></del>
				<del></del>
			<del></del>	
(9)	- 15)			<del></del>
Total. (Column (b) must equal Form 990, Part X, col (B) lin Part X Other Liabilities.	e 15.)		·	
Complete if the organization answered "Yes"	on Form 990, Part IV, III	ne 11e or 11f See Form 9	90, Part X, line 25	
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				•
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 25.)			
<ol> <li>Liability for uncertain tax positions. In Part XIII, provide</li> </ol>		to the organization's fina	incial statements th	at reports the
organization's liability for uncertain tax positions unde				
		·		

Sche	dule D (Form 990) 2015 NIGHTLIGHT CHRISTIAN ADO	PTIONS	95-2254634 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial State	ements With Rever	nue per Return.
	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
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on investments	<b>2</b> a	
b	Donated services and use of facilities	2b	
С	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII )	2d	
е	Add lines 2a through 2d		. 2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII )	4b	
C	Add lines 4a and 4b		4c
_5_	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	. \\	5
Pa	rt XII Reconciliation of Expenses per Audited Financial Stat	•	nses per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.	
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1 1	
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
С	Other losses .	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1.1	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII )	4b	
_C	Add lines 4a and 4b		40
<u>5</u>	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) rt XIII Supplemental Information.		5
L	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, I	Part IV Jugos 1h and 2h	Port V. line 4: Port V. line 2. Port VI
	2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any		att v, iirie 4, r att A, iirie 2, r att Ai,
mies	20 and 40, and 1 art Air, lines 20 and 45.7450 complete this part to provide any	additional information.	
	<u> </u>		
			· · · · · · · · · · · · · · · · · · ·
-		<del></del>	
		<del></del>	
-			

## SCHEDULE F (Form 990)

**Statement of Activities Outside the United States** 

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

➤ Attach to Form 990. Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Inspection Employer identification number

NIGHTLIGHT CHRI	STIAN AD	OPTIONS			95-225463	34
Part I General Info	rmation on A	ctivities Ou	tside the United States. Comp	lete if the organ	ization answered "	Yes" on
Form 990, Part IV					·	
•			ds to substantiate the amount of its gi			اا
the grantees' eligibility f	or the grants or a	assistance, and	the selection criteria used to award th	e grants or ass	stance? LX	Yes No
<ol><li>For grantmakers. Desc United States.</li></ol>	cribe in Part V the	e organization's	procedures for monitoring the use of it	ts grants and o	ther assistance out	side the
3 Activities per Region (T	he following Part		an be duplicated if additional space is	needed)		η
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	is a prod describe	vity listed in (d) gram service, e specific type ce(s) in region	(f) Total expenditures for and investments in region
ALBANIA	0	0	PROGRAM SERVICES	ADOPTION SE	RVICES	9,110.
BULGARIA	0	0	PROGRAM SERVICES	ADOPTION SE	RVICES	24,193.
CHINA	0	0	PROGRAM SERVICES	ADOPTION SE	RVICES	40,355,
COLOMBIA	0	00	PROGRAM SERVICES	ADOPTION SE	RVICES	6,249,
GHANA	0	0	PROGRAM SERVICES	ADOPTION SE	RVICES	26,009.
HAITI	0	0	PROGRAM SERVICES	ADOPTION SE	RVICES	44,860.
HONG KONG	0	0	PROGRAM SERVICES	ADOPTION SE	RVICES	600.
KAZAKHSTAN	0	0	PROGRAM SERVICES	ADOPTION SE	RVICES	700.
3 a Sub-total	0					152,076.
<b>b</b> Total from continuation						
sheets to Part I	0	0			·	265,587,
c Totals (add lines 3a and 3b)	0	0				417,663,
<u> </u>	<u> </u>	·		·	·	<u> </u>

95-2254634 Page 1

Schedule F (Form 990) NIGHTLIGHT CHRISTIAN ADOPTIONS

L			N. (Schedule F (Form 990), Part I, line	<del></del>	(D. Tatal
(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 for region
KYRGYZSTAN	0	0	PROGRAM SERVICES	ADOPTION SERVICES	173,874
<u>LATVIA</u>	0	0	PROGRAM SERVICES	ADOPTION SERVICES	9,000.
NICARAGUA	0	0	PROGRAM SERVICES	ADOPTION SERVICES	21,838,
ROMANIA	0	0	PROGRAM SERVICES	ADOPTION SERVICES	390.
TAIWAN	0	0_	PROGRAM SERVICES	ADOPTION SERVICES	1,900.
UGANDA	0	0	PROGRAM SERVICES	ADOPTION SERVICES	52,658.
OTHER	0	0	PROGRAM SERVICES	ADOPTION SERVICES	5,927.
Totals	<b>•</b>				265,587.

Page 2.

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

NIGHTLIGHT CHRISTIAN ADOPTIONS

Schedule F (Form 990) 2015

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV appraisal, other)
2 Enter total number of	recipient organization	ns listed above that are	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by	e foreign country,	recognized as tax-ex	cempt by		

the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

Enter total number of other organizations or entities က

Schedule F (Form 990) 2015

95-2254634

Page 3

NIGHTLIGHT CHRISTIAN ADOPTIONS

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Schedule F (Form 990) 2015

(h) Method of valuation (book, FMV, appraisal, other) (g) Description of non-cash assistance (f) Amount of non-cash assistance o o o 0 0 0 o, 0 (e) Manner of cash disbursement WIRE 44,860.WIRE 9,110,WIRE 26 009 WIRE 173 874 WIRE 700. 600. 24 193. 40,355. 6 249 (c) Number of cash grant cash grant 0 0 0 0 0 Part III can be duplicated if additional space is needed. (b) Region **CAZAKHSTAN YYRGYZSTAN** HONG KONG BULGARIA COLOMBIA ALBANIA GHANA HAITI (a) Type of grant or assistance ADOPTION FACILITY ADOPTION FACILITY ADOPTION FACILITY ADOPTION FACILITY ADOPTION FACILITY ADOPTION FACILITY ADOPTION FACILITY ADOPTION FACILITY ADOPTION FACILITY

Schedule F (Form 990) 2015

Page 3		(h) Method of valuation (book, FMV, appraisal, other)	•						
		(g) Description of non-cash assistance							
95-2254634	(11)	(f) Amount of non-cash assistance	c		0	o	0		
	Continuation of Grants and Other Assistance to Individuals Outside the United States. (Schedule F (Form 990), Part III)	(e) Manner of cash disbursement		Ω	WIRE	WIRE	MIRE		
ADOPTIONS	de the United St	(d) Amount of cash grant	C		390.	W. 000, I			
RISTIAN A	dividuals Outsic	(c) Number of recipients	c		0	0	0		
NIGHTLIGHT CHRISTIAN ADOPTIONS	d Other Assistance to Ir	(b) Region		111.7 K G K J LIV	ROMANIA	TAIWAN	ОТНЕК		
F (Form 990)	Part III Continuation of Grants and	(a) Type of grant or assistance	WAT TYCKE MOTHER OF A	TOWN CALLES	ADOPTION FACILITY	ADOPTION FACILITY	ADOPTION FACILITY		

, Schedu	RF (Form 990) 2015 NIGHTLIGHT CHRISTIAN ADOPTIONS	95-2254634	Page 4
Part	₩ Foreign Forms		
1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)	Yes	X No

Part V _c , Supplemental Information	<u>ge 5</u>
Provide the information required by Part I, line 2 (monitoring of funds), Part I, line 3, column (f) (accounting method, amounts of investments vs. expenditures per region), Part II, line 1 (accounting method), Part III (accounting method), and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.	
Part I, Line 2:	
THE ORGANIZATION RECEIVES PERIODIC REPORTS & CONDUCTS PERIODIC ON-SITE	
INVESTIGATIONS TO MONITOR ITS FOREIGN ACTIVITIES.	

## SCHEDULE O (Form 989 c 998 EZ)

Department of the Treasury Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

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

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs gov/form990.

➤ Attach to Form 990 or 990-EZ.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

NICHTLIGHT CHRISTIAN ADOPTIONS

Employer identification number 95. -2254634

RIGHTETONI CHRISTIAN ADOLITONS 55-2254034
Form 990, Part VI, Section B, line 11:
A DRAFT COPY OF FORM 990 IS PROVIDED TO THE ORGANIZATION'S GOVERNING BODY
BEFORE IT IS FILED. THE GOVERNING BODY MAKES CHANGES IF NECESSARY PRIOR TO
FILING.
Form 990, Part VI, Section B, Line 12c:
THE BOARD MUST DISCLOSE ANY CONFLICT OF INTEREST TO THE BOARD.
Form 990, Part VI, Section B, Line 15:
SALARIES ARE ESTABLISHED BASED ON REVIEW OF EXECUTIVE AND MANAGEMENT
COMPENSATION. INCREASES AND CORRECT LEVELS SET THROUGH ORGANIZATIONAL
FINANCIAL STATISTICS.
Form 990, Part VI, Section C, Line 19:
FORM 990, GOVERNING DOCUMENTS, CURRENT POLICIES, & FINANCIAL STATEMENTS ARE
AVAILABLE FOR PUBLIC VIEW BY ANYONE WHO REQUESTS TO SEE THEM.