## PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 01-043508 Return of Organization Exempt From Income Tax

Form **990** Department of the Treasury

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information

OMB No. 1545-0047 **Open to Public** 

		inte service			mopeetien
<u>A</u> F	or th	e 2023 calendar year, or tax year beginning JUL 1, 2023 and er	nding JT	JN 30, 2024	
	heck if pplicat	le:		D Employer identific	ation number
	Addr	rss THE NIGHT MINISTRY			
	Name Name	Doing business as		36-3145764	
	Initia returr	Number and street (or P.O. box if mail is not delivered to street address)	oom/suite	E Telephone number	
	Final returr	V	000	(773) 784-900	00
	termi ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	14,520,606.
	Amer			H(a) Is this a group re	turn
	Appli dion pend	F Name and address of principal officer: CAROL 0. Shake		for subordinates	
		SAME AS C ABOVE		H(b) Are all subordinates ind	cluded? Yes No
<u> </u>	ax-ex	empt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or	527	ŕ	list. See instructions
	Vebs			H(c) Group exemption	
		f organization: X Corporation Trust Association Other	<b>L</b> Year (	of formation: 1982	State of legal domicile: IL
Pa	art I	Summary			
é	1	Briefly describe the organization's mission or most significant activities:	T MINIS	TRY (TNM) IS A	
anc		NOT-FOR-PROFIT, NONDENOMINATIONAL SOCIAL SERVICE (SEE SCH O)			
Governance	2	Check this box if the organization discontinued its operations or disposed			ets. 17
200	3				17
	4	Number of independent voting members of the governing body (Part VI, line 1b)			174
ties	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)			425
Activities &	6	Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, column (C), line 12			<u> </u>
Ac		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		11,341,825.	11,159,613.
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.
svel	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		814,170.	214,379.
ž	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-95,958.	-56,778.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		12,060,037.	11,317,214.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		178,918.	156,679.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		٥.	0.
s	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		7,649,663.	7,320,020.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		2,542.	127,610.
bei		Total fundraising expenses (Part IX, column (D), line 25) 836, 61			
ñ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,500,652.	3,506,431.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		11,331,775.	11,110,740.
	19	Revenue less expenses. Subtract line 18 from line 12		728,262.	206,474.
Net Assets or Fund Balances			Be	ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		17,634,421.	18,012,292.
t As d B	21	Total liabilities (Part X, line 26)		6,408,540.	5,834,876.
INe	22	Net assets or fund balances. Subtract line 21 from line 20		11,225,881.	12,177,416.
Pa	nrt II	Signature Block			
Ind	or non	altice of pariury. I deplace that I have exemined this return, including accompanying echedules a	nd atatama	nto and to the heat of my	In a subada a shall hall of this

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

Sign	Signature of officer				Date		
Here	CAROL J. SHARP, PRESIDENT & CEO						
	Type or print name and title						
	Print/Type preparer's name	Preparer's signature		Date	Check	PTIN	
Paid	MARK HEROUX	MARK HEROUX		02/19/25	if self-employed	P00959793	
Preparer	Firm's name BAKER TILLY ADVISORY GROU	JP, LP			Firm's EIN 39-	0859910	
Use Only	Firm's address 205 N. MICHIGAN AVE. #280	00					
	CHICAGO, IL 60601-5927				Phone no. 312.72	29.8000	
May the II	RS discuss this return with the preparer shown ab	ove? See instructions				X Yes	No
LHA For	Paperwork Reduction Act Notice, see the sepa	rate instructions.	332001 12-21-23			Form <b>99</b>	0 (2023)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Pa	990 (2023) THE NIGHT MINISTRY T III Statement of Program Service Accomplishments	36-3145764	Page
1 4			X
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	
1	Briefly describe the organization's mission:		
	THE NIGHT MINISTRY IS A CHICAGO-BASED ORGANIZATION WHOSE MISSION IS TO		
	PROVIDE HUMAN CONNECTION, HOUSING SUPPORT AND HEALTH CARE TO THOSE WHO		
	ARE UNHOUSED OR EXPERIENCING POVERTY.		
2	Did the organization undertake any significant program services during the year which were not listed on the	<b>—</b>	<b>T</b>
	prior Form 990 or 990-EZ?	Y	es 🛛 No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Y	es 🔟 No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as m	leasured by expense	es.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others	, the total expenses	, and
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 5,724,539. including grants of \$ 156,679. ) (Revenue	e \$	0.
	YOUTH PROGRAMS:		
	THE NIGHT MINISTRY'S YOUTH HOUSING PROGRAMS PROVIDE A CONTINUUM OF		
	SERVICES FOR YOUTH EXPERIENCING HOMELESSNESS. THE YOUTH OUTREACH TEAM		
	SUPPORTS YOUNG PEOPLE WHO ARE UNSTABLY HOUSED OR UNHOUSED, HELPING THEM		
	MAKE A SAFE PLAN FOR THEMSELVES, SOMETIMES INCLUDING SHELTER. THE CRIB		
	IS AN EMERGENCY OVERNIGHT SHELTER WITH 21 BEDS, PROVIDING BASIC NEEDS		
	FOR 18-24 YEAR-OLDS ON A NIGHT-TO-NIGHT BASIS. THE INTERIM SHELTER AT		
	OPEN DOOR SHELTER WEST TOWN PROVIDES 24-HOUR SUPPORT AND SHELTER FOR 16		
	YOUNG PEOPLE AGED 14-21. YOUTH PROGRAMS ALSO PROVIDES TWO TRANSITIONAL		
	HOUSING PROGRAMS SERVING 16-24 YEAR-OLDS FOR AS LONG AS TWO YEARS:		
	PATHWAYS (12 BEDS) AND PARENTING WITH PURPOSE, WHICH (SEE SCH O)		
4b	(Code:         ) (Expenses \$2, 140, 551.         including grants of \$) (Revenue	e \$	0.
	OUTREACH AND HEALTH PROGRAM:		
	THE OUTREACH AND HEALTH PROGRAM PROVIDES HEALTHCARE, CASE MANAGEMENT,		
	AND COUNSELING SERVICES TO YOUTH AND ADULT INDIVIDUALS IN SEVERAL		
	CHICAGO COMMUNITIES. IN THE YEAR ENDED JUNE 30, 2024, THE NIGHT		
	MINISTRY MADE OVER 58,000 HEALTH OUTREACH CONTACTS REACHING OVER 4,500		
	INDIVIDUALS.		
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	÷\$	
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses     7,865,090.		000
		Forn	n <b>990</b> (2023
	Total program service expenses     7,865,090.       2     12-21-23       SEE     SCHEDULE O FOR CONTINUATION(S)       3	Forn	n <b>990</b> (202

Fa	Checklist of Required Schedules			
1	Is the organization described in section $501(c)(2)$ or $4947(c)(1)$ (other than a private foundation)?		Yes	No
•	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	1	x	
2	If "Yes," complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	x	-
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	<u> </u>		<u> </u>
5	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
7	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	-		
Ŭ	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
Ŭ	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	<b>-</b>		
U	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	<u> </u>		
5	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	۲Ť		<u> </u>
10	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
u	Part VI	11a	х	
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
•	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
Ь	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			
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<u> </u>		
120	Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	5	12b	х	
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
14a		14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
~	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any		-	
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"			
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		x
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THE NIGHT MINISTRY

Pa	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
		23	х	
24 2	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	20		<u> </u>
270	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
		240		x
<b>L</b>	Schedule K. If "No," go to line 25a	24a		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		x
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	<u></u>	
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	;		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	ו		
с		]		
	(gambling) winnings to prize winners?	1c	х	
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Form	990 (2023) THE NIGHT MINISTRY 36-314576	4	P	Page 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 174			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		<u> </u>
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?	<u>5c</u>		
6a	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?	<u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	<u> </u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<u>7e</u>		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		──
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		-
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12	-		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	-		
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders 11a	ł		
D	Gross income from other sources. (Do not net amounts due or paid to other sources against			
40-	amounts due or received from them.)	40-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	13a	-	
d	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	134		
h	Enter the amount of reserves the organization is required to maintain by the states in which the			
D.	organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand	1		
14a		14a		x
	If "Yes," has it filed a Form 720 to report these payments? <i>If</i> "No," <i>provide an explanation on Schedule O</i>	14b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			1
.0	excess parachute payment(s) during the year?	15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.			<u> </u>
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x
10	If "Yes," complete Form 4720, Schedule O.			<u> </u>
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
.,	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			
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Form	990 (2023) THE NIGHT MINISTRY			3145764		Р	age 6
Par	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 th	rough	7b below, ar	nd for a "	'No" r	respon	ise
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.						
	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		17			
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.						
b	Enter the number of voting members included on line 1a, above, who are independent	1b		17			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	iny 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, 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 99	90 was	s filed?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's asse	ets?			5		X
6	Did the organization have members or stockholders?				6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point o	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, ste	ockho	ders, or				
	persons other than the governing body?				7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by the	following:				
а	The governing body?				8a	х	
b	Each committee with authority to act on behalf of the governing body?				8b	х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	hed a	the				
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O				9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	/enue	Code.)				
				-		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			L	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such cha	apters	affiliates,				
	and branches to ensure their operations are consistent with the organization's exempt purposes? $\dots$			L	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	befor	e filing the fo	rm?	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	Х	<u> </u>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to conf	licts?		12b	Х	<u> </u>
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," de	escribe				
	on Schedule O how this was done				12c	Х	L
13	Did the organization have a written whistleblower policy?			L	13	X	<u> </u>
14	Did the organization have a written document retention and destruction policy?				14	Х	
15	Did the process for determining compensation of the following persons include a review and approval	by ind	lependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
	The organization's CEO, Executive Director, or top management official				15a	Х	<u> </u>
b	Other officers or key employees of the organization			L	15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	ient w	th a				
	taxable entity during the year?				16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate		-				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi	zation	's				
	exempt status with respect to such arrangements?			<u></u>	16b		
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an	d 990	T (section 50	)1(c)(3)s (	only)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.						
	X       Own website       X       Another's website       Upon request       Other (explain						
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con	nflict o	f interest pol	icy, and <sup>1</sup>	finano	cial	
	statements available to the public during the tax year.						
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and	l records				
	THE NIGHT MINISTRY - (773) 784-9000						
	1735 N ASHLAND AVE., CHICAGO, IL 60622					000	
332006	12-21-23 <b>7</b>				Form	990	(2023)
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Form 990 (	2023) THE NIGHT MINISTRY	36-3145764	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Cor	npensated	
	Employees, and Independent Contractors		
	Check if Schedule O contains a response or note to any line in this Part VII		
Section A	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
•	ete this table for all persons required to be listed. Report compensation for the calendar year ending w all of the organization's <b>current</b> officers, directors, trustees (whether individuals or organizations), rega	•	

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

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

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A)	(B)			(	C)			(D)	(E)	(F)
Name and title	Average	(10		Pos	sitior			Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson i	than o is both	n an	compensation	compensation	amount of
	week		cer ar I	ndad I	lirecto	or/trus T	tee)	from	from related	other
	(list any	ector.						the	organizations	compensation
	hours for	or dir	e			ated		organization	(W-2/1099-MISC/	from the
	related	ustee	truste		e	pens		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tri	ional		ploye	t com		1099-NEC)		and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) ERIN RYAN (TERM. 02/2024)	40.00	_			-	<u> </u>				
INTERIM PRES. & CEO/SR. VP				х				151,125.	0.	35,619.
(2) CHRISTY PRASSAS (TERM. 12/2023)	40.00									
VP OF PHILANTHROPIC ENGAGEMENT				х				165,234.	0.	14,275.
(3) PAUL HAMANN	40.00									
FORMER PRESIDENT & CEO							Х	157,697.	0.	0.
(4) TERRI SHARPP (TERM. 11/2023)	38.00									
VP OF OPERATIONS	2.00			х				128,749.	0.	13,661.
(5) JOSHUA MARDER	40.00									
SR. DIR. OF FINANCE & OPERATIONS	10.00		<u> </u>			X		106,483.	0.	27,137.
(6) STEPHEN KORUBA	40.00							100 004		0
SR. NURSE PRACTIIONER	40.00					X		129,384.	0.	0.
(7) CAROL J. SHARP	40.00			x				70 153	0.	E 040
PRESIDENT & CEO (AS OF 08/2023) (8) MIKE BORROMEO	2.00			x		<u> </u>		78,153.	υ.	5,940.
BOARD CHAIR	2.00			x				0.	0.	0.
(9) BENNET APPLEGATE JR.	2.00			^		-		0.	0.	0.
BOARD VICE CHAIR	2.00			x				0.	0.	0.
(10) KRISTEN ROTHENBERG	1.00					$\vdash$		<b>·</b> ·		
SECRETARY		1		x				0.	0.	0.
(11) LINDSAY CLAYTOR	2.00									
TREASURER		1		x				0.	0.	Ο.
(12) BRAD CALDWELL	1.00									
DIRECTOR (TERM. 08/2023)		х						٥.	0.	0.
(13) DAN ALTER	1.00									
DIRECTOR		х						0.	0.	0.
(14) DANA RINGER	1.00									
DIRECTOR		х						0.	0.	0.
(15) DAVID BERGER	1.00									
DIRECTOR		Х						٥.	0.	0.
(16) ERICA HUBBARD	1.00									
DIRECTOR		х						0.	0.	0.
(17) GORDON ADDINGTON	2.00									
DIRECTOR		Х						0.	0.	0.
332007 12-21-23										Form <b>990</b> (2023)

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Form 990 (2023)

	90 (2023) THE NIGHT MIN									36-314576	4	Pa	age <b>8</b>
Part	Section A. Onicers, Directors, Trust		oloy	ees,			ghes	st C		s (continued)			
	(A)	(B)			((		_		(D)	(E)		(F)	
	Name and title	Average	(do		Pos heck		1 than (	one	Reportable	Reportable		timate	
		hours per week					is both pr/trus		compensation	compensation		ount o other	of
		(list any							from the	from related organizations			lion
		hours for	direct				L_		organization	(W-2/1099-MISC/		oensa om the	
		related	se or	stee			nsate		(W-2/1099-MISC/	1099-NEC)		anizati	
		organizations	trust	al tru		yee	om pe		1099-NEC)	,	i v	l relate	
		below	Individual trustee or director	Institutional trustee	cer	Key employee	Highest compensated employee	ner			orga	nizatio	ons
(1.0)		line)	Indi	Inst	Officer	Key	Emple	Former					
	GREGG MONTALTO	2.00	77							0			0
DIREC	HARRIS KAY	1 00	X				-		0.	0.			0.
DIREC		1.00	х						0.	0.			Ο.
	JARROD WELCH	1.00											••
DIREC'			х						0.	0.			Ο.
	LAURA MANDEL	1.00											
DIREC	TOR		х						0.	Ο.			Ο.
(22)	MARK WARREN	1.00											
DIREC	TOR		х						0.	0.			Ο.
	NORM JEDDELOH	1.00											
	TOR (TERM. 08/2023)		х						0.	0.			0.
	SHAWNA BOWMAN	1.00											
DIREC	SONESH SHAH	1 00	X				-		0.	0.			0.
DIREC		1.00	х						0.	0.			Ο.
	TED TOMARAS	1.00	л				+		0.				<u> </u>
DIREC			х						0.	0.			Ο.
1b S	Subtotal								916,825.	0.		96,	632.
сТ	otal from continuation sheets to Part VII								0.	0.			0.
	otal (add lines 1b and 1c)								916,825.	0.		96,	632.
<b>2</b> T	otal number of individuals (including but no	ot limited to th	ose	liste	d ab	ove	e) wh	io re	eceived more than \$100,	000 of reportable			
C	compensation from the organization												6
												Yes	No
	Did the organization list any former officer,				•	-		Ŭ	• •	•			
li	ne 1a? If "Yes," complete Schedule J for su	ıch individual									3	X	
	or any individual listed on line 1a, is the su	•		•						•			
	nd related organizations greater than \$150										4	x	
	Did any person listed on line 1a receive or a	•							•		_		x
	endered to the organization? <i>If</i> "Yes." component of the organization of the organiza	plete Schedule	e J fo	or si	ich i	oers	ion -				5		Δ
	Complete this table for your five highest cor	npensated ind	ene	nder	nt co	ontra	acto	rs th	nat received more than \$	100 000 of compensa	tion fro	m	
	he organization. Report compensation for t	•	•							· ·			
	(A)								(B)		(C	;)	
	Name and business	address	NO	NE					Description of s	ervices C	Comper	nsatior	<u>ו</u>
	atal number of independent contract. "		<b></b>	a;± -	1.4	-		+ 1		are then			
	otal number of independent contractors (in 100,000 of compensation from the organiz	•	JL IIN	me	1 10		se iis 0	ueu	above, who received mo				

Form **990** (2023)

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ar	t VIII						-
		Check if Schedule O contains a response of	or note to any line		(B)	(C)	
				<b>(A)</b> Total revenue	(B) Related or exempt function revenue		(D) Revenue exclue from tax unde sections 512 -
<i>(</i> 0	1 0	Federated campaigns 1a					
Ints							
nor		Membership dues     1b       Fundraising events     1c	355,296.				
Ā							
and Other Similar Amounts		Related organizations     1d       Government grants (contributions)     1e	3,709,036.				
Sin		All other contributions, gifts, grants, and					
Jer		similar amounts not included above 1f	7,095,281.				
ö	g	Noncash contributions included in lines 1a-1f	117,831.				
and	-	Total. Add lines 1a-1f		11,159,613.			
			Business Code	, ,			
	2 a						
	b						
nue	с						
eve	d						
Revenue	е						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
	3	Investment income (including dividends, interest	st, and				
		other similar amounts)		215,372.			215,3
	4	Income from investment of tax-exempt bond p	roceeds				
	5	Royalties					
		(i) Real	(ii) Personal				
		Gross rents 6a					
		Less: rental expenses 6b					
		Rental income or (loss)					
		Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory <b>7a</b> 3,084,537.	(ii) Other				
,	D	Less: cost or other basis and sales expenses <b>7b</b> 3,085,530.					
				-993.			- 99
		Net gain or (loss) Gross income from fundraising events (not					
	0 4	including \$ 355,296. of					
1		contributions reported on line 1c). See					
		Part IV, line 18	٥.				
	b	Less: direct expenses 8b	117,862.				
	с			-117,862.			-117,80
		Gross income from gaming activities. See					
		Part IV, line 19 9a					
	b	Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns					
		and allowances 10a					
	b	Less: cost of goods sold 10b					
$\downarrow$	с	Net income or (loss) from sales of inventory					
			Business Code				
Revenue		INSURANCE PROCEEDS	900099	51,002.			51,00
enu	b	MISCELLANEOUS INCOME	900099	10,082.			10,08
Sev	С						
٦		All other revenue	L	<i></i>			
		Total. Add lines 11a-11d		61,084.		_	
	12	Total revenue. See instructions		11,317,214.	0.	0.	157,60

THE NIGHT MINISTRY

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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

	Check if Schedule O contains a response				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	156,679.	156,679.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	582,291.	458,507.	101,464.	22,320.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	5,575,320.	4,259,643.	948,066.	367,611.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	95,993.	76,429.	17,263.	2,301.
9	Other employee benefits				
10	Payroll taxes	1,066,416.	849,669.	191,811.	24,936.
11	Fees for services (nonemployees):				
а	Management				
b	Legal	26,296.	10,256.	363.	15,677.
с	Accounting	39,666.	15,471.	547.	23,648.
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	127,610.			127,610.
f	Investment management fees	47,573.	510.	47,063.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	208,295.	62,795.	2,219.	143,281.
12	Advertising and promotion				
13	Office expenses	1,253,108.	622,350.	624,829.	5,929.
14	Information technology				
15	Royalties				
16	Occupancy	1,128,380.	950,768.	110,320.	67,292.
17	Travel	27,957.	21,764.	5,939.	254.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	52,736.	13,697.	9,651.	29,388.
20	Interest	25,971.		25,971.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	564,699.	261,816.	296,857.	6,026.
23	Insurance	131,750.	104,736.	26,674.	340.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а					
b					
с					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	11,110,740.	7,865,090.	2,409,037.	836,613.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
332010	) 12-21-23			· · · · · · · · · · · · · · · · · · ·	Form <b>990</b> (2023)
332010	J 12-21-23	11			FUIII <b>530</b> (202

THE NIGHT MINISTRY

		Check if Schedule O contains a response or not	e to any line	in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			378,047.	1	120,687
	2	Savings and temporary cash investments			٥.	2	1,000,048
	3	Pledges and grants receivable, net			1,415,987.	3	1,290,409
	4	Accounts receivable, net			53,003.	4	150,521
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	antial contril	outor, or 35%			
		controlled entity or family member of any of the	e persons			5	
	6	Loans and other receivables from other disquali	ied persons	(as defined			
		under section 4958(f)(1)), and persons described	l in section 4	.958(c)(3)(B)		6	
v.	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
A	9	Description of the second se			333,953.	9	355,698
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	7,400,534.			
	b	Less: accumulated depreciation	10b	3,187,275.	4,385,892.	10c	4,213,259
	11	Investments - publicly traded securities			6,820,879.	11	6,944,310
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			4,246,660.	15	3,937,360
	16	Total assets. Add lines 1 through 15 (must equ			17,634,421.	16	18,012,292
	17	Accounts payable and accrued expenses			535,285.	17	625,652
	18	Grants payable				18	· · · · ·
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
	22	Loans and other payables to any current or form					
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of the		, , , , , , , , , , , , , , , , , , , ,		22	
	23	Secured mortgages and notes payable to unrela	-			23	
	24	Unsecured notes and loans payable to unrelated	•		833,178.	24	497,992
	25	Other liabilities (including federal income tax, pa			· ·		
		parties, and other liabilities not included on lines					
		of Schedule D	,		5,040,077.	25	4,711,232
	26				6,408,540.	26	5,834,876
		Organizations that follow FASB ASC 958, che		X	· ·		· ·
es		and complete lines 27, 28, 32, and 33.					
	27				7,738,251.	27	8,706,212
	28				3,487,630.	28	3,471,204
		Organizations that do not follow FASB ASC 9			· ·		· · ·
		and complete lines 29 through 33.					
Net Assets of Fund Balances	29	Capital stock or trust principal, or current funds				29	
ets	30	Paid-in or capital surplus, or land, building, or ec				30	
ASS	31	Retained earnings, endowment, accumulated in				31	
	-				11 005 001		12,177,416
er	32	Total net assets or fund balances		1	11,225,881.	32	12.1//.410

Form 990 (2023)

332011 12-21-23

Form	1990 (2023) THE NIGHT MINISTRY	36-3145764		Pad	<sub>ge</sub> 12
	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	11,3	317,	214.
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,1	L10,	740.
3	Revenue less expenses. Subtract line 2 from line 1	3	2	206,	474.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	11,2	225,	881.
5	Net unrealized gains (losses) on investments	5	7	745,	061.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
_	column (B))	10	12,1	L77,	416.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
			`	Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	D.			
2a			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed of	ona			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	<b> </b>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	· ·		x	
	review, or compilation of its financial statements and selection of an independent accountant?		2c	^	
•	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	aule O.			
за	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the			x	
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	·····  -	3a	^	
α	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require		0	x	
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		<b>UN</b>		(0000)

Form **990** (2023)

Department of the Treasury Internal Revenue Service

(Form 990)

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

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

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

OMB No. 1545-0047
2023
Open to Public

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

Nan	ne of t	the organization						Employer	identification number
_			GHT MINISTRY						36-3145764
Pa	rt I	Reason for Public (	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions	S.	
The	organ	ization is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only	one box.)			
1		A church, convention of ch	urches, or associatio	n of churches described	l in <b>sectio</b>	n 170(b)(1	I)(A)(i).		
2		A school described in section	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Forn	n 990).)				
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	ii).		
4		A medical research organization	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)	(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a col	llege or university owned	l or operat	ed by a go	overnmental un	it describe	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	An organization that norma	lly receives a substa	ntial part of its support fi	rom a gove	ernmental	unit or from the	e general p	public described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community trust describe	ed in section 170(b)(	(1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org	anization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	Inction with a l	and-grant	college
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of t	he college	or
		university:							
10		An organization that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membershi	p fees, and	d gross receipts from
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its	support fi	rom gross investment
		income and unrelated busir		(less section 511 tax) fro	om busines	ses acqui	red by the orga	anization a	fter June 30, 1975.
		See section 509(a)(2). (Cor	-						
11		An organization organized a	•		•				
12		An organization organized a	•		•		-	•	
		more publicly supported or	-						Check the box on
		lines 12a through 12d that	• •					-	
а		<b>Type I.</b> A supporting orga			• • • •	-			
		the supported organization			i majority c	of the aired	tors or trustee	s of the su	ipporting
L.		organization. You must o	-		tion with it.		d arganization		ina
b		_ Type II. A supporting org control or management o	-				-		-
		organization(s). You mus			ame perso	113 11121 00	ntiol of manag	e the supp	Jonted
с		Type III functionally inte			in connect	tion with a	and functionally	v integrate	d with
		its supported organization						y intograto	
d		Type III non-functionally						ed organiz	zation(s)
		that is not functionally int	• •				••		
		requirement (see instructi			•		-		
е		Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Type I, Type II	l, Type III	
		functionally integrated, or	Type III non-functior	nally integrated supporti	ng organiz	ation.			
f	Ente	er the number of supported o	organizations						
g		vide the following information		<u> </u>					
	(	i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(IV) IS the orga in your governi	anization listed ng document?	(v) Amount of		(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see ins	structions)	support (see instructions)
 Tota									
100							1		1

THE NIGHT MINISTRY

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Page **2** 

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")	11,187,259.	10,649,631.	11,680,084.	11,341,825.	11,159,613.	56,018,412.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	11,187,259.	10,649,631.	11,680,084.	11,341,825.	11,159,613.	56,018,412.
	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						1,740,478.
6	Public support. Subtract line 5 from line 4.						54,277,934.
	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	11,187,259.	10,649,631.	11,680,084.	11,341,825.	11,159,613.	56,018,412.
	Gross income from interest,	, , , .	, , -	, , -		, , , -	
Ŭ	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	276,946.	717,317.	182,424.	814,170.	959,440.	2,950,297.
•	Net income from unrelated business		,	,			_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
9							
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital			689.	0 503	10 092	10 264
	assets (Explain in Part VI.)			009.	8,593.	10,082.	19,364. 58,988,073.
	Total support. Add lines 7 through 10					40	50,900,075.
	Gross receipts from related activities,		,				
13	First 5 years. If the Form 990 is for th	•					
500	organization, check this box and stor		-				
	ction C. Computation of Public			- (6)			92.02 %
	Public support percentage for 2023 (I					14	,,,
	Public support percentage from 2022					15	,,,
16a	33 1/3% support test - 2023. If the c						
	stop here. The organization qualifies		•				
b	<b>33 1/3% support test - 2022.</b> If the o						
	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact			•	•	VI how the organiz	ation
	meets the facts-and-circumstances te	•	•	,	•		
b	10% -facts-and-circumstances test	-					10% or
	more, and if the organization meets the				•		
	organization meets the facts-and-circu						
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a		
						Schedule A	(Form 990) 2023

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

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

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	3 (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
-	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.) Ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	3 (f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	•		-			nization,
_	check this box and stop here						
	ction C. Computation of Publ		-				
	Public support percentage for 2023 (		•	column (f))		15	%
	Public support percentage from 2022					16	%
See	ction D. Computation of Inves						
17	1 0			ine 13, column (f))		17	%
18	Investment income percentage from					18	%
<b>19</b> a	33 1/3% support tests - 2023. If the	-					ine 17 is not
	more than 33 1/3%, check this box a	-	-				
b	<b>33 1/3% support tests - 2022.</b> If the	•					·
	line 18 is not more than 33 1/3%, che						tion
	Private foundation. If the organization	n did not check a	box on line 14, 19	9a, or 19b, check t	his box and see in		
3320	23 12-21-23		16	5		Sched	dule A (Form 990) 2023

1

2

3a

3b

3c

4a

4b

4c

5a

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

6

7

8

9a

9b

9c

10a

10b

Yes No

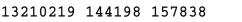
### Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

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

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rt IV Supporting Organizations (continued)		Vee	
		Yes	N
Has the organization accepted a gift or contribution from any of the following persons?			
A person who directly or indirectly controls, either alone or together with persons described on lines 11b and		4	
11c below, the governing body of a supported organization?	11a		
A family member of a person described on line 11a above?	11b		
A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
detail in Part VI.	11c		
tion B. Type I Supporting Organizations			
		Yes	N
Did the governing body, members of the governing body, officers acting in their official capacity, or membership of more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> <b>Part VI</b> <i>how the supported organization(s effectively operated, supervised, or controlled the organization's activities. If the organization had more than one support organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the tax of the organization and/or remove officers, directors, or trustees were allocated among organization.</i>	officers, ;) oported		
supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
Did the organization operate for the benefit of any supported organization other than the supported			
organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
supervised, or controlled the supporting organization.	2		
tion C. Type II Supporting Organizations			
		Yes	N
			<u> </u>

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

|--|

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

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

1 Che	ck the box next to the me	thod that the organiza	ation used to satisfy	the Integral Part Test	t during the vear	(see instructions).
-------	---------------------------	------------------------	-----------------------	------------------------	-------------------	---------------------

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** \_\_\_\_ The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

с		The organization supported a governmental entity.	Describe in Part VI how	you supported a governmental entity (see instruction <u>s).</u>
---	--	---	-------------------------	---

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

**a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" *provide details in* **Part VI.** 

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.* 332025 12-21-23

3b | | Schedule A (Form 990) 2023

2a

2b

За

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18 2023.05050 THE NIGHT MINISTRY Yes No

Sche	dule A (Form 990) 2023 THE NIGHT MINISTRY			36-3145764	Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	ng Orga	nizations		
1	Check here if the organization satisfied the Integral Part Test as a qualifyir	ng trust on	Nov. 20, 1970 ( <i>explain i</i>	n Part VI). See inst	ructions.
	All other Type III non-functionally integrated supporting organizations mus				
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current (optiona	
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 (optiona	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
a	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
C	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
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 0.015 of line 3 (for greater amount,				
	see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by 0.035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C - Distributable Amount			Current Y	'ear
_1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions).	6			
7	Check here if the current year is the organization's first as a non-functiona	Ily integrat	ted Type III supporting or	ganization (see	

Schedule A (Form 990) 2023

332026 12-21-23

instructions).

Sche	Schedule A (Form 990) 2023 THE NIGHT MINISTRY 36-3145764 Page 7					
_	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)					
Sect	ion D - Distributions		•		Current Y	'ear
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported				
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	6	3		
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		
6	Other distributions (describe in Part VI). See instructions.			6		
_7_	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	e organization is responsive				
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2023 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2023	IS	(iii) Distributa Amount for	
_1	Distributable amount for 2023 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2023 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2023					
<u>a</u>	From 2018					
b	From 2019					
C	From 2020					
	From 2021					
	From 2022					
	Total of lines 3a through 3e					
	Applied to underdistributions of prior years					
	Applied to 2023 distributable amount					
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2023 from Section D,					
	line 7: \$					
	Applied to underdistributions of prior years					
	Applied to 2023 distributable amount Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2023, if					
Ŭ	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in <b>Part VI.</b> See instructions.					
6	Remaining underdistributions for 2023. Subtract lines 3h					
•	and 4b from line 1. For result greater than zero, <i>explain in</i>					
	Part VI. See instructions.					
7	Excess distributions carryover to 2024. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
a	Excess from 2019					
	Excess from 2020					
	Excess from 2021					
d	Excess from 2022					
е	Excess from 2023					

Schedule A (Form 990) 2023

Schedule A	(Form 990) 2023 THE NIGHT MINISTRY	36-3145764	Page 8
Part VI	<b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 17a Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, line line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Pa Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any addit (See instructions.)	es 1 and 2; Part IV, Section rt V, Section B, line 1e; Pa	۱C.
		Sabadula A /Farmer	000) 0000
332028 12-21-2	<sup>3</sup> 21	Schedule A (Form	əəu) 2023

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## **Schedule of Contributors**

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

## 2023

Employer identification number

36-3145764

THE NIGHT MINISTRY

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

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

#### **General Rule**

Schedule B

Department of the Treasury

Internal Revenue Service Name of the organization

(Form 990)

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

#### **Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set in the set of the set of the parts unless to the set of the

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

	3 (Form 990) (2023)		Page <b>2</b>
Name of or	ganization	Er	nployer identification number
THE NIGH	T MINISTRY		36-3145764
Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$1,043,72	Person       X         Payroll       Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$600,00	Person     X       Payroll
(a) No.	(b)	(c) Total contributions	(d) Type of contribution
3	Name, address, and ZIP + 4	\$585,59	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$500,00	Person     X       Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$500,000	Person     X       Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$466,60	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023)

	B (Form 990) (2023)	Frank	Page 2
Name of o	rganization	Emplo	oyer identification number
THE NIGH	T MINISTRY	3	6-3145764
Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$444,143.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$381,228.	Person       X         Payroll       Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$330,092.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

323452 12-26-23

25 2023.05050 THE NIGHT MINISTRY

13210219 144198 157838

2

	B (Form 990) (2023)		Page
Name of or	rganization		Employer identification number
THE NIGH	T MINISTRY		36-3145764
Part II	Noncash Property (see instructions). Use duplicate copies of Part	t II if additional space is needed	J.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		 \$	
323453 12-26	23	*	

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	B (Form 990) (2023)		Page				
Name of o	organization		Employer identification number				
THE NIGH	HT MINISTRY		36-3145764				
Part III	Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (a)		ction 501(c)(7), (8), or (10) that total more than \$1,000 for the year				
	completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 or le	ess for the year. (Enter this info. once.)				
(a) No.	Use duplicate copies of Part III if additional	space is needed.					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		(e) Transfer of gift	1				
	Transferee's name, address, a	nd <b>7I</b> P + 4	Relationship of transferor to transferee				
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Part I							
·	(e) Transfer of gift						
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
(a) No.							
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		(e) Transfer of gift					
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Part I							
	(e) Transfer of gift						
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				

Schedule B (Form 990) (2023)

### 13210219 144198 157838

Department of the Treasury

(Form 9	90)
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Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 **Open to Public** Inspection

#### I

Interna	Revenue Service Go to www.irs.gov/Form99	0 for instructions and the latest information	·	Inspection
Nam	of the organization THE NIGHT MINISTRY			lentification number 5-3145764
Par		d Funds or Other Similar Funds or <i>i</i>		
	organization answered "Yes" on Form 990, Part IV, lin			
	-	(a) Donor advised funds	(b) Funds and o	other accounts
1	Total number at end of year			
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		Inds	
	are the organization's property, subject to the organization's	exclusive legal control?	[	Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be used	l only	
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose conf	erring	
<b>D</b> -	impermissible private benefit?			Yes No
Par			IV, line 7.	
1	Purpose(s) of conservation easements held by the organizati			
	Preservation of land for public use (for example, recrea			
	Protection of natural habitat	Preservation of a ce	ertified historic str	ucture
-	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualitiday of the tax year.	fied conservation contribution in the form of a		ement on the last the End of the Tax Year
-				
a h				
b	Number of conservation easements on a certified historic str	ucture included on line 2a		
c d	Number of conservation easements included on line 2c acqu		. 20	
u	on a historic structure listed in the National Register	•	2d	
3	Number of conservation easements modified, transferred, rel			ne 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	riodic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements it	t holds?	[	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conserva	tion easements d	uring the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	easements during	the year
8	Does each conservation easement reported on line 2d above	e satisfy the requirements of section 170(h)(4)(E	3)(i)	<b>—</b>
~				Yes No
9	In Part XIII, describe how the organization reports conservati	•		-
	balance sheet, and include, if applicable, the text of the footr organization's accounting for conservation easements.	lote to the organization's infancial statements	inal describes in	Ð
Par	t III Organizations Maintaining Collections of	f Art, Historical Treasures, or Other	Similar Asse	ts.
	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under FASB ASC 95		alance sheet wor	ks
	of art, historical treasures, or other similar assets held for put	· ·		
	service, provide in Part XIII the text of the footnote to its finar		·	
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenue statement and balar	ce sheet works a	f
	art, historical treasures, or other similar assets held for public	c exhibition, education, or research in furtherar	ce of public servi	ce,
	provide the following amounts relating to these items.			
	(i) Revenue included on Form 990, Part VIII, line 1		\$	
	(ii) Assets included in Form 990, Part X		\$	
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financial gair	n, provide	
	the following amounts required to be reported under FASB A	-		
а	Revenue included on Form 990, Part VIII, line 1			
b	Assets included in Form 990, Part X		\$	

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Sche	dule D (Form 990) 2023 THE NIGHT M					36-314		Pa	<sub>age</sub> 2
Pa	t III Organizations Maintaining Co	ollections of Art	, Historical Tre	asures, or Othe	er Simila	ar Assets	contii	nued)	
3	Using the organization's acquisition, accessio	n, and other records	, check any of the f	ollowing that make	significant	use of its			
	collection items (check all that apply).								
а	Public exhibition	d	Loan or exc	hange program					
b	Scholarly research	е	Other						
с	Preservation for future generations								
4	Provide a description of the organization's col	lections and explain	how they further th	e organization's exe	empt purp	ose in Part	XIII.		
5	During the year, did the organization solicit or	receive donations o	f art, historical treas	sures, or other simila	ar assets		_		_
_	to be sold to raise funds rather than to be mai						Yes		No
Pa	t IV Escrow and Custodial Arrang		e if the organizatior	answered "Yes" or	n Form 990	), Part IV, li	ne 9, or		
	reported an amount on Form 990, Part	X, line 21.							
<b>1</b> a	Is the organization an agent, trustee, custodia		•				-		-
	on Form 990, Part X?					L	Yes		No
b	If "Yes," explain the arrangement in Part XIII a	nd complete the foll	owing table:			1			
							Amoun	t	
	Beginning balance								
	Additions during the year								
е	Distributions during the year								
f	Ending balance				<b>1</b> f		7		<del></del>
	Did the organization include an amount on Fo		•		olity?	L	Yes		_ No
	If "Yes," explain the arrangement in Part XIII. ( <b>t V</b> Endowment Funds Complete if t				10		<u></u>		
I GI		(a) Current year	(b) Prior year	(c) Two years back		years back	(e) Fou	voare	hack
4.0		6,820,879.	5,753,461.			225,956.	. ,	,815,	
	Beginning of year balance	424,677.	436,131.			220,000.		144,	
b	Contributions	955,088.	817,170.	, ,	-	232,108.		265,	
с А	Net investment earnings, gains, and losses Grants or scholarships	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		100,000	-,			200,	
d	Grants or scholarships Other expenditures for facilities								
e		1,283,045.	185,883.						
f	Administrative expenses		200,000.						
g	End of year balance	6 917 599.	6,820,879.	5,753,461.	5	678,064.	4	,225,	956.
2	Provide the estimated percentage of the curre				/	,			
- a	Board designated or quasi-endowment	58.0000	%						
b	Permanent endowment	%							
c	Term endowment .0000 %								
-	The percentages on lines 2a, 2b, and 2c shou								
3a	Are there endowment funds not in the posses		ion that are held ar	nd administered for	the				
	organization by:	5						Yes	No
	(i) Unrelated organizations?						3a(i)		Х
							3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organizat								
4	Describe in Part XIII the intended uses of the o	organization's endov	/ment funds.						
Pa	t VI Land, Buildings, and Equipme	ent							
	Complete if the organization answered	"Yes" on Form 990,	Part IV, line 11a. S	ee Form 990, Part λ	(, line 10.				
	Description of property	(a) Cost or ot	her (b) Cost	or other (c)	Accumula	ted	(d) Boo	k value	е
		basis (investm	ent) basis	(other) d	epreciatio	n			
1a	Land								
	Buildings								
	Leasehold improvements		4	,746,940.	1,399		3	,347,	358.
d	Equipment		2	,653,594.	1,787	,693.		865,	901.
е	Other								
Tota	. Add lines 1a through 1e. (Column (d) must eq	ual Form 990, Part X	(, line 10c, column	(B))			4	,213,	259.
						Schedule	D (Forr	n 990)	2023

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(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
1) Financial derivatives			
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) Part VIII Investments - Program Related. Complete if the organization answered "Yes" of	Dn Form 990 Part IV line	11c See Form 990 Part X line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	l-of-vear market value
	(~) Dook value		
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes" of		11d. See Form 990, Part X, line 15.	(h) De alexadore
	Description		(b) Book value
(1) RIGHT OF USE ASSETS			3,937,360
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities			3,937,360
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) LEASE LIABILITY			4,711,232
(3)			
(4)			
(4) (5)			
(5)			
(5) (6)			
(5) (6) (7)			4,711,232

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

Schedule D (Form 990) 2023

332053 09-28-23

Sche	dule D (Form 990) 2023 THE NIGHT MINISTRY	36-314576	4 Page <b>4</b>
Par	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	turn	
	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	12,549,822.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments 2a 745,061.		
b	Donated services and use of facilities 2b 487,547.		
с	Recoveries of prior year grants 2c		
d			
е	Add lines <b>2a</b> through <b>2d</b>	2e	1,232,608.
3	Subtract line 2e from line 1	3	11,317,214.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.) 4b		
с	Add lines <b>4a</b> and <b>4b</b>	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)	5	11,317,214.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses per F	leturn	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	11,598,287.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities 2a 487,547.		
b	Prior year adjustments 2b		
с	Other losses 2c		
d	Other (Describe in Part XIII.) 2d		
е	Add lines <b>2a</b> through <b>2d</b>	2e	487,547.
3	Subtract line 2e from line 1	3	11,110,740.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.) 4b		
с	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	11,110,740.
Pa	rt XIII Supplemental Information		

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

PART V, LINE 4:

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

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

SUPPORT THE GENERAL MISSION OF THE ORGANIZATION.

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

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

MISSION OF THE ORGANIZATION.

PART X, LINE 2:

THE ORGANIZATION FOLLOWS THE ACCOUNTING STANDARDS FOR CONTINGENCIES IN

EVALUATING UNCERTAIN TAX POSITIONS. THE GUIDANCE PRESCRIBES RECOGNITION

THRESHOLD PRINCIPLES FOR THE FINANCIAL STATEMENT RECOGNITION OF TAX

332054 09-28-23

Schedule D (Form 990) 2023

Part XIII Supplemental Information (continued)

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

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

ORGANIZATION FOR UNCERTAIN TAX POSITIONS AS OF JUNE 30, 2024 AND 2023. THE

ORGANIZATION'S TAX RETURNS ARE SUBJECT TO 2REVIEW AND EXAMINATION BY

FEDERAL AND STATE AUTHORITIES.

Schedule D (Form 990) 2023

332055 09-28-23

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SCHEDULE G	Suppleme	ntal Information Regarding	Func	Iraisi	ng or Gaming A	ctivities	c	OMB No. 1545-0047
(Form 990)		e organization answered "Yes" on organization entered more than \$1				r 19, or if the		2023
Department of the Treasury Internal Revenue Service		Attach to Form 990 o						Open to Public Inspection
Name of the organization		o www.irs.gov/Form990 for instru	ctions	and th	ne latest information			ntification number
Nume of the organization	THE NIGHT N	MINISTRY				36-31		
	<b>sing Activities.</b> complete this part	Complete if the organization answe	ered "Y	'es" or	n Form 990, Part IV, li	ine 17. Form 9	90-EZ	filers are not
<ul> <li>a X Mail solicitat</li> <li>b X Internet and</li> <li>c X Phone solicitat</li> <li>d X In-person so</li> <li>2 a Did the organization</li> <li>key employees list</li> </ul>	tions email solicitations tations vlicitations on have a written o red in Form 990, Pa ) highest paid indiv	f X Solicita g X Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (incluc rofessi ant to	non-g gover aising o ling of onal fu agreer	overnment grants nment grants events ficers, directors, trust undraising services?			, 
(i) Name and addres or entity (fund		(ii) Activity	fundi have c or cor	Did raiser ustody ntrol of utions?	(iv) Gross receipts from activity	to (or retained fundraise listed in col	d by) r	(vi) Amount paid to (or retained by) organization
			Yes	No				
Total				•				
	ich the organizatio	n is registered or licensed to solicit o	contrib	utions	or has been notified	it is exempt fr	om re	gistration

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

Schedule G (Form 990) 2023

LHA 332081 09-13-23

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

			(a) Event #1	(b) Event #2	(c) Other events	
			LIGHTING UP THE	. ,		(d) Total events
			NIGHT		1	(add col. <b>(a)</b> through
			(event type)	(event type)	(total number)	col. <b>(c)</b> )
Revenue						
eve	1	Gross receipts	355,296.			355,296.
"						
	2	Less: Contributions	355,296.			355,296.
	3	Gross income (line 1 minus line 2)				
		Cash prizes				
	4	Cash prizes				
	5	Noncash prizes				
Se	Ũ					
Direct Expenses	6	Rent/facility costs	5,500.			5,500.
ă						
Sct I	7	Food and beverages	68,338.			68,338.
Dire						
	8	Entertainment	21,686.			21,686.
	9	Other direct expenses	22,338.			22,338.
	10	Direct expense summary. Add lines 4 through	( )			117,862.
	11	Net income summary. Subtract line 10 from li				-117,862.

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than

\$15,000 on Form 990-EZ, line 6a.

anue		<b>(a)</b> Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
s	2 Cash prizes				
Direct Expenses	3 Noncash prizes				
irect E>	4 Rent/facility costs				
D	5 Other direct expenses				
	6 Volunteer labor	└── Yes % └── No	└── Yes % └── No	└── Yes % └── No	
	7 Direct expense summary. Add lines 2 through	5 in column (d)			
	8 Net gaming income summary. Subtract line 7	from line 1, column (d)			
9	Enter the state(s) in which the organization condu	cts gaming activities:			
а	Is the organization licensed to conduct gaming ac				Yes No
b	If "No," explain:				
10a	Were any of the organization's gaming licenses re	voked, suspended, or te	rminated during the tax	year?	Yes No
b	If "Yes," explain:				

332082 09-13-23

Schedule G (Form 990) 2023

Sch	edule G (Form 990) 2023	THE NIGHT MINISTRY		36-3	145764	Page <b>3</b>
11	Does the organization conduct ga	aming activities with nonmem	bers?		Yes	No
12	Is the organization a grantor, ben	eficiary or trustee of a trust, o	r a member of a partnership or other entity forme	ed		
	to administer charitable gaming?				Yes	No No
13	Indicate the percentage of gaming	g activity conducted in:				
á	The organization's facility				13a	%
					13b	%
14	Enter the name and address of th	e person who prepares the or	rganization's gaming/special events books and r	ecords:		
	Name					
	Address					
15a	Does the organization have a con	tract with a third party from w	whom the organization receives gaming revenue?		Yes	No
ł	If "Yes," enter the amount of gam	ing revenue received by the c	organization \$ and the	e amount		
	of gaming revenue retained by the	e third party \$				
C	If "Yes," enter name and address	of the third party:				
	Name					
	Address					
16	Gaming manager information:					
	Name					
	Gaming manager compensation	\$				
	5 5 1	·				
	Description of services provided					
	Director/officer	Employee	Independent contractor			
17	Mandatory distributions:					
	•	r state law to make charitable	distributions from the gaming proceeds to			
G					Yes	No
	retain the state gaming license?		e distributed to other exempt organizations or sp			
Ľ		•	e distributed to other exempt organizations of sp			
Pa	organization's own exempt activit rt IV Supplemental Infor		nations required by Part I, line 2b, columns (iii) ar	d (v): and Pa	t III lines Q	0h 10h
			additional information. See instructions.	iu (v), anu rai	t III, III 165 9,	<b>5</b> D, 10D,
	150, 15C, 16, and 17D, as	s applicable. Also provide any	additional mormation. See instructions.			
3320	83 09-13-23			Sched	ule G (Form	990) 2023
			35			

Part IV Supplemental Information (continued)		
	Schedule G (F	

332084 04-01-23

SCHEDULE I		G	arants and Oth	er Assistan	ce to Organ	izations.		OMB No. 1545-0	0047
(Form 990)		Go	vernments, ar ete if the organizatio	nd Individual	ls in the Ŭni	ted States		202	3
Department of the Treasury		Compi	ete il the organizatio	Attach to Forn		rt IV, inte 21 of 22.		Open to Pu	-
Internal Revenue Service			Go to www.irs		the latest information	ation.		Inspectio	
Name of the organizati	on			-				Employer identification n	number
	THE NIGHT MINI	ISTRY						36-3145764	
Part I General In	nformation on Grants a	nd Assistance							
-	ation maintain records t ward the grants or assis		-			-	stance, and the select		X No
	IV the organization's pro								
	d Other Assistance to I					anization answered "Y	es" on Form 990, Par	t IV, line 21, for any	
	nat received more than \$	· ·	-			(f) Method of			
	ldress of organization vernment	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of gran or assistance	nt
			1			1	1	1	

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table ...

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

Schedule I (Form 990) 2023

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
7710	156,679.	0.	FMV	BASIC LIFE NEEDS
	recipients	recipients cash grant	recipients cash grant cash assistance	

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

(Form 990)       For catala Officers, Directors, Trustees, Key Employees, and Highest Composed Employees       20233         Determent of the Treasy Warnal Memore Servers       Composed If the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.       Employer Identification number 36-3145764         Part II       Cluestion Regarding Compensation       Employer Identification number 36-3145764         Part II       Cluestion Regarding Compensation       36-3145764         Part II       Cluestion Regarding Compensation       36-3145764         Part II       Cluestion Regarding Compensation       990, Part IV, listen MINIETRY       36-3145764         III Check the appropriate box(se) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these listens.       Yes       No         III Check the appropriate box(se) if the organization provided any of the following to or for a personal residence III are indemnification and gross-up payments       Personal services listend and incertain travel       Yes       No         ID Discretionary spending account       Personal services listend and incertain travel       Personal services listend and incertain travel       1b       2       X         ID Observice variation regive substantion provi to reinbrusing on athory expenses listend and incertain travel       1b       2       X       2       X       2	SC	SCHEDULE J Compensation Information					47		
Complete if the organization inswered "Yes" on Form 990, Part IV, line 23.	(Fo	rm 990)			20	23	2		
Numeration         Co to www.irs.gov/Form990 for instructions and the latest information.         Inspection           Name of the organization         Travel for using an advance of the organization number 36-3145764           Part II         Questions Regarding Compensation         Import identification number 36-3145764           Indicate which, if any of the organization provide any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a, complete Part III to provide any relevant information regarding these litems.         Import identification number 36-3145764           If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reintbursement or provision of all of the expense described above of I'No <sup>2</sup> . complete Part III to provide any relevant information regarding payment or reintbursement or provision of all of the expense described above of I'No <sup>2</sup> . complete Part III to provide any relevant information regarding payment or reintbursement or provision of all of the expense described above of I'No <sup>2</sup> . complete Part III to provide any relevant information regarding payment or reintbursement or provision of all of the expense described above of I'No <sup>2</sup> . complete Part III to explain 1         1b           2         Diff are organization require substantiation provide any theoremusing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, but explain In Part III.         1b         2         X           3         Indicate which, if any, of the following the organization used to establish the compensation committee         X         Weittee many borgen and the expensation con			Complete if the organization answered "Yes" on Form 990, Part IV, line 23.						
Name of the organization         Use NIGHTY MINISTRY         Employer identification number 36-3145764           Part I         Questions Regarding Compensation         \$4-3145764           Ia         Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.         Yes           Part I         Cuestions Regarding Compensation         Payments for boxiness use of personal residence         Yes           Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.         Provide any relevant information regarding these items.         Provide any relevant information regarding the section and prost payments         Personal services (such as mail, chauffeur, cheft)           b         If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reinbursament or provision of all of the expenses described above? If 'No,' complete Part III to explain         1b           2         X         X           3         Indicate which, if any, of the following the organization regarding the temporter provide any prove the approval by the baard or compensation committee         X           11         Compensation committee         X         Written employment contract           12         X         Approval by the baard or compensation committee         X           12				_	•				
THE NIGHT MINISTRY       36-3145764         Part I       Questions Regarding Compensation       Yes       No.         Indicate the appropriate box(es) if the organization provide any of the following to or for a person listed on Form 980, Part VII, Section A, line 1a, Complete Part III to provide any relevant information regarding these items.       Yes       No.         Image: Travel for comparisons       Payments for business use of personal use Payments for business use of personal use Discretionary spending account       Personal services (such as maid, chauffeur, cheft)       Image: Travel for comparisons for the expenses described above? If 'No," complete Part III to explain       1         Image: Travel for comparisons of all of the expenses described above? If 'No," complete Part III to explain       1       1         Image: Travel for comparison compute substantiation prior to reinbursing or allowing expension curved by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2       X         Indicate which, if any, of the following the organization used to establish the compensation or the CEO/Executive Director, the explain in Part III.       1       2       X         Image: Travel or comparison committee       X       Written employment contract       1       1         Indicate which, if any, of the following the organization reguring these and or compensation committee       X       Approval by the board or compensation committee       4       X <t< td=""><td></td><td></td><td></td><td>Employer ic</td><td>•</td><td></td><td></td></t<>				Employer ic	•				
Part I       Questions Regarding Compensation         1a       Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990. Part VII, Section A, Ine 1a. Complete Part III to provide any relevant information regarding these items.       Yes       No         1a       Check the appropriate box(es) if the organization provided any relevant information regarding these items.       Part III       No         1a       Indemnification and gross up payments       Payments for boxiness us of personal residence       Payments for boxiness us of personal residence         1b       Issue of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explan       1b         2       Indicate which, if any, of the following the organization used to establish the compensation to establish compensation oronmittee       Xes       Xes         3       Indicate which, if any, of the following the organization used to establish the compensation committee       Xes       Written employment contract       Xes         1       Mitten employment contract       Xes       Compensation committee       Xes       Xes         2       X       Compensation committee       Xes       Approval by the board or compensation committee       Xes         4       During the year, did any person listed on Form 990, Part VII, Section A, line		ie ei alle ei gallizatio							
1a       Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.       Yes       No         Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.         Did for companions       Payments for business use of personal residence of personal residence of relevant information follow a written policy regarding payment or relevant end or of all of the expresses described above? If 'No,' complete Part III to provide any relevant information require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, to texilar in Part III.       1b         2       X         3in Indicate which, if any, of the following the organization week for which subsets for metallowing explanation to establish the compensation or the CEO/Executive Director, to texilar in Part III.       2 X         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a setable organization:       2 X         4       During the year, did any person listed on Form 990, Part VII, Section	Pa	rt I Question							
1a       Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.            First class or charter travel           Payments for business use of personal residence for personal residence of perside participation or person						Yes	No		
Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.       Image: Comparison of Complete Part III to explain of Comparison of Comparison of Comparison of Comparison of Comparison of the comparison of the erganization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish on committee independent compensation committee independent compensation committee independent compensation on Form 990. Part VII, Section A, line 1a, with respect to the filing organization or a related organization:         4       During the year, did any person listed on Form 990. Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       A provent of compensation committee ince CoVExecutive Director, the explain in Part III.         4       During the year, did any person listed on Form 990. Part VII, Section A, line 1a, with respect to the filing organization or receive payment from an equity-based compensation arrangement?       A A         4       During the year, did any person set of the applicable amounts for each item in Part III.       Sectin State on Form 990. Part VII, Section A, line 1a, did the organiz	1a	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Form	990,					
Pirst-class or charter travel       Housing allowance or residence for personal use         Payments for business use of personal residence         Travel for companions       Personal services (such as maid, chauffeur, chef)         b       if any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain       1b         2       Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2       X         3       Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation committee       X       Viritten employment contract         1       Notice the CEO/Executive Director, but explain in Part III.       X       Compensation committee       X         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       Approval by the board or compensation committee       4b       X         4       During the year, did any person and provide the applicable amounts for each item in Part III.       Approval by the board or compensation committee       4b       X         4       During the year, did any person and provide the applicable amounts for each item in Part III.									
Tax indemnification and gross-up payments       Health or social club dues or initiation fees         Discretionary spending account       Personal services (such as maid, chauffeur, chef)         b       If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No," complete Part III to explain       1b         2       Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2       X         3       Indicate which, if any, of the following the organization used to establish the compensation of the organization is CEO/Executive Director, but explain in Part III.       2       X         IN       Compensation committee       X       Written employment contract       2       X         Independent compensation consultant       X       Compensation survey or study       4a       X         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization?       4a       X         5       Participate in or receive payment from an equity-based compensation arrangement?       4a       X         4       During the year, dia ny person listed on 501(c)(29) organizations must complete lines 5-9.       5       5         5       For person				nal use					
Discretionary spending account       Personal services (such as maid, chauffeur, chef)         b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain       1b         2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2       X         3 Indicate which, if any, of the following the organization used to establish the compensation of the CEO/Executive Director, but explain in Part III.       2       X         2 Compensation committee       X       Written employment contract       2       X         a Indicate which, if any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       X       X         4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       X       X         4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       X       X         4 During the year, of ange-of-control payment?       4a       X       X         4 Darticipate in or receive payment from a supplemental nonqualified retirement plan?       4c       X       X <td< td=""><td></td><td>Travel for com</td><td>panions Payments for business use of personal re</td><td>sidence</td><td></td><td></td><td></td></td<>		Travel for com	panions Payments for business use of personal re	sidence					
b       If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain       1b       1c         2       Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2       X         3       Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director, but explain in Part III.       2       X         3       Indicate which, if any, of the following the organization used to establish the compensation of the cEO/Executive Director, but explain in Part III.       2       X         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       4a       X         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       4b       X         5       Participate in or receive payment from a supplemental nonqualified retirement plan?       4a       X         6       Participate in or receive payment from a supplemental compensation pay or accrue any compensation contingent on the revenues of:       5a       X         5       For persons listed on Form 990, Part VII, Section A, line		Tax indemnific	ation and gross-up payments Health or social club dues or initiation fee	S					
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain       1b       Image: Complexition require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2       X         3       Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director, both exit at apply. Do not check any boxes for methods used by a related organization to establish compensation ormmitte       2       X         3       Indicate which, if any, of the following the organization used to establish the compensation of the organization is CEO/Executive Director, but explain in Part III.       X       Compensation committee       X       Witten employment contract         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       4a       X         4       During the year, did any person and provide the applicable amounts for each item in Part III.       4b       X         5       Participate in or receive payment from an equity-based compensization pay or accrue any compensation contingent on the revenues of:       5a       X         6       Participate in or receive payment from a supplemental nonqualified retirement plan?       5a       X         6       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any		Discretionary :	spending account Personal services (such as maid, chauffer	ur, chef)					
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain       1b       Image: Complexition require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2       X         3       Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director, both exit at apply. Do not check any boxes for methods used by a related organization to establish compensation ormmitte       2       X         3       Indicate which, if any, of the following the organization used to establish the compensation of the organization is CEO/Executive Director, but explain in Part III.       X       Compensation committee       X       Witten employment contract         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       4a       X         4       During the year, did any person and provide the applicable amounts for each item in Part III.       4b       X         5       Participate in or receive payment from an equity-based compensization pay or accrue any compensation contingent on the revenues of:       5a       X         6       Participate in or receive payment from a supplemental nonqualified retirement plan?       5a       X         6       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any									
2       Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2       X         3       Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation of the CEO/Executive Director, but explain in Part III.       2       X         3       Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation committee       1       X         4       Compensation committee       X       Written employment contract       1         1       Independent compensation consultant       X       Compensation committee       1         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       4       X         4       During the year, did any person and provide the applicable amounts for each item in Part III.       4       X         5       Participate in or receive payment from an equity-based compensation pay or accrue any compensation contingent on the revenues of:       4       X         5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       5       X         6       The organiza	b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or						
trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2       X         3       Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation committee       X       X         3       Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Dut explain in Part III.       X       X         3       Compensation committee       X       X       X         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       4a       X         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       4a       X         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, did the organization parangement?       4a       X         5       Participate in or receive payment from a supplemental nonqualified retirement plan?       4a       X         6       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         5       For persons listed on Form 990, P		reimbursement or p	rovision of all of the expenses described above? If "No," complete Part III to explain		<b>1</b> b				
3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation committee   X Indicate which, if any, of the CEO/Executive Director, but explain in Part III.   X Compensation committee   X Written employment contract   Independent compensation consultant X   X Compensation some isted on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:   a Receive a severance payment or change-of-control payment?   b Participate in or receive payment from an equity-based compensation arrangement?   If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.   Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.   5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:   a The organization?   ti "Yes" on line 6a or 5b, describe in Part III.   6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:   a The organization?   ti "Yes" on line 6a or 5b, describe in Part III.   6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the retermings of:   a The organization?   b Any related organization?   for the retermings of:   a The organization?  <	2	Did the organization	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,						
CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.       Image: Compensation consultant       Image: Compensation compensation consultant       Image: Compensation compensation complexity         Image: Compensation compensation consultant       Image: Compensation compensation complexity       Image: Compensation compensation committee         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       Image: Compensation committee         a       Receive a severance payment or change-of-control payment?       Image: Compensation committee         b       Participate in or receive payment from a supplemental nonqualified retirement plan?       Image: Compensation compensation committee         c       Participate in or receive payment from a supplemental nonqualified retirement plan?       Image: Compensation compensation committee         b       Participate in or receive payment from an equity-based compensation pay or accrue any compensation contingent on the revenues of:       Image: Compensation pay or accrue any compensation compensation contingent on the revenues of:         a       The organization?       Image: Compensation pay or accrue any compensation contingent on the reterming of:         d       Any related organization?       Image: Compensation pay or accrue any compensation contingent on the net earnings of:         d		trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2	X			
CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.       Image: Compensation consultant       Image: Compensation compensation consultant       Image: Compensation compensation complexity         Image: Compensation compensation consultant       Image: Compensation compensation complexity       Image: Compensation compensation committee         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       Image: Compensation committee         a       Receive a severance payment or change-of-control payment?       Image: Compensation committee         b       Participate in or receive payment from a supplemental nonqualified retirement plan?       Image: Compensation compensation committee         c       Participate in or receive payment from a supplemental nonqualified retirement plan?       Image: Compensation compensation committee         b       Participate in or receive payment from an equity-based compensation pay or accrue any compensation contingent on the revenues of:       Image: Compensation pay or accrue any compensation compensation contingent on the revenues of:         a       The organization?       Image: Compensation pay or accrue any compensation contingent on the reterming of:         d       Any related organization?       Image: Compensation pay or accrue any compensation contingent on the net earnings of:         d									
establish compensation of the CEO/Executive Director, but explain in Part III.	3	Indicate which, if an	ny, of the following the organization used to establish the compensation of the organization's	3					
X       Compensation committee       X       Written employment contract         Independent compensation consultant       X       Compensation survey or study         Form 990 of other organizations       X       Approval by the board or compensation committee         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       4a       X         a Receive a severance payment or change-of-control payment?       4a       X         b Participate in or receive payment from as supplemental nonqualified retirement plan?       4c       X         c Participate in or receive payment from as upplemental nonqualified retirement plan?       4c       X         c Participate in or receive payment from an equity-based compensation arrangement?       4c       X         if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       6       X         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5       5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a The organization?       5a       X       5b       X         if "Yes" on line 5a or 5b, describe in Part III.       6a       X       6b       X		CEO/Executive Dire	ctor. Check all that apply. Do not check any boxes for methods used by a related organizati	on to					
Independent compensation consultant       Image Compensation survey or study         Image Independent compensation consultant       Image Compensation survey or study         Image Compensation committee       Image Compensation committee         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       Image Compensation committee         a       Receive a severance payment or change-of-control payment?       Image Compensation committee         b       Participate in or receive payment from a supplemental nonqualified retirement plan?       Image Compensation committee         c       Participate in or receive payment from an equity-based compensation arrangement?       Image Compensation committee         f       Previous for (c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       Image Compensation are complete lines 5-9.         5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       Image Compensation Commitme         a       The organization?       Image Compensation Pay or accrue any compensation contingent on the net earnings of:       Image Compensation Pay or accrue any compensation contingent on the net earnings of:         a       The organization?       <		establish compensa	ation of the CEO/Executive Director, but explain in Part III.						
<ul> <li>Form 990 of other organizations</li> <li>Approval by the board or compensation committee</li> <li>During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</li> <li>Receive a severance payment or change-of-control payment?</li> <li>Participate in or receive payment from a supplemental nonqualified retirement plan?</li> <li>Participate in or receive payment from a supplemental nonqualified retirement plan?</li> <li>Participate in or receive payment from an equity-based compensation arrangement?</li> <li>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</li> <li>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</li> <li>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:         <ul> <li>The organization?</li> <li>Any related organization?</li> <li>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:             <ul> <li>The organization?</li> <li>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</li></ul></li></ul></li></ul>		Compensation							
4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       4a       X         a       Receive a severance payment or change-of-control payment?       4a       X         b       Participate in or receive payment from a supplemental nonqualified retirement plan?       4c       X         c       Participate in or receive payment from an equity-based compensation arrangement?       4c       X         lf       "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       4c       X         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a       The organization?       5a       X         b       Any related organization?       5b       X         ff       "Yes" on line 6a or 6b, describe in Part III.       6b       X         6b       X       Image: Participate organization?       5a       X         fi "Yes" on line 6a or 6b, describe in Part III.       6a       X       Image: Participate organization?       6a       X         fi "Yes" on line 6a or 6b, describe in Part III.       For persons listed on Form 990, Part		Independent o							
organization or a related organization:       4a       X         a Receive a severance payment or change-of-control payment?       4a       X         b Participate in or receive payment from a supplemental nonqualified retirement plan?       4b       X         c Participate in or receive payment from an equity-based compensation arrangement?       4c       X         lf "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       6       X         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a The organization?       5b       X         lf "Yes" on line 5a or 5b, describe in Part III.       5b       X         6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       6a       X         a The organization?       6a       X         b Any related organization?       6b       X         f "Yes" on line 6a or 6b, describe in Part III.       6b       X         7       X         8 Were any amounts reported on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on Form 990, Part VII, paid or accrued		Form 990 of o	ther organizations	committee					
organization or a related organization:       4a       X         a Receive a severance payment or change-of-control payment?       4a       X         b Participate in or receive payment from a supplemental nonqualified retirement plan?       4b       X         c Participate in or receive payment from an equity-based compensation arrangement?       4c       X         lf "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       6       X         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a The organization?       5b       X         lf "Yes" on line 5a or 5b, describe in Part III.       5b       X         6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       6a       X         a The organization?       6a       X         b Any related organization?       6b       X         f "Yes" on line 6a or 6b, describe in Part III.       6b       X         7       X         8 Were any amounts reported on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on Form 990, Part VII, paid or accrued									
a Receive a severance payment or change-of-control payment?       4a       X         b Participate in or receive payment from a supplemental nonqualified retirement plan?       4b       X         c Participate in or receive payment from an equity-based compensation arrangement?       4c       X         if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       4c       X         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a The organization?       5a       X         if "Yes" on line 5a or 5b, describe in Part III.       5b       X         6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       5b       X         a The organization?       6a       X         if "Yes" on line 6a or 6b, describe in Part III.       6b       X         f "Yes" on line 6a or 6b, describe in Part III.       6b       X         7       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.       6b       X         7       X       X	4								
a Hobbit of the experiment of the experiment of the experiment plan?       1       1       4b       X         b Participate in or receive payment from an equity-based compensation arrangement?       4c       X         if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       0       4c       X         c Darticipate in or receive payment from an equity-based compensation arrangement?       4c       X         if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       0       4c       X         c Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a The organization?       5a       X       5b       X         if "Yes" on line 5a or 5b, describe in Part III.       6a       X       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       6a       X       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       6b       X       1       1       1         7       X       4b       X       X       1       1       1       1       1       1       1       1		-	-						
c       Participate in or receive payment from an equity-based compensation arrangement?       4c       X         if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       4c       X         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a       The organization?       5a       X         b       Any related organization?       5b       X         if "Yes" on line 5a or 5b, describe in Part III.       6a       X         6       Any related organization?       6a       X         b       Any related organization?       6a       X         if "Yes" on line 5a or 5b, describe in Part III.       6a       X         6       Any related organization?       6a       X         if "Yes" on line 6a or 6b, describe in Part III.       6b       X         7       X       8       Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the       7       X	a					X			
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       Image: the persons and provide the applicable amounts for each item in Part III.         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a The organization?       5a       X         b Any related organization?       5b       X         if "Yes" on line 5a or 5b, describe in Part III.       6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       6a       X         a The organization?       6a       X       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       6a       X       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       7       X         8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the       7       X	b	-							
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5         For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5         a The organization?       5a         b Any related organization?       5b         If "Yes" on line 5a or 5b, describe in Part III.         6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:         a The organization?       6a         b Any related organization?       6a         f "Yes" on line 6a or 6b, describe in Part III.         7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:         a The organization?       6a         b Any related organization?       6b         If "Yes" on line 6a or 6b, describe in Part III.         7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.         7       X         8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	С	-			<u>4c</u>				
<ul> <li>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</li> <li>a The organization?</li> <li>b Any related organization?</li> <li>if "Yes" on line 5a or 5b, describe in Part III.</li> <li>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</li> <li>a The organization?</li> <li>b Any related organization?</li> <li>if "Yes" on line 6a or 6b, describe in Part III.</li> <li>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III</li> <li>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the</li> </ul>		If "Yes" to any of lir	les 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
<ul> <li>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</li> <li>a The organization?</li> <li>b Any related organization?</li> <li>if "Yes" on line 5a or 5b, describe in Part III.</li> <li>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</li> <li>a The organization?</li> <li>b Any related organization?</li> <li>if "Yes" on line 6a or 6b, describe in Part III.</li> <li>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III</li> <li>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the</li> </ul>		0							
contingent on the revenues of:       Image: Section 2 and Se	-								
a The organization?       5a       X         b Any related organization?       5b       X         if "Yes" on line 5a or 5b, describe in Part III.       5b       X         6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       6a       X         a The organization?       6a       X         b Any related organization?       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       6b       X         7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.       7       X         8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the       I       I	5			Л					
b       Any related organization?       5b       X         If "Yes" on line 5a or 5b, describe in Part III.       5b       X         6       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       6a       X         a       The organization?       6a       X         b       Any related organization?       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       6b       X         7       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III       7       X         8       Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the       Image: Contract that was subject to the       Image: Contract that was subject to the	~				50		x		
If "Yes" on line 5a or 5b, describe in Part III.       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       6a       X         a The organization?       6a       X         b Any related organization?       6b       X         If "Yes" on line 6a or 6b, describe in Part III.       6b       X         7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III       7       X         8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the       I       I		° °							
<ul> <li>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</li> <li>The organization?</li> <li>Any related organization?</li> <li>If "Yes" on line 6a or 6b, describe in Part III.</li> <li>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III</li> <li>Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the</li> </ul>	D				. 50				
contingent on the net earnings of:       6a       X         a The organization?       6a       X         b Any related organization?       6b       X         If "Yes" on line 6a or 6b, describe in Part III.       6b       X         7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III       7       X         8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the       Image: Contract that was subject to the       Image: Contract that was subject to the	6			'n					
a The organization?       6a       X         b Any related organization?       6b       X         lf "Yes" on line 6a or 6b, describe in Part III.       6b       X         7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III       7       X         8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the       Image: Contract that was subject to the       Image: Contract that was subject to the	0	-		Л					
b Any related organization?       6b       X         If "Yes" on line 6a or 6b, describe in Part III.       6b       X         7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III       7       X         8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the       1       X	-	•			63		x		
If "Yes" on line 6a or 6b, describe in Part III.         7       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III         8       Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	a h	Any related organiz	ation?		. <u>0a</u> 6b		<del> </del>		
<ul> <li>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III</li></ul>	U U				. 00		<u> </u>		
not described on lines 5 and 6? If "Yes," describe in Part III       7       X         8       Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the       6	7								
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the					7		x		
	8				··   *				
initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	5				8		x		
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	9				🖵				
Regulations section 53.4958-6(c)?	•				9				
	For		on Act Notice, see the Instructions for Form 990.			n 990)	) 2023		

LHA 332111 11-06-23

13210219 144198 157838

36-3145764

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

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

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

		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	table			reported as deferred on prior Form 990
(1) ERIN RYAN (TERM. 02/2024)	(i)	151,017.	108.	0.	6,725.	28,894.	186,744.	0.
INTERIM PRES. & CEO/SR. VP	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) CHRISTY PRASSAS (TERM. 12/2023)	(i)	165,126.	108.	0.	4,404.	9,871.	179,509.	0.
	ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	0.	0.	157,697.	0.	0.	157,697.	0.
	ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
(	(ii)							
	(i)							
(	ii)							
	(i)							
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	(i)							
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	(i)							
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	(i)							
(	ii)							
	(i)							
(	ii)							
	(i)							
	ii)							
	(i)							
(	ii)							
	(i)							
	ii)							

Schedule J (Form 990) 2023

## Part III Supplemental Information

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

Schedule J (Form 990) 2023

## SCHEDULE M (Form 990)

# **Noncash Contributions**

OMB No. 1545-0047

23

Department of the Treasury Internal Revenue Service

Dout

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection Employer identification number

20

36 - 3145764

Name of the organization

T

- 1

## THE NIGHT MINISTRY

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Par	τι ιγρ	es of Property							
			(a)	(b) Number of	(c) Noncash contribution	(d) Mathad of dat	torminir		
			Check if applicable	1	amounts reported on	Method of det noncash contribut		•	\$
				items contributed	Form 990, Part VIII, line 1g				
1		of art							
2	Art - Historic	al treasures							
3	Art - Fraction	nal interests							
4		oublications							
5		household goods							
6	Cars and oth	ner vehicles							
7	Boats and p	lanes							
8	Intellectual p	property							
9	Securities - F	Publicly traded	X	17	117,831.	FMV			
10	Securities - (	Closely held stock							
11	Securities - I	Partnership, LLC, or							
	trust interest								
12	Securities - I	Viscellaneous							
13	Qualified co	nservation contribution -							
	Historic stru	ctures							
14	Qualified co	nservation contribution - Other							
15		Residential							
16	Real estate -	Commercial							
17	Real estate -	Other							
18	Collectibles								
19	Food invente	ory							
20	Drugs and m	nedical supplies							
21	Taxidermy								
22	Historical ar	tifacts							
23	Scientific sp	ecimens							
24		al artifacts							
25	Other (	)							
26	Other (	)							
27	Other (	)							
28	Other (	)							
29	Number of F	orms 8283 received by the organi	zation during	g the tax year for co	ontributions				
	for which the	e organization completed Form 82	83, Part V, D	onee Acknowledg	ement 29			0	
							`	Yes	No
30a	During the y	ear, did the organization receive b	y contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it			
	must hold fo	or at least 3 years from the date of	the initial co	ntribution, and whi	ch isn't required to be used	for			
	exempt purp	ooses for the entire holding period	?				30a		X
b	If "Yes," des	cribe the arrangement in Part II.							
31	Does the org	ganization have a gift acceptance	policy that re	equires the review of	of any nonstandard contribut	ions?	31	Х	
32a	Does the org	ganization hire or use third parties	or related or	ganizations to solid	cit, process, or sell noncash				
	contribution	s?					32a		X
b	If "Yes," des	cribe in Part II.							
33	If the organiz	zation didn't report an amount in c	olumn (c) fo	r a type of property	v for which column (a) is cheo	cked,			

describe in Part II.

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

Schedule M (Form 990) 2023

LHA 332141 09-11-23

**Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

Part II

THE AMOUNT IN PART I, COLUMN B REPRESENTS THE NUMBER OF CONTRIBUTIONS.

Schedule M (Form 990) 2023

332142 09-11-23

SCHEDULE O
(Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization

# Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



Employer identification number 36-3145764

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

THE NIGHT MINISTRY

ORGANIZATION CONNECTING YOUTH AND ADULTS IN NEED WITH BASIC RESOURCES

FOR HEALTHCARE, HOUSING, EMPLOYMENT, EDUCATION AND MORE THROUGH ITS

OUTREACH AND HEALTH MINISTRY AND YOUTH HOUSING PROGRAMS FOR THOSE

EXPERIENCING HOMELESSNESS OR POVERTY. ITS PROGRAMS OPERATE OUT OF A

VARIETY OF VENUES, INCLUDING A HEALTH OUTREACH BUS THAT IS ON THE

STREET FIVE NIGHTS A WEEK AND SOME DAYTIME HOURS, THROUGH FIVE YOUTH

HOUSING PROGRAMS, OUTREACH PROFESSIONALS WHO PROVIDE SERVICES ON THE

STREET AT NIGHT AND COMMUNITY-BASED CASE MANAGEMENT SERVICES. THE NIGHT

MINISTRY SERVES ADULTS AND YOUTH IN NEED - REGARDLESS OF RACE,

ETHNICITY, RELIGION, SEXUAL ORIENTATION OR SOCIAL STATUS.

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

SERVES YOUNG PEOPLE WHO ARE EITHER PREGNANT OR PARENTING (8 BEDS, PLUS

INFANT CRIBS). THE FLEXIBLE HOUSING POOL PROVIDES A LONG-TERM SUBSIDY

FOR 92 YOUNG PEOPLE (18+ YEARS OLD AND THEIR CHILDREN) THROUGH A

PARTNERSHIP TO PROVIDE HOUSING FOR INDIVIDUALS INVOLVED IN ONE OR MORE

PUBLIC ASSISTANCE SYSTEMS, INCLUDING THE HOMELESS SERVICES SYSTEM

(HEALTH, JUSTICE, ETC.). OVERALL, TNM'S YOUTH PROGRAMS SERVED 553

YOUTHS AND THEIR 132 CHILDREN DURING THE YEAR ENDED JUNE 30, 2024

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

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

FILING.

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. LHA 332211 11-14-23

44 2023.05050 THE NIGHT MINISTRY

Name of the organization THE NIGHT MINISTRY	Employer identification number 36-3145764
	50 3143704
CONFLICT OF INTEREST DISCLOSURE FORMS ARE COMPLETED BY BOARD MEMBERS AND	
MANAGEMENT. IT IS THE CONTINUING RESPONSIBILITY OF BOARD, OFFICERS, AND	
MANAGEMENT TO SCRUTINIZE THEIR TRANSACTIONS AND OUTSIDE BUSINESS INTERESTS	
AND RELATIONSHIPS FOR POTENTIAL CONFLICTS AND TO IMMEDIATELY MAKE SUCH	
DISCLOSURES AND UPDATE THE DISCLOSURE FORM. BOARD MEMBERS ARE PRECLUDED	
FROM PARTICIPATION IN DISCUSSION OR VOTING RELATED TO ANY ENTITIES FOR	
WHICH A CONFLICT OF INTEREST HAS BEEN IDENTIFIED.	
FORM 990, PART VI, SECTION B, LINE 15:	
AN INDEPENDENT BOARD OF DIRECTORS IS RESPONSIBLE FOR APPROVING THE	
COMPENSATION OF THE PRESIDENT AND IS BASED ON COMPARATIVE DATA, PERFORMANCE	
EVALUATION, AND BUDGETARY CONSIDERATIONS. FOR OFFICERS OF THE ORGANIZATION,	
THE PRESIDENT RECOMMENDS COMPENSATION PACKETS FOR BOARD APPROVAL BASED ON	
COMPARATIVE DATA, PERFORMANCE EVALUATION, AND BUDGETARY CONSIDERATIONS.	
FORM 990, PART VI, SECTION C, LINE 19:	
GOVERNING DOCUMENTS ARE MADE AVAILABLE UPON EVALUATION OF WRITTEN REQUEST	
TO EITHER THE PRESIDENT OR BOARD CHAIR.	
FORM 990, PART XII, LINE 2C:	
THE ORGANIZATION HAS NEITHER CHANGED ITS OVERSIGHT PROCESS OR SELECTION	
PROCESS DURING THE TAX YEAR.	

# **Related Organizations and Unrelated Partnerships**

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

Attach to Form 990.

#### Name of the organization

Department of the Treasury Internal Revenue Service

SCHEDULE R (Form 990)

THE NIGHT MINISTRY

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

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

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity		<b>g)</b> 512(b)(13) rolled ity?	
			501(c)(3))			Yes	No	
TNM ASSET MANAGEMENT ORGANIZATION -								
26-2372668, 1735 N. ASHLAND AVE., SUITE	SUPPORT PROGRAMS OF THE				THE NIGHT			
2000, CHICAGO, IL 60622	NIGHT MINISTRY	ILLINOIS	501(C)(3)	LINE 12A, I	MINISTRY	x		
	-							
	-							

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

Open to Public Inspection

Employer identification number

Schedule R (Form 990) 2023

36-3145764

OMB No. 1545-0047

2023

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

		· <b>,</b>					1		1		<del></del>
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	alloca	ortionate itions?	amount in box 20 of Schedule	Gener mana partn	al or Percenta <sup>jing</sup> ownersh
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	10
											<u> </u>
	1										
	1										
	1		l			1					

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

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	<b>(d)</b> Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	<b>(h)</b> Percentage ownership	Sec 512(t contr ent	(i) ction b)(13) rolled tity?
		country)				400010		Yes	No
	]								

## Schedule R (Form 990) 2023 THE NIGHT MINISTRY

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

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

(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
(1) TNM ASSET MANAGEMENT ORGANIZATION	ĸ	322,491.	FAIR MARKET VALUE
(2) TNM ASSET MANAGEMENT ORGANIZATION	с	180,579.	GRANT FROM RELATED PARTY
(3) TNM ASSET MANAGEMENT ORGANIZATION	В	70,000.	GRANT TO RELATED PARTY
(4) TNM ASSET MANAGEMENT ORGANIZATION	Q	149,846.	FAIR MARKET VALUE
(5)			
<u>(6)</u>			

## Schedule R (Form 990) 2023 THE NIGHT MINISTRY

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

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

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c)	Are Partne 501( org <b>Yes</b>	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(ř Dispr tior alloca <b>Yes</b>	opor- late tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Genera manag partne Yes N	or Percentage ownership

Schedule R (Form 990) 2023

# Part VII Supplemental Information

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

Schedule R (Form 990) 2023

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