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

Form **990** 

Department of the Treasury Internal Revenue Service 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.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

20 19
Open to Public Inspection

A F	or th	e 201	9 calendar year, or tax year begir	nning	, 2019	, and endin	g			, 20			
р.			C Name of organization				D	Employer ide	entific	ation numl	oer		
<b>D</b> C	heck if ap		THE NIGHT STALKER FOUR	NDATION INC.				_					
	Addre		Doing Business As					38-3804	705	5			
	Name	change	Number and street (or P.O. box if mail is	not delivered to street address	s)	Room/suite	E	E Telephone number					
	Initial	return	11304 BELL STATION RO	AD			(	931) 80	1 – 8	390			
	Termi	inated	City or town, state or province, country, a	and ZIP or foreign postal code									
	Amen returr		OAK GROVE, KY 42262-83	343			G	Gross receipt	ts \$		487,	084.	
		cation	F Name and address of principal officer:	H(	a) Is this a grou		rn for	Yes	X No				
	·	Ü	11304 BELL STATION RO	AD, OAK GROVE, F	KY 4226	2-8343	H(	b) Are all subord		ncluded?	Yes	No	
ī	Tax-ex	empt st	atus: X 501(c)(3) 501(c) (	) ◀ (insert no.)	4947(a)(1)	or 52	7	If "No," attac	h a list	. (see instruct	ions)		
J	Websi	ite: 🕨	NIGHTSTALKERFOUNDATION.	COM			H(	c) Group exemp	otion n	umber <b>&gt;</b>			
K	Form o	of organ	nization: X Corporation Trust	Association Other		L Year of	f formation	: 2009 <b>M</b>	State	of legal dor	nicile:	KY	
P	art I	Sui	mmary	'		'		<u> </u>					
			y describe the organization's mission o	r most significant activities	: TO PRO	OVIDE SC	HOLARS	SHIPS AN	D F	INANCI.	AL		
ě			ISTANCE TO CURRENT AND E										
and		US .	ARMY'S 160TH SPECIAL OPE	ERATION AVIATION	REGIME	ENT.							
ern	2	Check	k this box	iscontinued its operations	s or dispose	ed of more that	an 25% of	its net assets	 S.				
Governance			per of voting members of the governing	•	•				3			11.	
⋖ŏ			per of independent voting members of t						4			11.	
ties			number of individuals employed in cale						5			0.	
Activities	1		number of volunteers (estimate if necess						6			11.	
Ac	1		unrelated business revenue from Part V						7a			0	
			nrelated business taxable income from						7b			0	
				,				Prior Year		Curr	ent Ye	ar	
•	8	Contri	ibutions and grants (Part VIII, line 1h)			Y FOR		200,53	0.		487	,002	
nue	9	Progra	am service revenue (Part VIII, line 2g)	ce revenue (Part VIII line 2g)					0.			0	
Revenue			tment income (Part VIII, column (A), line		PUBLIC IN	ISPECTION		2	20.			82	
ď			revenue (Part VIII, column (A), lines 5,						0.			0	
			revenue - add lines 8 through 11 (must					200,55	0.		487	,084	
_			s and similar amounts paid (Part IX, colu				160,00	_			,403		
			its paid to or for members (Part IX, colu		,	0.			0				
"	4.5		es, other compensation, employee bene					0.				0	
Expenses	16a		ssional fundraising fees (Part IX, column					930.			399		
þe	h	Total	fundraising expenses (Part IX, column (I	D) line 25) <b>&gt;</b>	399								
ñ	17		expenses (Part IX, column (A), lines 11					42	23.		4	,682	
	18	Total	expenses. Add lines 13-17 (must equal	Part IX column (Δ) line 2	25)			161,35				,484	
	19		nue less expenses. Subtract line 18 from		.0)			39,19	$\overline{}$			,600	
or		ITCVCI	Tue 1633 experises. Gubiract line 10 from	TIIIIC IZ	<u> </u>		Beginnin	g of Current Y	_	End	of Year		
ets	20	Total	assets (Part X, line 16)					70,57	_			,074	
Ass Bal	21		liabilities (Part X, line 26)					,	0.			0	
Net Assets or Fund Balances	22		ssets or fund balances. Subtract line 21	from line 20				70,57			394	,074	
	rt II		gnature Block	Hom line 20	<u></u>	<u> </u>		,				,	
			of perjury, I declare that I have examined th	is return including accompa	ınvina schedi	ıles and staten	nents and	to the best of	mv k	nowledge :	and be	lief it is	
			complete. Declaration of preparer (other than										
Sig	ın		Signature of officer					Date					
He	re												
			Type or print name and title										
		<u> </u>	Type preparer's name	Preparer's signature		Date		Chaol	if F	PTIN			
Paid	t	BRA		BRAD CARUSO		11/16	/2020	Check	"	P01249	134		
Pre	parer		. LITERITIMONTERI DE OLI			1 / 0		1					
Use	Only		s address ONE TOWER CENTER BLVD 1	•	NT 00016			Firm's EIN ► 22-2027092  Phone no 732-828-1614					
May	/ the II		saddress  ONE TOWER CENTER BLVD I				Pr	none no.	, , ,	X Ye		N.c.	
<u> </u>			Reduction Act Notice, see the separat	· · · · · · · · · · · · · · · · · · ·	<u> </u>				• •			No (2019)	
ror	rape	ı work	Reduction Act Notice, see the separat	e msuuciions.						⊢orm	・フプリ	(∠019)	

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Pa	Statement of Program Service Accomplishments  Check if Schedule O contains a response or note to any line in this Part III											
1	iefly describe the organization's mission:											
•	THE NIGHT STALKER FOUNDATION (NSF) IS A NON PROFIT ORGANIZATION WHICH											
	OVIDES ASSISTANCE IN THE FORM OF SCHOLARSHIPS AND FINANCIAL											
	SISTANCE TO CURRENT AND FORMER SOLDIERS AND FAMILY MEMBERS OF THE											
	ARMY'S 160TH SPECIAL OPERATIONS AVIATION REGIMENT (AIRBORNE).											
2	d the organization undertake any significant program services during the year which were not listed on the											
	ior Form 990 or 990-EZ? Yes X No											
	'Yes," describe these new services on Schedule O.											
3	d the organization cease conducting, or make significant changes in how it conducts, any program rvices?											
	Yes," describe these changes on Schedule O.											
4	escribe the organization's program service accomplishments for each of its three largest program services, as measured to penses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other total expenses, and revenue, if any, for each program service reported.											
4a	ode: ) (Expenses \$ 162,366. including grants of \$ 158,403. ) (Revenue \$ )											
	IE NIGHT STALKER FOUNDATION AWARDED 96 SCHOLARSHIP GRANTS TO THE											
	LDIERS, THEIR WIVES AND CHILDREN OF THE US ARMY'S SPECIAL											
	PERATIONS AVIATION REGIMENT(AIRBORNE) ATTENDING COLLEGE OR OTHER											
	ST-SECONDARY INSTITUTIONS IN 2019.											
	ode: ) (Expenses \$ including grants of \$ ) (Revenue \$ )											
40	Jue) (Expenses \$) (Nevenue \$)											
4c	ode:) (Expenses \$including grants of \$) (Revenue \$)											
۸,۸	her program services (Describe on Schedule O.)											
÷u	xpenses \$ including grants of \$ ) (Revenue \$ )											
_	Aperioes 4 Including grants of \$ /(Keveride \$ )											

Form **990** (2019)

Form 990 (2019)
Page 3

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A. 2 Is the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I. 3 Pection 501(c)(3) organizations. Did the organization engage in lobbying activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part II. 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II. 5 Is the organization a section 501(c)(4). 501(c)(5), or 501(c)(6) organization in that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III. 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II. 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 III. 8 Did the organization maintain collections of works of art, historical treasures, or other similar assests? If "Yes," complete Schedule D, Part III. 9 Did the organization mortal and areas, or historic structures? If "Yes," complete Schedule D, Part II. 10 Did the organization organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V. 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V. 12 Did the organization structure of the asset in part X, line 12? If "Yes," complete Schedule D, Part VI. 13 Did the organi	ŒΠ	t W Checklist of Required Schedules			NI -
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?  3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Pes," complete Schedule C, Part I,  4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II.  5 Is the organization and section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III.  6 Did the organization arisinal any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II.  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 III.  8 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historical treating collections of works of ant, historical treatives, or other similar assests? If "Yes," complete Schedule D, Part III.  9 Did the organization organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part V.  10 Did the organization directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V.  11 If the organization services? If "Yes," complete Schedule D, Part V.  12 Did the organization are served in Part X, line 16? If "Yes		Is the experientian described in section E04(a)(2) or 4047(a)(4) (ather them a princts foundation)? If "\\are a		Yes	No
<ol> <li>Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?</li> <li>Did the organization regage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.</li> <li>Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(n) election in effect during the tax year? If "Yes," complete Schedule C, Part III.</li> <li>Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 if "Yes," complete Schedule C, Part III.</li> <li>Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II.</li> <li>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 III.</li> <li>Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.</li> <li>Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.</li> <li>If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.</li> <li>If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.</li> <li>Did the organization report an amount for other assets</li></ol>	1		1	x	
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<ul> <li>4. Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(t)) election in effect during the tax yea? If "Yes," complete Schedule C, Part III.</li> <li>5. Is the organization as section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III.</li> <li>6. Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II.</li> <li>7. Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historical land areas, or historic structures? If "Yes," complete Schedule D, Part III.</li> <li>8. Did the organization intentian collections of works of arth, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.</li> <li>9. Did the organization organization amount in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.</li> <li>10. Did the organization directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V.</li> <li>10. If the organization directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V.</li> <li>11. If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.</li> <li>12. Did the organization report an amount for investments-other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI.</li> <li>13. Did the organization report an amount for investments-program related in Part X, line 110 Part X, l</li></ul>	J		3		Х
election in effect during the tax year? If "Yes," complete Schedule C, Part II.  Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III.  Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.  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 III.  Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.  Did the organization report an amount in Part X. line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.  Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part IV.  If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part VI, VII, VIII, IV, or X as applicable.  Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII.  Did the organization report an amount for examination of the securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.  Did the organization report an amount for examination under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X II.  Did the organization report an amount for examination and the securities	4				
<ul> <li>5 Is the organization a section 501 (c)(4), 501 (c)(5), or 501 (c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III</li> <li>6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II.</li> <li>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 III.</li> <li>8 Did the organization maintain collections of works of art, historical treasures, or other similar assess? If "Yes," complete Schedule D, Part III.</li> <li>9 Did the organization organization amount in Part X, ine 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.</li> <li>10 Did the organization services? If "Yes," complete Schedule D, Part IV.</li> <li>11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V.</li> <li>12 If the organization report an amount for investments-other securities in Part X, line 10? If "Yes," complete Schedule D, Part VII.</li> <li>13 Did the organization report an amount for investments-other securities in Part X, line 10? If "Yes," complete Schedule D, Part VIII.</li> <li>14 Did the organization report an amount for investments-other securities in Part X, line 11 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.</li> <li>15 Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets report</li></ul>	_		4		Х
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<ul> <li>b) Ild the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I,</li> <li>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 III.</li> <li>Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.</li> <li>Did the organization peror an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part V.</li> <li>Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V.</li> <li>If the organization assert to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, VII, X, or X as applicable.</li> <li>Did the organization report an amount for investments-other securities in Part X, line 10? If "Yes," complete Schedule D, Part VII.</li> <li>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.</li> <li>C) Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.</li> <li>C) Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XII.</li> <li>D) If the organization report a</li></ul>	•		5		Х
have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.  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 III.  8 Did the organization amination collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.  9 Did the organization report an amount in Part X, inc 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part V.  10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V.  11 If the organizations answer to any of the following questions is "Yes," then complete Schedule D, Part V, VII, VIII, X, or X as applicable.  a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII.  b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.  c Did the organization report an amount for other assets in Part X, line 19 Part VIII.  d Did the organization amount for other assets in Part X, line 15? If "Yes," complete Schedule D, Part VIII.  d Did the organization amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.  d Did the organization amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.  d Did the organization separate or c	6	·			
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<ul> <li>9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part V</li> <li>10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V I.</li> <li>11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part V I.</li> <li>11 VIII, VIII, IX, or X as applicable.</li> <li>a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V II.</li> <li>b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part V II.</li> <li>d 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 V III.</li> <li>d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX  </li> <li>e Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX  </li> <li>e Did the organization separate or consolidated financial statements for the tax year include a footnote that addresses the organization by a complete schedule D, Part X  </li> <li>f Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X  </li> <li>12 Did the organization as chool described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedul</li></ul>	8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
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<ul> <li>If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, III, IX, or X as applicable.</li> <li>a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI</li> <li>b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.</li> <li>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.</li> <li>d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.</li> <li>d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X.</li> <li>d Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.</li> <li>d Did the organization is liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.</li> <li>12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</li> <li>13 Is the organization aschool described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.</li> <li>14a Did the organization maintain an office, employees, or agents outside of the United States?</li> <li>b Did the organization have aggregate revenues or expenses of more than \$1,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments</li></ul>	0				
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<ul> <li>a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part W</li> <li>b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.</li> <li>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.</li> <li>d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XI.</li> <li>e Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.</li> <li>e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X</li> <li>f Did the organization 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</li> <li>h Was the organization obtain separate, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</li> <li>13 Is the organization an askerial of the line 12a, then completing Schedule D, Parts XI and XII is optional</li> <li>14a Did the organization maintain an office, employees, or agents outside of the United States?,</li> <li>b 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,</li></ul>	11				
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			20b		
COMPOSTO COVERNMENT ON HOST IV COLUMN 1/1 LINE 1/2 If "Vee " complete Cahadula I Flade I and II	<b>4</b> 1	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	21		Х

Form 990 (2019) Page 4

Part	Checklist of Required Schedules (continued)		V	Na
22	Did the averagization report more than 05 000 of avents as other assistance to as for democitic individuals an		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22	x	
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Λ	
23	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
<b>-</b> u	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	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	27		Х
20	persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
9	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
u	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," complete Schedule M	29		X
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		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	0.51		
20	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i>	26		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
51	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	-		
	19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	38	Х	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			
	, , , , , , , , , , , , , , , , , , , ,		Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		

Page 5 Form 990 (2019)

Par	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 0.			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
7 U	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
h	If "Yes," enter the name of the foreign country \[ \bigs\rightarrow \]			
b	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
<b>5</b> 0	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
		5b		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	30		
ьа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		Х
	organization solicit any contributions that were not tax deductible as charitable contributions?	va		- 25
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6 h		
_	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			Х
	and services provided to the payor?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		v
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			37
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
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.			
а	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:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	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.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			

THE NIGHT STALKER FOUNDATION INC. 38-3804705 Page 6 Form 990 (2019) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No 11 1a Enter the number of voting members of the governing body at the end of the tax year . . . . . 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 O. Enter the number of voting members included on line 1a, above, who are independent . . . . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with Χ 2 3 Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, trustees, or key employees to a management company or other person?.... 4 Χ 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . . X 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . 6 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint X 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a X X 8b Each committee with authority to act on behalf of the governing body?............... Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Yes

าบล	Did the organization have local chapters, branches, or affiliates?	104		
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b		12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		

#### Section C. Disclosure

17	List the states	with which a	copy of this I	Form 990 is	required to b	e filed ▶ <sup>KY</sup>

18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
	Our wakaita Anatharia wakaita V Unan raguat Othar (aumiain an Sahadula O)

Own website Another's website X Upon request Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records ► ANGEL GONZALEZ 11304 BELL STATION ROAD OAK GROVE, KY 42262-8343 931-801-8390

Form **990** (2019)

No

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week	box,	not ch unles	(C) Position check more than or ess person is both a nd a director/truste			an	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
(1)BRIAN SUPKO	4.00									
EXECUTIVE DIRECTOR - TRUSTEE	0.	Х		Х				0.	0.	0.
(2)KEVIN MANGUM	4.00									
CHAIR - TRUSTEE	0.	X		Х				0.	0.	0
(3) ANGEL GONZALEZ	3.00									
DEPUTY ED - TRUSTEE	0.	X		Х				0.	0.	0
(4)GAYLE GONZALEZ	5.00									
SECRETARY - TRUSTEE	0.	Х		Х				0.	0.	0
(5) DUANE ALBRO	1.50									
TRUSTEE	0.	Х						0.	0.	0
(6)BILL GOLDEN	2.00									
TRUSTEE	0.	Х						0.	0.	0
(7) STRATTON LEOPOLD	1.00									
TRUSTEE	0.	Х						0.	0.	0
(8)BILL REED	1.50									
TRUSTEE	0.	Х						0.	0.	0
(9) BUFORD THOMAS	1.50									
TRUSTEE	0.	Х						0.	0.	0
(10) CHRISTIAN WALTERS	3.00									
TRUSTEE	0.	Х						0.	0.	0
(11) TIM CASH	1.00									
TRUSTEE (TERM APRIL 2019)	0.	Х						0.	0.	0
(12) KENNY HELMS	1.00									
TRUSTEE (TERM APRIL 2019)	0.	Х						0.	0.	0
(13) WES KOMULAINEN	2.00									
TRUSTEE (TERM APRIL 2019)	0.	Х						0.	0.	0
(14) MYLINH SHATTAN	1.00									
TRUSTEE	0.	Х						0.	0.	0

JSA

Form **990** (2019)

	n 990 (2019)											P	age <b>8</b>
Pa	rt VII Section A. Officers, Directors, Tru	ıstees, Ke	y Em	plc	ye	es,	and F	ligl	hest Compensat	ed Employees (co	ontinued	1)	
	(A) Name and title	(B) Average hours per week (list any hours for	box,	unles	Pos heck ss pe	more rson	than o is both or/trust	an	(D)  Reportable compensation from the	(E) Reportable compensation from related organizations	Esti amo	(F) mated ount of ther ensation	on
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	orgar and	n the nizatior related ization	
1b	Sub-total							•	0.	0.			0.
С	Total from continuation sheets to Part VII, Se	ection A							0.	0.			0.
	Total (add lines 1b and 1c)	limited to t		liste				o re					
		. ,									,	Yes	No
3	Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu										3		X
4	For any individual listed on line 1a, is the sorganization and related organizations great	sum of repeater than	ortab \$15	le 0	om 00?	pen If	satior "Yes	n aı s,"	nd other compens complete Schedu	sation from the le J for such			v
5	individual	accrue co	mpen	sati	on f	from	n any	un	related organization	on or individual	4		X
Se	for services rendered to the organization? If "Ye ction B. Independent Contractors	es," comple	te Sch	nedu	ıle J	for	such	per	son		5		X
1	Complete this table for your five highest com compensation from the organization. Report c year.												
_													

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 0.

Form **990** (2019)

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## Part VIII Statement of Revenue

		Check if Schedule O contains a respon	se or note to ar	ny line in this Part V	'III		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts ts	1a	Federated campaigns 1a	2,940.				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b					
عَ ق	С	Fundraising events 1c					
fts	d	Related organizations 1d					
ច្ច≣្ច	e	Government grants (contributions) 1e					
ns, Sim	f	All other contributions, gifts, grants,					
ξË		and similar amounts not included above . 1f	484,062.				
ş Ş		Noncash contributions included in	101,002.				
at o	g	lines 1a-1f 1g	14,058.				
a C	h	Total. Add lines 1a-1f		487,002.			
	"	Total. Add lilles 1a-11	Business Code	107,002.			
ġ.	_		Dusi icss code				
Š	2a						
Ser	b						
ĕ Ē	С						
gra Re	d						
Program Service Revenue	е	<del></del>					<del>                                     </del>
ъ.	f	All other program service revenue		0.			
	g	Total. Add lines 2a-2f		0.			
	3	Investment income (including dividends,	_	82.			82.
		other similar amounts)		0.			02.
	4 5	Income from investment of tax-exempt bond		0.			
	3	Royalties	(ii) Personal	0.			
	_		(II) I CISOIIAI				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	C	Rental income or (loss) 6c		0			
	d _d	Net rental income or (loss)		0.			
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory 7a					
evenue	b	Less: cost or other basis					
Ş.		and sales expenses 7b					
Re	١.	Gain or (loss)		0			
er	d	Net gain or (loss)	· · · · · · · •	0.			
Other	8a	Gross income from fundraising					
_		events (not including \$					
		of contributions reported on line	0.				
		1c). See Part IV, line 18	0.				
	b c	Less: direct expenses		0.			
	9a	Gross income from gaming activities. See Part IV, line 19 9a	0.				
	b	Less: direct expenses 9b	0.				
	C	Net income or (loss) from gaming activities		0.			
	10a	Gross sales of inventory, less					
		returns and allowances	0.				
	b	Less: cost of goods sold	0.				
	c	Net income or (loss) from sales of inventory		0.			
S			Business Code				
Miscellaneous Revenue	11a						
an	b						
e Sel	С						
Āš	d	All other revenue					
	е	Total. Add lines 11a-11d		0.			
	12	Total revenue. See instructions	▶	487,084.			82.

## Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all colum	ns. All other organizations must complete column (A).
---	---

	Check if Schedule O contains a response or note to any line in this Part IX						
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) 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	0.					
2	Grants and other assistance to domestic						
	individuals. See Part IV, line 22	158,403.	158,403.				
3	Grants and other assistance to foreign						
	organizations, foreign governments, and foreign						
	individuals. See Part IV, lines 15 and 16	0.					
4	Benefits paid to or for members	0.					
5	Compensation of current officers, directors,	_					
	trustees, and key employees	0.					
6	Compensation not included above to disqualified						
	persons (as defined under section 4958(f)(1)) and						
	persons described in section 4958(c)(3)(B)	0.					
7	Other salaries and wages	0.					
8	Pension plan accruals and contributions (include	0					
	section 401(k) and 403(b) employer contributions)	0.					
9	Other employee benefits	0.					
10	Payroll taxes	0.					
	Fees for services (nonemployees):	0					
a	Management	0.					
	Legal	0.					
	Accounting	0.					
	Lobbying	399.			399.		
	Professional fundraising services. See Part IV, line 17.	95.		95.	399.		
	f Investment management fees	95.		95.			
ç	Other. (If line 11g amount exceeds 10% of line 25, column	25.		25.			
	(A) amount, list line 11g expenses on Schedule O.)	0.		23.			
	Advertising and promotion	454.		454.			
13	Office expenses	145.		145.			
14	Information technology	0.		113.			
15	Royalties	0.					
16	Occupancy	0.					
17		0.					
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0.					
40	•	0.					
	Conferences, conventions, and meetings	0.					
20 21	_	0.					
22		0.					
	Insurance	3,963.	3,963.				
24			,				
	above (List miscellaneous expenses on line 24e. If						
	line 24e amount exceeds 10% of line 25, column						
	(A) amount, list line 24e expenses on Schedule O.)						
a	1						
k							
Ċ							
	All other expenses						
	Total functional expenses. Add lines 1 through 24e	163,484.	162,366.	719.	399.		
	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)	0.					
	1011011111g 001 00 2 (100 000-120)	0.					

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## Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Pa	art X		X
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	45,651.	1	207,906.
	2	Savings and temporary cash investments	24,925.	2	40,212.
	3	Pledges and grants receivable, net	0.	3	132,000.
	4	Accounts receivable, net	0.	4	0.
	5	Loans and other receivables from 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	0.	5	0.
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0.	6	0.
ts	7	Notes and loans receivable, net	0.	7	0.
Assets	8	Inventories for sale or use	0.	8	0.
Ä	9	Prepaid expenses and deferred charges	0.	9	0.
	10 a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation	0.	10c	0.
	11	Investments - publicly traded securities	0.	11	13,956.
	12	Investments - other securities. See Part IV, line 11	0.	12	0.
	13	Investments - program-related. See Part IV, line 11.	0.	13	0.
	14	Intangible assets	0.	14	0.
	15	Other assets. See Part IV, line 11	0.	15	0.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	70,576.	16	394,074.
	17	Accounts payable and accrued expenses	0.	17	0.
	18	Grants payable	0.	18	0.
	19	Deferred revenue.	0.	19	0.
	20	Tax-exempt bond liabilities.	0.	20	0.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.	0.	21	0.
S	22	Loans and other payables to any current or former officer, director,			
ţį		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons	0.	22	0.
Ë	23	Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24	Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25	Other liabilities (including federal income tax, payables to related third		27	
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	0.	25	0.
	26	Total liabilities. Add lines 17 through 25	0.		0.
S		Organizations that follow FASB ASC 958, check here ► X		20	
nce		and complete lines 27, 28, 32, and 33.			
sala	27	Net assets without donor restrictions	70,576.	27	262,074.
Δ	28	Net assets with donor restrictions	0.	28	132,000.
Fund Balances		Organizations that do not follow FASB ASC 958, check here ▶ and complete lines 29 through 33.			
Assets or	29	Capital stock or trust principal, or current funds		29	
;et	30	Paid-in or capital surplus, or land, building, or equipment fund.		30	
ASS	31	Retained earnings, endowment, accumulated income, or other funds.		31	
Net /	32	Total net assets or fund balances	70,576.	32	394,074.
Z	33	Total liabilities and net assets/fund balances	70,576.	33	394,074.
					Form <b>990</b> (2019)

Form **990** (2019)

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Part	XI Reconciliation of Net Assets					_
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1			87,0	
2						184.
3	Revenue less expenses. Subtract line 2 from line 1	3			23,6	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			70,5	
5	Net unrealized gains (losses) on investments	5			-1	102.
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8				0.
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		3	94,0	74.
Part	·					
	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," e	xplain	in			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were cor	npiled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were aud	ted or	n a 📗			
	separate basis, consolidated basis, or both:					
	Separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersight	t of			
	the audit, review, or compilation of its financial statements and selection of an independent accounts	int?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, e	xplain	on			
	Schedule O.	-				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	rth in	the			
	Single Audit Act and OMB Circular A-133?		[	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	lergo	the			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a			3b		

Form **990** (2019)

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

Department of the Treasury

Internal Revenue Service

## **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 Open to Public Inspection

Name of the organization THE NIGHT STALKER FOUNDATION INC. Employer identification number 38-3804705

Pa	rt I	Reason for Public Cha	rity Status (All o	organizations must c	omplet	e this pa	art.) See instructions		
The	orga	anization is not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	neck only	one box.)		
1		A church, convention of chu	on of churches, or association of churches described in section 170(b)(1)(A)(i).						
2		A school described in secti	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)						
3		A hospital or a cooperative	hospital service o	rganization described	in <b>sectio</b>	n 170(b)	(1)(A)(iii).		
4		A medical research organiz	ation operated in	conjunction with a hos	spital de	scribed in	n section 170(b)(1)(A)	(iii). Enter the	
		hospital's name, city, and st	ate:						
5		An organization operated f	for the benefit of	a college or universit	y owne	d or ope	rated by a governme	ntal unit described in	
		section 170(b)(1)(A)(iv). (C							
6		A federal, state, or local go	•			•	,,,,,,,		
7	Х	An organization that norma	ally receives a sub	stantial part of its su	pport fr	om a go	vernmental unit or fro	om the general public	
		described in section 170(b)		· · · · · · · · · · · · · · · · · · ·					
8		A community trust describe	-		-				
9		An agricultural research org	ganization describe	ed in <b>section 170(b)(1</b>	)(A)(ix)	operated	I in conjunction with a	land-grant college	
		or university or a non-land-	grant college of ag	griculture (see instruct	ions). E	nter the i	name, city, and state of	f the college or	
		university:							
10		An organization that norma receipts from activities rela support from gross investmacquired by the organizatio	ted to its exempt f nent income and u n after June 30, 1	unctions - subject to on the subject to one of the subject to subj	certain e able inco ( <b>a)(2).</b> (0	exception ome (less Complete	s, and (2) no more tha s section 511 tax) from e Part III.)	n 331/3% of its	
11		An organization organized		•	•				
12		An organization organized	•	•					
		of one or more publicly su							
		Check the box in lines 12a t	•	• •			•		
а		Type I. A supporting orga	•		,		• • • • • • • • • • • • • • • • • • • •	,, , , , ,	
		the supported organization				ajority of	the directors or truste	es of the	
		supporting organization.	•					and (a) the other design	
b	L	Type II. A supporting org	-						
		control or management of		=	tne sam	ie persor	is that control or man	age the supported	
_	Г	organization(s). You must	•		م ما اممد		n with and functional	lu into aroto d with	
С	L	Type III functionally integ						iy integrated with,	
		its supported organization		· ·				tad arganization(a)	
d	_	Type III non-functionally that is not functionally interest.			-			- ' '	
		requirement (see instruct			-			an altentiveness	
е		Check this box if the orga	•	-				I Type III	
C	_	functionally integrated, or						i, Type iii	
f	En	ter the number of supported	• •			organizat			
a		ovide the following information	-						
		ame of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of	
				(described on lines 1-10 above (see instructions))	,	our governing ment?	support (see instructions)	other support (see instructions)	
				above (see instructions))	Yes	No	instructions)	mstructions)	
/A\									
(A) ——									
(B)									
(C)									
(D)									
(E)									
Tota	al								

Schedule A (Form 990 or 990-EZ) 2019 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	Section A. Public Support							
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2015	<b>(b)</b> 2016	(c) 2017	<b>(d)</b> 2018	<b>(e)</b> 2019	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	208,868.	220,889.	203,350.	203,530.	487,002.	1,323,639.	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.	
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.	
4	Total. Add lines 1 through 3	208,868.	220,889.	203,350.	203,530.	487,002.	1,323,639.	
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						182,799.	
_6_	Public support. Subtract line 5 from line 4						1,140,840.	
Sec	tion B. Total Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	<b>(d)</b> 2018	<b>(e)</b> 2019	(f) Total	
7	Amounts from line 4	208,868.	220,889.	203,350.	203,530.	487,002.	1,323,639.	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources			12.	20.	82.	114.	
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.	
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.	
11	Total support. Add lines 7 through 10						1,323,753.	
12	Gross receipts from related activities, etc. (s	ee instructions) .				12		
13	First five years. If the Form 990 is for organization, check this box and stop here.							
Sec	tion C. Computation of Public Supp							
14	Public support percentage for 2019 (lin	,	,			14	86.18%	
15	Public support percentage from 2018					15	76.00 <b>%</b>	
16a	331/3% support test - 2019. If the org	janization did n	ot check the bo	x on line 13, ar	nd line 14 is 33	1/3 % or more, ch		
	box and <b>stop here.</b> The organization qu							
b	331/3% support test - 2018. If the org							
	this box and <b>stop here.</b> The organization	•		-				
17a	10%-facts-and-circumstances test - 2	<b>019.</b> If the org	anization did no	ot check a box	on line 13, 16a	a, or 16b, and li	ne 14 is	
	10% or more, and if the organization						•	
	Part VI how the organization meets the	ne "facts-and-c	ircumstances" te	est. The organia	zation qualifies	as a publicly su	ipported	
	organization						▶ □	
b	10%-facts-and-circumstances test - 2	<b>018.</b> If the org	janization did n	ot check a box	on line 13, 16	a, 16b, or 17a,	and line	
	15 is 10% or more, and if the orga	nization meets	the "facts-and	l-circumstances'	" test, check th	nis box and <b>sto</b>	p here.	
	Explain in Part VI how the organization	on meets the "f	facts-and-circum	stances" test.	The organizatio	n qualifies as a	publicly	
	supported organization						▶ □	
18	Private foundation. If the organization	did not check a	box on line 13,	16a, 16b, 17a	, or 17b, check	this box and see		
	instructions	<u> </u>	<u> </u>	<u> </u>	<u></u>	<u> </u>	▶ 🔲	
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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.)

Sec	tion A. Public Support			/ 1	<u>'</u>	,	
	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(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 performed, 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 business under section 513						
4	Tax revenues levied for the						
	organization'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						
	Amounts included on lines 1, 2, and 3						
. u	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for	or the organiza	ation's first, seco	nd, third, fourth	, or fifth tax y	ear as a section	501(c)(3)
	organization, check this box and stop here	<u></u>					▶ 🔃
Sec	tion C. Computation of Public Supp						
15	Public support percentage for 2019 (line 8,	column (f), divid	ded by line 13, colu	mn (f))		15	%
16	Public support percentage from 2018 Sche					16	%
Sec	tion D. Computation of Investment	Income Per	centage				
17	Investment income percentage for 2019 (lin					17	%
18	Investment income percentage from 2018 S	Schedule A, Part	III, line 17			18	%
19 a	331/3% support tests - 2019. If the or	ganization did r	not check the bo	ox on line 14, a	nd line 15 is m	ore than 331/3%	, and line
	17 is not more than 331/3%, check thi	s box and <b>sto</b>	<b>p here.</b> The org	anization qualifie	s as a publicly	supported organi	ization . ►
b	331/3% support tests - 2018. If the orga	anization did no	t check a box on	line 14 or line	19a, and line 16	is more than 33	1/3 %, and
	line 18 is not more than 331/3 %, check	this box and s	top here. The or	ganization qualifi	es as a publicly	supported organi	ization
20	Private foundation. If the organization of	lid not check a	a box on line 1	4, 19a, or 19b,	check this box	and see instruc	ctions <b>&gt;</b>

Schedule A (Form 990 or 990-EZ) 2019 Page 4

#### **Supporting Organizations** Part IV

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

#### Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governir documents? If "No," describe in Part VI how the supported organizations are designated. If designated class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of statu 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).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answ (b) and (c) below.
- Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) as satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how to organization made the determination.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(l purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- Was any supported organization not organized in the United States ("foreign supported organization")? "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- 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 discretic despite being controlled or supervised by or in connection with its supported organizations.
- 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 use to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(l purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and E 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 actic 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 alread designated in the organization's organizing document?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefite by one or more of its supported organizations, or (iii) other supporting organizations that also support benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled enti with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 describe in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal bene 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 integrate supporting organizations)? If "Yes," answer 10b below.
  - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, determine whether the organization had excess business holdings.)

		Yes	NO
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Schedule A (F

Schedule A (Form 990 or 990-EZ) 2019

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Part	Supporting Organizations (continued)		1.4	
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI.</b>	11c		
Secti	on B. Type I Supporting Organizations		<b>V</b>	NI -
			Yes	NO
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.			
24	11 0 0	2		
secti	on C. Type II Supporting Organizations		Vas	NI -
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	•		
Cooti	•	1		
secti	on D. All Type III Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	162	NO
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	-		
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			•
1 a b c	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see institute The organization satisfied the Activities Test. Complete line 2 below.  The organization is the parent of each of its supported organizations. Complete line 3 below.  The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see		ŕ	
·	3. gameation supported a governmental oriting. December in Fair vinew you supported a government entity (see		Yes	
2	Activities Test. Answer (a) and (b) below.		. 55	
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b> those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
_		u		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3 a	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	s	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	a trust o	n Nov. 20, 1970 (expla	in in Part VI). See
instructions. All other Type III non-functionally integrated supporting organization	-		•
Section A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in <b>Part VI</b> ):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionally	y integra	ated Type III supporting	g organization (see
instructions).			

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)					
Secti	on D - Distributions			Current Year	
1	Amounts paid to supported organizations to accomplish ex	kempt purposes			
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed		
	organizations, in excess of income from activity				
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organia	zations		
4	Amounts paid to acquire exempt-use assets				
5	Qualified set-aside amounts (prior IRS approval required)				
6	Other distributions (describe in Part VI). See instructions.				
7	<b>Total annual distributions.</b> Add lines 1 through 6.				
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in Part VI). See instructions.				
9	Distributable amount for 2019 from Section C, line 6				
10	Line 8 amount divided by line 9 amount				
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019	
1	Distributable amount for 2019 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2019				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2019				
а	From 2014				
b	From 2015				
С	From 2016				
d	From 2017				
е	From 2018				
f	Total of lines 3a through e				
g	Applied to underdistributions of prior years				
h	Applied to 2019 distributable amount				
i	Carryover from 2014 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.				
4	Distributions for 2019 from				
	Section D, line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2019 distributable amount				
С	Remainder. Subtract lines 4a and 4b from 4.				
5	Remaining underdistributions for years prior to 2019, if				
	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 2019. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2020. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2015				
b	Excess from 2016				
<u> </u>	Excess from 2017				
d	Excess from 2018				
е	Excess from 2019				

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Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, 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; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

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

THE NIGHT STALKER FOUNDATION INC.

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

2019

or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

Employer identification number

		38-3804705		
Organization type (check on	e):			
Filers of:	Section:			
Form 990 or 990-EZ	X 501(c)(3 ) (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 priva	ate foundation		
	501(c)(3) taxable private foundation			
	s covered by the <b>General Rule</b> or a <b>Special Rule</b> .  (7), (8), or (10) organization can check boxes for both the General R	tule and a Special Rule. See		
General Rule				
_	on filing Form 990, 990-EZ, or 990-PF that received, during the year or property) from any one contributor. Complete Parts I and II. Secontributions.			
Special Rules				
regulations under s 13, 16a, or 16b, at \$5,000; or (2) 2%	on described in section 501(c)(3) filing Form 990 or 990-EZ that measections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (and that received from any one contributor, during the year, total confideration of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-E on described in section 501(c)(7), (8), or (10) filing Form 990 or 990.	(Form 990 or 990-EZ), Part II, line ontributions of the greater of (1) EZ, line 1. Complete Parts I and II.		
<del>-</del>	g the year, total contributions of more than \$1,000 <i>exclusively</i> for reconal purposes, or for the prevention of cruelty to children or animal	_		
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				
=	at isn't covered by the General Rule and/or the Special Rules does ust answer "No" on Part IV, line 2, of its Form 990; or check the be	•		

Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization THE NIGHT STALKER FOUNDATION INC.

Employer identification number

			38-3804705
Part I	Contributors (see instructions). Use duplicate copie	s of Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4_		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$25,000.	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6_		\$225,000.	Person X Payroll Noncash (Complete Part II for

noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization THE NIGHT STALKER FOUNDATION INC.

Employer identification number 38-3804705

Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	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.)
(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.)

Name of organization THE NIGHT STALKER FOUNDATION INC.

Employer identification number 38-3804705

Part II	Noncash Property	(see instructions) LI	se duplicate copies d	of Part II if additional	space is needed
ai t ii	140116a3111 10pcity	(SCC IIISH GCHOHS). C	30 dupilodio oopios (		i apace is riceaca.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<b>.</b>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Page 4 Schedule B (Form 990, 990-EZ, or 990-PF) (2019) Name of organization THE NIGHT STALKER FOUNDATION INC. **Employer identification number** 38-3804705 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶\$ Use duplicate copies of Part III if additional space is needed. 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, and 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 (e) Transfer of gift Transferee's name, address, and 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, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

#### **SCHEDULE D** (Form 990)

# 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

Department of the Treasury Internal Revenue Service

Name	e of the organization	Employer identification number
THE	NIGHT STALKER FOUNDATION INC.	38-3804705
Pa	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds or A	ccounts.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and 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 writing that the assets held in	
	funds are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant fund	ds can be used
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any	
	conferring impermissible private benefit?	Yes No
Pa	rt II Conservation Easements.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (for example, recreation or education) Preservation of	a historically important land area
	Protection of natural habitat Preservation of	a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the	ne form of a conservation
	easement on the last day of the tax year.	Held at the End of the Tax Year
а	·	2a
b		26
		20
C	(-,	
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a	
•	9	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminal	ated by the organization during the
	tax year >	
4	Number of states where property subject to conservation easement is located >	
5	Does the organization have a written policy regarding the periodic monitoring, inspection	
_	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing co	nservation easements during the year
	<b>&gt;</b>	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing con-	servation easements during the year
	<b>&gt;</b> \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section	
	and section 170(h)(4)(B)(ii)?	∐ Yes
9	In Part XIII, describe how the organization reports conservation easements in its revenue and e	expense statement and
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial	statements that describes the
	organization's accounting for conservation easements.	
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Other S	Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue of art, historical treasures, or other similar assets held for public exhibition, education, or	statement and balance sheet works
	of art, historical treasures, or other similar assets held for public exhibition, education, or service, provide in Part XIII the text of the footnote to its financial statements that describes the	research in furtherance of public
	•	
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue stat art, historical treasures, or other similar assets held for public exhibition, education, or resea	
	provide the following amounts relating to these items:	ich in furtherance of public service,
	(i) Revenue included on Form 990, Part VIII, line 1	<b>⊳</b> \$
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar ass	
2		sets for illiancial gain, provide the
_	following amounts required to be reported under FASB ASC 958 relating to these items:	<b>•</b> •
a b	Revenue included on Form 990, Part VIII, line 1.	
	Assets included in Form 990, Part X	· · · · · · · · · · · · · · · · · · ·

Schedule D (Form 990) 2019

Page 2 Schedule D (Form 990) 2019

Pa	rt III Organizations Maintaini	ng Collections of	Art, Historical Tre	asures, or	Other Similar A	ssets (con	tinued)	
3	Using the organization's acquisition	n, accession, and c	other records, check	k any of the	following that m	nake signific	ant use	of its
	collection items (check all that app	ly):						
а	Public exhibition		d Loan o	or exchange	program			
b	Scholarly research		e Other					
С	Preservation for future gene	rations						
4	Provide a description of the organ	nization's collections	and explain how t	they further	the organization's	s exempt pu	rpose ir	Part
	XIII.							
5	During the year, did the organization	on solicit or receive o	lonations of art, histo	orical treasur	es, or other simila	ar		
	assets to be sold to raise funds rath	ner than to be mainta	ained as part of the o	organization's	s collection?		Yes	No
Pa	rt IV Escrow and Custodial A			_				
	Complete if the organiza	ition answered "Ye	s" on Form 990, F	Part IV, line	9, or reported a	n amount o	n Form	
	990, Part X, line 21.							
1a	Is the organization an agent, truste	e, custodian or othe	er intermediary for c	ontributions	or other assets no	t		
	included on Form 990, Part X?						Yes	No
b	If "Yes," explain the arrangement i							
						Amount		
С	Beginning balance			1c				
d	Additions during the year							
е	Distributions during the year			1e				
f	Ending balance			1f				
2a	Did the organization include an am	ount on Form 990, I	Part X, line 21, for e	scrow or cus	stodial account lia	bility?	Yes	No
b	If "Yes," explain the arrangement i	n Part XIII. Check he	ere if the explanation	has been pro	ovided on Part XIII			
Pa	rt V Endowment Funds.							
	Complete if the organiza	ation answered "Ye	es" on Form 990, F	Part IV, line	10.			
		(a) Current year	(b) Prior year	(c) Two years	s back (d) Three ye	ears back (e)	Four years	s back
1a	Beginning of year balance	24,925.						
b	Contributions	29,358.	25,000.					
	Net investment earnings, gains,							
Ū	and losses	-102.	-75.					
d	Grants or scholarships							
	Other expenditures for facilities							
·	and programs							
f	Administrative expenses							
g g	End of year balance	54,181.	24,925.					
2	Provide the estimated percentage	of the current year	end halance (line 1g	column (a))	held as:			
a	Board designated or quasi-endown	nent ▶ 100.0000	%	oolallii (a)) i	iola ao.			
b	Permanent endowment >		_					
	Term endowment ▶	%						
	The percentages on lines 2a, 2b, a	and 2c should equal 1	100%.					
3a	Are there endowment funds not in			are held and	administered for	the		
	organization by:	·	-				Yes	No
	(i) Unrelated organizations						a(i)	X
	(ii) Related organizations						a(ii)	X
b	If "Yes" on line 3a(ii), are the relate	ed organizations liste	d as required on Sch	edule R?			3b	
4	Describe in Part XIII the intended u	uses of the organiza	tion's endowment fur	nds.		_		
Pa	rt VI Land, Buildings, and Equ	ipment.	" F 000 I	D ( N / !!	44 0 5	000 5 ()		
	Complete if the organization of property							<u>).                                    </u>
	Description of property	(a) Cost or (invest		or other basis ther)	(c) Accumulated depreciation	(a) Bo	ok value	
1a	Land							
b	Buildings							
С	Leasehold improvements							
d	Equipment							
_е	Other							
Tota	I. Add lines 1a through 1e. (Column	(d) must equal Forn	n 990, Part X, columi	n (B), line 10	c.) <b>&gt;</b>			

Page 3 Schedule D (Form 990) 2019

Part VII	Investments - Other Securities. Complete if the organization answered	I "Yes" on Form 990	, Part IV, line 11b. See Form 990, F	Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market	
(1) Financia	al derivatives			
(2) Closely	held equity interests			
(3) Other_				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related.		Dent IV 15 - 44 - Coo Ferra 200 F	0 - mt V - Um 4.0
-	Complete if the organization answered		I	
	(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
<u>(7)</u>				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.  Complete if the organization answered	I "Yes" on Form 990	, Part IV, line 11d. See Form 990, F	Part X, line 15.
	<b>(a)</b> De	scription		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	umn (b) must equal Form 990, Part X, col. (B) I	ine 15.)	<u> </u>	
Part X	Other Liabilities.  Complete if the organization answered line 25.	I "Yes" on Form 990	, Part IV, line 11e or 11f. See Form	990, Part X,
1.	(a) Descrip	tion of liability		(b) Book value
	ral income taxes	<u> </u>		(1)
(2)				
(3)				
(4)				
(5)				
(6)				
(7)			+	
(8)			+	
(9)				
	nn (b) must equal Form 990, Part X, col. (B) line 25.)			
	or uncertain tax positions. In Part XIII. provide the		·	t 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

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019 Page 4

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	508,558.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants	.	
d	Other (Describe in Part XIII.)		01 560
е	Add lines 2a through 2d	2e	21,569.
3	Subtract line 2e from line 1	3	486,989.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Lart Ain.)	4c	95.
С 5	Add lines <b>4a</b> and <b>4b</b>	5	487,084.
Part			,
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	185,060.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	21,671.
3	Subtract line 2e from line 1	3	163,389.
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 95.	-	
b	Other (Describe in Part XIII.)		٥٦
_ C	Add lines 4a and 4b	4c	95. 163,484.
5 Port	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	103,404.
2; Part	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform PAGE 5		

#### Part XIII Supplemental Information (continued)

SCHEDULE D, PART X LINE 2

THE FOUNDATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501C)(3) OF THE INTERNAL REVENUE CODE (THE "CODE") AND WAS DETERMINED TO BE A PUBLIC CHARITY ON AUGUST 18, 2010. CONTRIBUTIONS TO THE FOUNDATION ARE DEDUCTIBLE UNDER SECTION 170 OF THE CODE. THE FOUNDATION ANNUALLY FILES FORM 990 RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX AND IT'S AVAILABLE FOR PUBLIC VIEWING. ACCORDINGLY, THE FINANCIAL STATEMENTS DO NOT REFLECT A PROVISION FOR FEDERAL OR STATE INCOME TAXES. THERE WERE NO UNCERTAIN TAX POSITIONS AT DECEMBER 31, 2019 AND 2018. THE FOUNDATION DID NOT HAVE ANY TAX RELATED PENALTIES OR INTEREST FOR THE YEAR ENDED DECEMBER 31, 2019 AND 2018.

#### SCHEDULE I (Form 990)

# **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

2019

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization **Employer identification number** THE NIGHT STALKER FOUNDATION INC. 38-3804705 **General Information on Grants and Assistance** 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, other) 1 (a) Name and address of organization (c) IRC section (d) Amount of cash (e) Amount of non-(a) Description of (b) EIN (h) Purpose of grant (if applicable) or government grant cash assistance noncash assistance or assistance (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)(11)(12)

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

Schedule I (Form 990) (2019)

THE NIGHT STALKER FOUNDATION INC. 38-3804705

Schedule I (Form 990) (2019)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIP GRANTS	96.	158,402.		COST	SCHOLARSHIPS
Benowing Grants	30.	130,102.		0001	BOHOLINGHII B
2					
3					
4					
-					
5					
6					
7					

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

PART I, LINE 2; PART III, COLUMN (B); AND ANY OTHER ADDITIONAL INFORMATION

THE NIGHT STALKER FOUNDATION WAS ESTABLISHED IN OCTOBER 2009 AS A

NON-PROFIT ORGANIZATION DEDICATED TO SUPPORTING PAST AND CURRENT SOLDIERS

AND FAMILIES OF THE 160TH SPECIAL OPERATIONS AVIATION REGIMENT

(AIRBORNE). THROUGH DONATIONS AND SPONSORSHIPS, WE ARE ABLE TO PROVIDE

SUPPORT TO THE NIGHT STALKER SOLDIERS AND FAMILIES AND THE FAMILIES OF

OUR FALLEN NIGHT STALKERS. ONE OF THE WAYS WE SUPPORT OUR SOLDIERS AND

FAMILIES IS THROUGH PROVIDING SCHOLARSHIP. THE PAST AND CURRENT SOLDIERS

OF THE 160TH SPECIAL OPERATIONS AVIATION REGIMENT (AIRBORNE), THEIR

SPOUSES AND CHILDREN ARE ELIGIBLE TO APPLY ANNUALLY FOR SCHOLARSHIPS FROM

Schedule I (Form 990) (2019)

THE NIGHT STALKER FOUNDATION INC. 38-3804705

Schedule I (Form 990) (2019)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
_1					
_2					
3					
4					
5					
6					
7					

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

THE NSF. ONCE THE APPLICATION IS FILLED OUT IT IS SENT, IN PDF FORMAT,

VIA EMAIL TO THE SCHOLARSHIP COMMITTEE DIRECTOR. THE APPLICATIONS ARE

CHECKED FOR COMPLETENESS AND THE APPLICANT IS NOTIFIED WHEN THEIR

APPLICATION HAS BEEN ACCEPTED OR IS IN NEED OF ADDITIONAL INFORMATION.

AFTER THE CUTOFF DATE FOR RECEIVING APPLICATIONS HAS PASSED, A COMMITTEE

OF IMPARTIAL VOLUNTEERS IS FORMED TO SCORE ALL APPLICATIONS. THE

APPLICATIONS ARE REDACTED OF ALL PERSONAL AND ANY IDENTIFYING INFORMATION

BEFORE THE APPLICATIONS ARE GIVEN TO THE SCORING COMMITTEE. THE COMMITTEE

IS GIVEN A SCORING MATRIX TO ENSURE ALL APPLICATIONS ARE SCORED IN AN

EQUAL MANNER. THE SCORES ARE ARRANGED FROM HIGHEST TO LOWEST, THE HIGHER

Schedule I (Form 990) (2019)

THE NIGHT STALKER FOUNDATION INC. 38-3804705

Schedule I (Form 990) (2019)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
1					

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

SCORES RECEIVE A LARGER SCHOLARSHIP THAN THE LOWER SCORING APPLICATIONS.

THE GRANT FUNDS ARE MAILED TO THE SCHOOLS, NOT TO THE STUDENTS. IN THE LETTER SENT TO THE SCHOOL WITH EACH CHECK, IT STIPULATES THAT THE FUNDS CAN ONLY BE USED FOR TUITION, BOOKS, ROOM AND BOARD AND FEES. IN THAT LETTER THE SCHOOL IS ASKED TO RETURN ANY UNUSED FUNDS TO THE NIGHT STALKER FOUNDATION.

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

#### Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

gov/form990. Inspection

Employer identification number

38-3804705

Name of the organization
THE NIGHT STALKER FOUNDATION INC.

SCHEDULE O - SUPPLEMENTAL INFORMATION

FORM 990, PART III, LINE 4A:

THE NIGHT STALKER FOUNDATION (NSF) WAS ESTABLISHED IN OCTOBER 2009 AS A NON-PROFIT ORGANIZATION DEDICATED TO SUPPORTING PAST AND CURRENT SOLDIERS AND FAMILIES OF THE 160TH SPECIAL OPERATIONS AVIATION REGIMENT (AIRBORNE). THROUGH DONATIONS AND SPONSORSHIPS, THE NSF IS ABLE TO PROVIDE SUPPORT TO THE NIGHT STALKER SOLDIERS AND FAMILIES AND THE FAMILIES OF OUR FALLEN NIGHT STALKERS. ONE OF THE WAYS THE FOUNDATION SUPPORTS OUR SOLDIERS AND FAMILIES IS THROUGH PROVIDING SCHOLARSHIPS. THE PAST AND CURRENT SOLDIERS OF THE 160TH SPECIAL OPERATIONS AVIATION REGIMENT (AIRBORNE), THEIR SPOUSES AND CHILDREN ARE ELIGIBLE TO APPLY ANNUALLY FOR SCHOLARSHIPS FROM THE NSF. THE NSF BELIEVES THAT HIGHER EDUCATION CAN CHANGE THE TRAJECTORY OF THE LIVES OF THE SOLDIERS AND FAMILIES OF THE 160TH SPECIAL OPEARATIONS (AIRBORNE). TOWARD THIS EFFORT THE NSF AWARDED 96 SCHOLARSHIP GRANTS TO THE SOLDIERS, THEIR WIVES AND CHILDREN OF THE US ARMY'S SPECIAL OPERATIONS AVIATION REGIMENT (AIRBORNE) ATTENDING COLLEGE OR OTHER POST-SECONDARY INSTITUTIONS IN 2019. THESE STUDENTS ATTENDED 72 SCHOOLS IN 25 STATES. TOTAL AWARDED FOR SCHOLARSHIPS GRANTS WAS \$158,402.

FORM 990, PART VI, SECTION A, LINE 2:

ANGEL GONZALEZ AND GAYLE GONZALEZ HAVE A FAMILY RELATIONSHIP.

Name of the organization

THE NIGHT STALKER FOUNDATION INC.

Employer identification number

38-3804705

FORM 990, PART VI, SECTION A, LINE 4:

THE ORGANIZATION INCREASED THE NUMBER OF BOARD MEMBERS TO 9 THAT ALSO INCLUDES THE EXECUTIVE DIRECTOR AS A BOARD MEMBER.

FORM 990, PART VI, SECTION A, LINE 8B:

THE FOUNDATION DOES NOT GIVE COMMITTEES THE AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY.

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

THE BOARD MEMBERS ARE PROVIDED WITH A COPY OF FORM 990 AND ALL SCHEDULES FOR THEIR REVIEW BEFORE FILING FORMS WITH THE IRS.

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

ALL BOARD MEMBERS ARE PROVIDED WITH A COPY OF THE CONFLICT OF INTEREST POLICY. BOARD MEMBERS ARE REQUIRED TO SIGN THE POLICY AND REPORT ALL BUSINESS RELATIONSHIPS AND TRANSACTIONS THAT MAY POSE A CONFLICT OF INTEREST ANNUALLY.

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

THE NIGHT STALKER FOUNDATION PROVIDES COPIES OF ANY OF THE GOVERNING DOCUMENTS, CONFLICTS OF INTEREST POLICY, FINANCIAL STATEMENTS AND FORM 990 AND ALL SUPPORT SCHEDULES AND DOCUMENTS TO ANYONE REQUESTING THE DOCUMENTS.

ATTACHMENT 1

Schedule O (Form 990 or 990-EZ) 2019 Page 2

Employer identification number Name of the organization THE NIGHT STALKER FOUNDATION INC. 38-3804705 ATTACHMENT 1 (CONT'D) FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES BEGINNING ENDING DESCRIPTION BOOK VALUE BOOK VALUE COMMON STOCKS 13,956.

TOTALS

13,956.