Form	9	9	0
Departm	nent of	the	Treasury

Return of Organization Exempt From Income Tax

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.

Open to Public

OMB No. 1545-0047

Inter	nal Reve	enue Serv	vice Informa	tion about Form 990 and its	instruction	is is at www.ii	rs.gov/f	orm990.		lili	nspecti	on
AF	or th	e 202	0 calendar year, or tax year l	beginning	, 2020), and endin				, 2		
Р.			C Name of organization					D Employer ide	entific	ation num	nber	
Б С	heck if ap		THE NIGHT STALKER	FOUNDATION INC.								
	Addre chang		Doing Business As					38-3804	1705	,		
	Name	change	Number and street (or P.O. box if n	nail is not delivered to street address	3)	Room/suite		E Telephone nu	umber			
	Initial	return	11304 BELL STATION	ROAD				(931) 803	1-8	390		
	Termi	inated	City or town, state or province, cou	intry, and ZIP or foreign postal code								
	Amen returr		OAK GROVE, KY 4226	2-8343				G Gross receipt	ts \$		331	,982
	Applic pendi	cation	F Name and address of principal offic	er: BRIAN SUPKO				H(a) Is this a grou	Jp retur	n for	Yes	XN
			11304 BELL STATION	ROAD, OAK GROVE, I	KY 4226	52-8343		H(b) Are all subordi		.cluded?	Yes	
I	Tax-ex	empt st	tatus: X 501(c)(3) 501((c) () ◀ (insert no.)	4947(a)(1)	or 52	7	If "No," attac	h a list	. (see instru	ctions)	
J	Websi	te: 🕨	NIGHTSTALKERFOUNDATI	ON.COM				H(c) Group exemp	ption nu	umber 🕨		
ĸ	Form	of organ	nization: X Corporation Trust	Association Other		L Year o		on: 2009 M			omicile:	КY
	art I		mmary									
			y describe the organization's miss	ion or most significant activities	TO PR	OVIDE SC	HOLAF	SHIPS AN!	DF	INANC:	IAL	
e	·		ISTANCE TO CURRENT AN									
anc			ARMY'S 160TH SPECIAL									
Governance	2		k this box ▶ if the organizat					of its not assots	 e			
Š			per of voting members of the gove	•	•			1	3			11.
			per of independent voting member						4			11.
Activities &			number of individuals employed in						5			0.
ivit									6			11.
Act			number of volunteers (estimate if n									0
			unrelated business revenue from F						7a 7h			0
	D	net u	nrelated business taxable income	10m Form 990-1, line 34	<u></u>			Prior Year	7b	Cur	rent Y	
		Contr	ibutions and grants (Dart)/III line (b)				487,00	12	Cui		1,278
iue	8	Contr	ibutions and grants (Part VIII, line 1	n)	COF	PY FOR			0.			0
Revenue	9		am service revenue (Part VIII, line 2		PUBLIC I	NSPECTION		c	32.			704
Re	10		tment income (Part VIII, column (A						0.			0
			r revenue (Part VIII, column (A), lin					487,08			221	1,982
			revenue - add lines 8 through 11	· · ·				158,40				9,500
			ts and similar amounts paid (Part I)					150,40	0.		103	0,500
			fits paid to or for members (Part IX						0.			0
ses	15		ies, other compensation, employee						99.			-
Expenses	16a	Profe	ssional fundraising fees (Part IX, co	olumn (A), line 11e)	1 201				·9.			1,202
Ĕ	b		fundraising expenses (Part IX, colu					1 60				7 ())
			r expenses (Part IX, column (A), lin					4,68				7,623
			expenses. Add lines 13-17 (must		· • • • •			163,48				8,325
- 0		Rever	nue less expenses. Subtract line 18	3 from line 12	<u></u>		Deview	323,60				3,657
Net Assets or Fund Balances							Beginn	ning of Current Y		Enc	d of Yea	
sse Bala	20		assets (Part X, line 16)					394,07				2,126
nd E	21		liabilities (Part X, line 26)					204 07	0.			$\frac{0}{2}$
			ssets or fund balances. Subtract li	ne 21 from line 20	<u></u>	<u></u>		394,07	4.		542	2,126
	rt II		gnature Block							<u> </u>		
true	der per e, corre	ect, and	of perjury, I declare that I have examir I complete. Declaration of preparer (othe	ed this return, including accompate er than officer) is based on all inform	anying sched mation of wh	lules and stater lich preparer ha	nents, ar as any kno	owledge.	ту к	nowledge	and be	elief, it is
				i								
Sig	in		Signature of officer									
He			Signature of onicer					Date				
	-		True of print point and 201-									
			Type or print name and title	Dura anada 1 d		Dut						
Paid	ł		/Type preparer's name	Preparer's signature		Date		Check		PTIN		
	parer	BRA		BRAD CARUSO		11/15	/2021			P0124		
	Only	Firm's	s name 🕨 WITHUMSMITH+B	ROWN, PC						202709		
	,	Firm's	s address 🕨 ONE TOWER CENTER BL	VD 14TH FL EAST BRUNSWICK,	NJ 08816			Phone no.	732	-828-1	1614	

For Paperwork Reduction Act Notice, see the separate instructions.

May the IRS discuss this return with the preparer shown above? (see instructions)

No

Form 990 (2020)

X Yes

For	orm 990 (2020)		Page 2
Pa	Part III Statement of Program Service Accomplishments		
4	Check if Schedule O contains a response or note to any line	e in this Part III	
1	Briefly describe the organization's mission: THE NIGHT STALKER FOUNDATION (NSF) IS A NON PRO	OFIT ORGANIZATION WHICH	
	PROVIDES ASSISTANCE IN THE FORM OF SCHOLARSHIPS		
	ASSISTANCE TO CURRENT AND FORMER SOLDIERS AND H	FAMILY MEMBERS OF THE	
	US ARMY'S 160TH SPECIAL OPERATIONS AVIATION REG	GIMENT (AIRBORNE).	
2	Did the organization undertake any significant program services du prior Form 990 or 990-EZ?		X No
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant chaservices?		X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for expenses. Section $501(c)(3)$ and $501(c)(4)$ organizations are requ the total expenses, and revenue, if any, for each program service rep	ired to report the amount of grants and allocations t	
4a	a (Code:) (Expenses \$)
	SOLDIERS, THEIR WIVES AND CHILDREN OF THE US AN		
	OPERATIONS AVIATION REGIMENT(AIRBORNE) ATTENDIN		
	POST-SECONDARY INSTITUTIONS IN 2020.		
4b	b (Code:) (Expenses \$including grants o	f \$) (Revenue \$)
4c	c (Code:) (Expenses \$ including grants o	f \$) (Revenue \$)
4d	d Other program services (Describe on Schedule O.)		_
<u> </u>	(Expenses \$ including grants of \$ e Total program service expenses ▶ 173,460.) (Revenue \$)	
JSA	SA	Erro Q	90 (2020)
0E1	E1020 1.000 6249PY M998 11/15/2021 11:01:35 AM V 20-7.6		PAGE

Form 9	90 (2020)		F	Page 3
Part	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		v	
•	complete Schedule A	1	X X	
2 3	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> See instructions? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2	A	
3	candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
•	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
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	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I.	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			37
•	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	3		
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	x	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a		X
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	11b		X
С	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more			
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			v
-	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
1	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	x	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII.	12a	x	
b	Was the organization included in consolidated, 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	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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			37
45	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	15		х
16	for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	13		- 22
10	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			· ·
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			Х
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		^

Form 990 (2020)

Part	V Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J.	23		Х
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, 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		
Ь	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	2.70		
25 a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	ZJa		
D				
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	254		х
	If "Yes," complete Schedule L, Part I	25b		
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%			v
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2.	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
-	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note: 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			\square
		•••	Yes	No
12	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
C		10	Х	
JSA	reportable gaming (gambling) winnings to prize winners?	1c	^ 990	(2020)
0E1030	1.000	FOIM	330	(2020)

Form	990 (2020)		F	Page 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return. 2a 0.			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	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? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		Х
b	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			
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
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:			
	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:			
	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.)	4.5		
	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 12b			
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			
	Enter the amount of reserves on hand	4.4-		X
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Λ
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	45		Х
	excess parachute payment(s) during the year?	15		Λ
4.5	If "Yes," see instructions and file Form 4720, Schedule N.	16		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		21

Form **990** (2020)

Form 9	Deg (2020) THE NIGHT STALKER FOUNDATION INC. 38-3804	1705	F	Page 6
Part		and		
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.	See in	struc	
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
iu	If there are material differences in voting rights among members of the governing body, or	1		
	if the governing body delegated broad authority to an executive committee or similar			
b	committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
2	any other officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct			
5	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization make any significant changes to its governing documents since the proof of the organization's assets?	5		Х
6	Did the organization become aware during the year of a significant diversion of the organization s assets	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
10	one or more members of the governing body?	7a		Х
h	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
b	stockholders, or persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
0				
_	the year by the following:	8a	х	
a k	The governing body?	8b		х
b				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i> .	9		х
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue	-		
0000		0000	Yes	No
10-	Did the exercise tion have least charters branches as effiliates?	10a		Х
	Did the organization have local chapters, branches, or affiliates?	Tou		
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	10b		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	11a	X	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	110		
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a	х	
	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	120		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	12b	x	
		120		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12c	x	
4.0	describe in Schedule O how this was done	120		х
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		
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?	15a		х
a	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	130		
	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?
 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?
 16a 16b

Section C. Disclosure

JSA

17 List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright \frac{KY, NY}{NY}$.

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.

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.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records ►

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Page	7

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

 Check if Schedule O contains a response or note to any line in this Part VII
 Image: Check if Schedule O contains a response or note to any line in this Part VII

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

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.

(**a**)

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

				(0	C)					
(A)	(B)				ition			(D)	(E)	(F)
Name and title	Average	•				e than c		Reportable	Reportable	Estimated amount
	hours					is both or/trust		compensation	compensation	of other
	per week (list any						· ·	from the organization	from related organizations	compensation from the
	hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	+igh	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and
	related	dividual t director	tutio	ĕr	emp	est loye	her			related organizations
	organizations	or	nal		loye	e com				
	below dotted line)	ister	trus		ě	pen				
	,		:ee			Highest compensated employee				
						<u> </u>				
(1) BRIAN SUPKO	4.00									
EXECUTIVE DIRECTOR - TRUSTEE	0.	X		Х				0.	0.	0.
(2) KEVIN MANGUM	4.00									
CHAIR - TRUSTEE	0.	X		Х				0.	0.	0.
(3) ANGEL GONZALEZ	4.00									
DEPUTY ED - TRUSTEE	0.	X		Х				0.	0.	0.
(4) GAYLE GONZALEZ	4.00									
SECRETARY - TRUSTEE	0.	X		Х				0.	0.	0.
(5) DUANE ALBRO	4.00									
TRUSTEE	0.	X						0.	0.	0.
(6)BILL GOLDEN	4.00									
TRUSTEE	0.	Х						0.	0.	0.
(7) STRATTON LEOPOLD	4.00									
TRUSTEE	0.	Х						0.	0.	0.
(8)BILL REED	4.00									
TRUSTEE	0.	Х						0.	0.	0.
(9) BUFORD THOMAS	4.00									
TRUSTEE	0.	Х						0.	0.	0.
(10) CHRISTIAN WALTERS	4.00									
TRUSTEE	0.	Х						0.	0.	0.
(11) ^{MYLINH} SHATTAN	4.00									
TRUSTEE	0.	Х						0.	0.	0.
<u>(12)</u>		-								
(13)										
· · ·		1								
(14)										

THE NIGHT STALKER FOUNDATION INC.

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_	990 (2020)													Page 8
Ра	t VII Section A. Officers, Directors, Tru		ey Em	nplo			and H	ligl			lees (co	ntinue		
	(A) Name and title	(B) Average hours per week (list any hours for related	box, office	unles er an	Pos heck ss pe	erson lirect	e than o is both or/trusto emg	an	(D) Reportable compensation from the organization	(E) Reporta compensatio relate organizat (W-2/1099-	on from d ions	am com fre	(F) stimated nount of other pensation om the	f on
		organizations below dotted line)	Individual trustee or director	Institutional trustee	icer	Key employee	Highest compensated employee	mer	(W-2/1099-MISC)			and	anizatio d related anizatior	b
			-											
			_											
	Sub-total							►	0.		0.			0.
	Total from continuation sheets to Part VII, So Total (add lines 1b and 1c)	-		••	••	••			0.		0.			0.
2	Total number of individuals (including but not l reportable compensation from the organization	limited to t	hose 0.	liste	d al	bove	e) who	o re	ceived more than	\$100,000 d	of			
3	Did the organization list any former offic				icto	0	(0)(0	mn	loves or highes	taampana	otod		Yes	No
J	employee on line 1a? If "Yes," complete Schedu											3		Х
4	For any individual listed on line 1a, is the sorganization and related organizations gre	sum of rep eater than	oortab \$15	ole (50,0	com 00?	pen //////	satior <i>"Ye</i> s	n ar :," (nd other compens complete Schedu	sation from le J for s	the such			
5	<i>individual</i> Did any person listed on line 1a receive or	accrue co	mpen	sati	on f	from	n any	uni	related organization	on or indivi		4		Х
•	for services rendered to the organization? If "Ye	es," comple	te Scł	hedu	ıle J	l for	such	per	son	<u></u> .		5		Х
	tion B. Independent Contractors Complete this table for your five highest com compensation from the organization. Report c year.											s tax		
	(A) Name and business add	Iress							(B) Description of se	ervices	Со	(C) mpens	sation	
AB	BY HEITKAMP 11537 S CARBONDALE S		Е, К	S	660	61		+	•			•		60.
	LEY HARTWELL 160 E UNIVERSITY AU												45	50.

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 (2020)

		Check if Schedule O contains a response or note to a	ny line in this Part \	/111		
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ស ស	1a	Federated campaigns 1a 2,129.				
unt	b	Membership dues				
ΩĘ	c	Fundraising events				
r A,	d	Related organizations	-			
ila	e	Government grants (contributions)				
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts, grants,	-			
er	.	and similar amounts not included above 1 1 1 296,288.				
ţ	g	Noncash contributions included in	-			
dit	9	lines 1a-1f				
аĞС	h	Total. Add lines 1a-1f	331,278.			
		Business Code				
e	20					
ž	2a					
Se	b					
an Sve	C d					
2 B C C C C C C C C C C C C C C C C C C	d					
Program Service Revenue	e					
	g	All other program service revenue L Total. Add lines 2a-2f	0.			
	3	Investment income (including dividends, interest, and				
		other similar amounts).	704.			704.
	4	Income from investment of tax-exempt bond proceeds	0.			
	5	Royalties	0.			
		(i) Real (ii) Personal				
	6a	Gross rents 6a				
	b	Less: rental expenses 6b				
	c	Rental income or (loss) 6c	-			
	d	Net rental income or (loss)	0.			
	7a	Gross amount from (i) Securities (ii) Other				
	10	sales of assets	-			
		other than inventory 7a				
đ	ь	Less: cost or other basis	-			
evenue		and sales expenses 7b				
eve		Gain or (loss) 7c				
Ř	d	Net gain or (loss)	0.			
Other						
ð	8a	Gross income from fundraising				
		of contributions reported on line 1c) See Part IV line 18				
		1c). See Part IV, line 18 8a 0. Less: direct expenses 8b 0.	-			
	b c	Net income or (loss) from fundraising events	0.			
	9a	Gross income from gaming				
	94	activities. See Part IV, line 19				
	ь	Less: direct expenses				
	c	Net income or (loss) from gaming activities	0.			
	10a	Gross sales of inventory, less				
	liva	returns and allowances 10a 0.				
	ь	Less: cost of goods sold				
	c b	Net income or (loss) from sales of inventory	0.			
ŝ		Business Code				
e gui	11a					
Miscellaneous Revenue	b					
ella	c b					
isc R	d	All other revenue				
Σ	e	Total. Add lines 11a-11d	0.			
	12	Total revenue. See instructions	331,982.			704.

Form 990 (2020) THE NIGHT Part IX Statement of Functional Expenses	STALKER FOUNDAT			304705 Page 1
Section 501(c)(3) and 501(c)(4) organizations must		All other organization	ns must complete colur	nn (A)
Check if Schedule O contains a respo				
Do not include amounts reported on lines 6b, 7b,		(B)	(C)	(D)
Bb, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	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	169,500.	169,500.		
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				
section 401(k) and 403(b) employer contributions)	0.			
9 Other employee benefits	0.			
0 Payroll taxes	0.			
1 Fees for services (nonemployees):				
a Management	0.			
b Legal	550.		550.	
c Accounting	0.			
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17,	1,202.			1,20
f Investment management fees	270.		270.	
g Other. (If line 11g amount exceeds 10% of line 25, column				
(A) amount, list line 11g expenses on Schedule O.)	0.			
2 Advertising and promotion	0.			
3 Office expenses	2,843.		2,843.	
4 Information technology	0.			
5 Royalties	0.			
6 Occupancy	0.			
7 Travel	0.			
8 Payments of travel or entertainment expenses				
for any federal, state, or local public officials	0.			
9 Conferences, conventions, and meetings	0.			
20 Interest	0.			
Payments to affiliates	0.			
2 Depreciation, depletion, and amortization	0.	2.000		
3 Insurance	3,960.	3,960.		
4 Other expenses. Itemize expenses not covered				
above (List miscellaneous expenses on line 24e. If				
line 24e amount exceeds 10% of line 25, column				
(A) amount, list line 24e expenses on Schedule O.)				
a				
b				
c				
d				
e All other expenses	100 205	100 400	2.662	1
Total functional expenses. Add lines 1 through 24e	178,325.	173,460.	3,663.	1,20
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs				
from a combined educational campaign and				
fundraising solicitation. Check here if	0			

0.

JSA 0E1052 1.000

following SOP 98-2 (ASC 958-720)

Form 990 (2020)

Page	1	1
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P	art X	Balance Sheet			<u> </u>
		Check if Schedule O contains a response or note to any line in this P	art X		X
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	207,906.	1	358,254.
	2	Savings and temporary cash investments.	40,212.	2	40,646.
	3	Pledges and grants receivable, net	132,000.	3	130,000.
	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.
Š	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		10c	0.
	11	Investments - publicly traded securities	13,956.	11	13,226.
	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)	394,074.	16	542,126.
	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.
ies	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%	0		0
-iab		controlled entity or family member of any of these persons	0.	22	0.
	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			
		parties, and other liabilities not included on lines 17-24). Complete Part X	0.		0.
	20	of Schedule D	0.	25	0.
	26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958 check here ► X	0.	26	0.
ces		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
ano	27	Net assets without donor restrictions	262,074.	27	412,126.
Bal	28	Net assets with donor restrictions.	132,000.	28	130,000.
Fund Balances	20	Organizations that do not follow FASB ASC 958, check here ►	10270001	20	130,000.
		and complete lines 29 through 33.			
o	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	<u> </u>
Assets or	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	394,074.	32	542,126.
Net	33	Total liabilities and net assets/fund balances	394,074.	33	542,126.
			- ,		Form 990 (2020)

Form **990** (2020)

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TUP	NTGUT	SIATVER	FOUNDAILON	TINC.

Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 1 1 Total expenses (must equal Part VIII, column (A), line 25) 1 2 Total expenses (must equal Part IX, column (A), line 25) 3 3 153, 657. 3 153, 657. 3 153, 657. 4 394, 074. 5 -5, 605. 6 0. 7 0. 8 0. 9 <th>Form 99</th> <th>90 (2020)</th> <th></th> <th></th> <th>Pa</th> <th>ge 12</th>	Form 99	90 (2020)			Pa	ge 12
1 Total revenue (must equal Part VIII, column (A), line 12) 1 331, 982. 2 Total expenses (must equal Part IX, column (A), line 25) 2 1778, 325. 3 Revenue less expenses. Subtract line 2 from line 1 3 153, 657. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 394, 074. 5 Donated services and use of facilities 5 -5, 605. 6 0. 7 0. 8 0. 9 0. 9 0. 8 0. 9 0. 10 542,126. 2art XU Financial Statements and Reporting 10 542,126. 2art XU Financial Statements and Reporting 0 10 542,126. 2art XU Financial Statements and Reporting 0 10 542,126. 2art XU Financial Statements and Reporting 0 10 542,126. 2art XU Financial Statements and Reporting 0 10 542,126. 2art XU Financial Statements and Reporting 0 10 542,126. 2a	Part	XI Reconciliation of Net Assets				
1 Total expenses (must equal Part IX, column (A), line 25) 178,325. 2 178,325. 3 153,657. 4 394,074. 5 -5,605. 6 0. 7 0. 8 0. 9 0. 9 0. 9 0. 9 0. 9 0. 9 0. 9 0. 9 0. 9 0. 9 0. 10 542,126. 9 0. 10 542,126. 9 0. 10 542,126. 9 0. 10 542,126. 9 0. 10 542,126. 9 0. 10 542,126. 9 0. 11 Accounting method used to prepare the Form 990: Cash X Accrual Other 11 ft he organization's financial statements compiled or reviewed by an independent ac		Check if Schedule O contains a response or note to any line in this Part XI				
1 1 bit degradue to the vertice of the set	1	Total revenue (must equal Part VIII, column (A), line 12)	1			
 Not assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) Donated services and use of facilities Donated services and use of facilities Donated services and use of facilities Prior period adjustments Other changes in net assets or fund balances (explain on Schedule O). Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) Other changes in net assets or fund balances (explain on Schedule O). Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) Check if Schedule O contains a response or note to any line in this Part XII. Check if Schedule O contains a response or note to any line in this Part XII. Accounting method used to prepare the Form 990: Cash X Accrual Other If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Consolidated basis Both consolidated basis Consolidated basis Both consolidated and separate basis Consolidated basis Both consolidated and separate basis Consolidated basis Both consolidated and separate basis Consolidated basis Both consolidated basis or both: X Separate basis<td>2</td><td>Total expenses (must equal Part IX, column (A), line 25)</td><td>2</td><td></td><td></td><td></td>	2	Total expenses (must equal Part IX, column (A), line 25)	2			
 Included and the organization of a facilities	3	Revenue less expenses. Subtract line 2 from line 1	3			
a Charles of Construction of the charles and use of facilities a 0. b Donated services and use of facilities a 0. c Investment expenses a 0. g Other changes in net assets or fund balances (explain on Schedule O). g 0. g Other changes in net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)). g 0. g Other changes in net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)). g 0. g Other changes in net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)). g 542,126. Part XII Financial Statements and Reporting f f f C heck if Schedule O contains a response or note to any line in this Part XII. f Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other, " explain in Schedule O. 2a X Yes No Separate basis Consolidated basis, or both: 2a X if "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis Both consolidated and separate basis 2b X if "Yes,"	4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3		
0 Durated services and use of radiuses 7 Investment expenses 7 8 0. 9 Other changes in net assets or fund balances (explain on Schedule O). 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)). 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)). 542,126. Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII. 10 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis. Consolidated basis. or both: 2a X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. Consolidated basis. or both: 2b X If "Yes," to line 2 or 2b, does the organization have a committee that assumes responsibility for oversight of the equalit, review, or compilation of its financial statements and selection of an independent accountant?. 2c X	5	Net unrealized gains (losses) on investments	5		-5,6	
 a Prior period adjustments	6	Donated services and use of facilities	6			
 a) Other changes in net assets or fund balances (explain on Schedule O)	7	Investment expenses	7			
10 Neter charges influe assets of fund balances (explained in Schedule O),	8		8			
32, column (B)) 10 542,126. Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII. Image: Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII. Image: Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII. Image: Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII. 1 Accounting method used to prepare the Form 990: Cash Image: Consolidate Check a Contains a response or note to any line in this Part XII. 2a Were the organization's financial statements compiled or reviewed on a separate basis. Consolidated basis. Doth consolidated and separate basis b Were the organization's financial statements and led by an independent accountant? 2a X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. Both consolidated and separate basis 2b X b Were the organization of its financial statements and selection of an independent accountant? 2c X If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c X If the organization changed either its oversight proces	9	Other changes in net assets or fund balances (explain on Schedule O).	9			0.
Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII. Image: Schedule O contains a response or note to any line in this Part XII. 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Yes No 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis Consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis Consolidated basis Both consolidated and separate basis 2b X If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c X	10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
Check if Schedule O contains a response or note to any line in this Part XII. Image: Specific Schedule O Contains a response or note to any line in this Part XII. 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Yes No 2a Were the organization's financial statements compiled or reviewed by an independent accountant?. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis Consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c X If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a X If the organization of a federal award, was the organization required to undergo an audit or audits as set for			10	5	542,1	L26.
1 Accounting method used to prepare the Form 990: Cash X Accrual Other Yes No 1 Accounting method used to prepare the Form 990: Accrual Other Other Other Image: Cash X Accrual Other Im	Part					
1 Accounting method used to prepare the Form 990: Cash X Accrual Other_ Other		Check if Schedule O contains a response or note to any line in this Part XII				
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a 2a X 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2a X Separate basis Consolidated basis Both consolidated and separate basis 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c X If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a X 3a As a result of a federal award, was the organization required to undergo an audit or					Yes	No
Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis. Description: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis c If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis C If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	1					
 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis. b Were the organization's financial statements audited basis is Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant?			xplain in			
 If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis. Consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis Consolidated basis Both consolidated and separate basis If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the 		Schedule O.				
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 b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the 		reviewed on a separate basis, consolidated basis, or both:				
 b Were the organization's inflation statements addited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the 		Separate basis Consolidated basis Both consolidated and separate basis				
 separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
 X Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the 		If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted on a			
 c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? lf the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the 						
 the audit, review, or compilation of its financial statements and selection of an independent accountant?		X Separate basis Consolidated basis Both consolidated and separate basis				
 If the organization changed either its oversight process or selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the 	С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersight of			
Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth 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 undergo the Image: Comparization did not undergo the required audit or audits?		the audit, review, or compilation of its financial statements and selection of an independent accounta	nt?	2c	Х	
 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the 		If the organization changed either its oversight process or selection process during the tax year, e	xplain on			
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 undergo the 4		Schedule O.				
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 undergo the 4	3a	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	rth in the			
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				3a		Х
	b		ergo the			
				3b		

Form **990** (2020)

 SCHEDULE A (Form 990 or 990-EZ)
 Public Charity Status and Public Support

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

 > Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047 2020

Department of the Treasury Internal Revenue Service								Open to Public Inspection
Nam	e of the organization	1					Employer identif	
	E NIGHT STALK	ER FOUNDA	TION INC.				38-38047	
Pa	rt I Reason fo	r Public Cha	arity Status. (All	organizations must	complet	te this p	art.) See instruction	S.
		t a private fou	indation because it	t is: (For lines 1 throu	gh 12, ch	eck only	one box.)	
1	A church, con	vention of ch	urches, or associa	tion of churches desc	ribed in s	ection 1	70(b)(1)(A)(i).	
2	A school desc	cribed in sect i	ion 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90 or 990)-EZ).)	
3	A hospital or	a cooperative	hospital service o	rganization described	in sectio	n 170(b)	(1)(A)(iii).	
4	A medical res	earch organiz	zation operated in	conjunction with a ho	spital de	scribed i	n section 170(b)(1)(A)	(iii). Enter the
	hospital's nan	ne, city, and s	tate:					
5	An organizati	on operated	for the benefit of	a college or universi	ty owned	d or ope	erated by a governme	ental unit described in
			Complete Part II.)					
6		•	•	rnmental unit describe				
7			-		upport fr	om a go	vernmental unit or fr	om the general public
)(1)(A)(vi). (Compl					
8			-	b)(1)(A)(vi). (Complete				
9			-	ed in section 170(b)(1		-		
		or a non-land-	grant college of a	griculture (see instruc	tions). E	nter the	name, city, and state o	t the college or
10		an that narma	$\frac{1}{1}$	are then 224/29/ of its	aupport	from	atributiona mombarah	in face, and grace
10	receipts from	activities rela	ated to its exempt f	ore than 331/3 % of its functions, subject to c nrelated business tax	ertain ex	ceptions	s; and (2) no more tha	n 331/3 % of its
	acquired by th	ne organizatio	on after June 30, 1	975. See section 509	(a)(2). (0	Complete	e Part III.)	
11	An organization	on organized	and operated excl	usively to test for publ	ic safety.	See sec	tion 509(a)(4).	
12	U	0	•	•				carry out the purposes
								See section 509(a)(3).
	Check the boy	k in lines 12a	through 12d that d	escribes the type of s	upporting	g organiz	zation and complete li	nes 12e, 12f, and 12g.
а	•••		•	l, supervised, or contr			•	
		-		regularly appoint or e		ajority of	f the directors or truste	es of the
		-	-	te Part IV, Sections A				
b			-	ed or controlled in co				
		-		organization vested in	the sam	e persor	is that control of mar	age the supported
~		. ,		, Sections A and C. ing organization operation	ated in c	onnoctio	n with and functiona	lly integrated with
С	•••			ns). You must comple				ny integrated with,
d		-		porting organization of				ted organization(s)
	•••			nization generally mus	•			• • • •
		-		omplete Part IV, Sect	-			
е				a written determinatio				II, Type III
		-		tionally integrated sup				
f								
g	Provide the follow	ving informati	on about the supp	orted organization(s).			1	1
	(i) Name of supported	organization	(ii) EIN	(iii) Type of organization (described on lines 1-10		organization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
				above (see instructions))		ment?	instructions)	instructions)
					Yes	No		
(A)								
(B)								
(0)								
(C)								
(D)								
(E)								
Tota	al							

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020

Part II

38-3804705

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.)

<u> </u>	tion A Public Support			etea beren, p	ioaco compio					
	tion A. Public Support ndar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total			
Cale	ridar year (or fiscal year beginning in)	(a) 2010	(b) 2017	(C) 2018	(d) 2019	(e) 2020	(1) 10tai			
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	220,889.	203,350.	203,530.	487,002.	331,278.	1,446,049.			
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	220,889.	203,350.	203,530.	487,002.	331,278.	1,446,049.			
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).						114,871.			
6	Public support. Subtract line 5 from line 4						1,331,178.			
	tion B. Total Support						_,,			
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total			
7	Amounts from line 4.	220,889.	203,350.	203,530.	487,002.	331,278.	1,446,049.			
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources		12.	20.	82.	704.	818.			
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						1,446,867.			
12	Gross receipts from related activities, etc. (s	ee instructions) .				12				
13	First 5 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 2020 (lir		-			14	92.00% 86.18%			
15	Public support percentage from 2019 S					15	<u>,,,</u>			
	331/3% support test - 2020. If the org box and stop here. The organization qu 331/3% support test - 2019. If the org	alifies as a pub	licly supported o	organization			► X			
	this box and stop here . The organization qualifies as a publicly supported organization									
17a	10%-facts-and-circumstances test - 2	020. 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 t	he facts-and-c	ircumstances te	st. The organiz	ation qualifies	as a publicly su	upported			
	organization						► 📖			
b	10%-facts-and-circumstances test - 2	-	•							
	15 is 10% or more, and if the organiz					-				
	in Part VI how the organization meets organization						▶□			
18	Private foundation. If the organization instructions									

Schedule A (Form 990 or 990-EZ) 2020

Page 3

Schedule A (Form 990 or 990-EZ) 2020

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

<u>Sec</u>	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
D	Amounts included on lines 2 and 3 received from other than disgualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b.						
8	Public support. (Subtract line 7c from						
<u></u>	line 6.)						
	tion B. Total Support	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
_	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2017	(6) 2018	(u) 2019	(e) 2020	(1) 10tai
9 10 a	Amounts from line 6 Gross income from interest, dividends,						
iva	payments received on securities loans,						
	rents, royalties, and income from similar						
h	sources						
b	section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11 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,						
15	and 12.)						
14	First 5 years. If the Form 990 is for	the organizati	on's first secon	d third fourth	or fifth tax ve	ar as a section	501(c)(3)
14	organization, check this box and stop here .	-			•		
Sec	tion C. Computation of Public Supp						
15	Public support percentage for 2020 (line 8,		•	ımn (f))		15	%
16	Public support percentage from 2019 Sched					16	%
	tion D. Computation of Investment						,,,
17	Investment income percentage for 2020 (lin			13. column (f))		17	%
18	Investment income percentage from 2019 S						%
	331/3% support tests - 2020. If the org						
	17 is not more than 331/3%, check this	-					
b	331/3% support tests - 2019. If the orga	-	-	•			
-	line 18 is not more than 331/3%, check						
20	Private foundation. If the organization d		•	•			
JSA						Schedule A (Form 9	
0E122	11.000 6249PY M998 11/15/2021 11	L:01:35 AM	V 20-7.6F	1			PAGE 1

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

JSA 0E1229 1.010 10b Schedule A (Form 990 or 990-EZ) 2020

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Part	V Supporting Organizations (continued)			
			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 lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s)</i> effectively operated, supervised, or controlled the organization's activities. <i>If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		

Section C. Type II Supporting Organizations

0000	ion of Type in oupporting organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supportion (a)			
	the supported organization(s).	1		

Section 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		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's</i>			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
а	The organization satisfied the Activities Test. Complete line 2 below.
b	The organization is the parent of each of its supported organizations. Complete line 3 below.
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).
•	Activities Test Answer lines 2s and 3b below

2	Activities Test. Answer lines za and zo below.		1	
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3h	i	

Section	instructions. All other Type III non-functionally integrated supporting organi A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (optional)	
1 Nets	short-term capital gain	1			
	overies of prior-year distributions	2			
	r gross income (see instructions)	3			
	lines 1 through 3.	4			
	eciation and depletion	5			
6 Porti gross	on of operating expenses paid or incurred for production or collection of s income or for management, conservation, or maintenance of property for production of income (see instructions)	6			
7 Othe	r expenses (see instructions)	7			
8 Adju	sted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Section	B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
	egate fair market value of all non-exempt-use assets (see uctions for short tax year or assets held for part of year):				
a Aver	age monthly value of securities	1a			
b Aver	age monthly cash balances	1b			
c Fair	market value of other non-exempt-use assets	1c			
d Tota	I (add lines 1a, 1b, and 1c)	1d			
e Disc	ount claimed for blockage or other factors (<i>explain in detail in Part VI)</i> :	1e			
	isition indebtedness applicable to non-exempt-use assets	2			
	ract line 2 from line 1d.	3			
	n deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, instructions).	4			
	value of non-exempt-use assets (subtract line 4 from line 3)	5			
	ply line 5 by 0.035.	6			
	overies of prior-year distributions	7			
	mum Asset Amount (add line 7 to line 6)	8			
	C - Distributable Amount			Current Year	
1 Adju	sted net income for prior year (from Section A, line 8, column A)	1			
	r 0.85 of line 1.	2			
3 Minir	num asset amount for prior year (from Section B, line 8, column A)	3			
	r greater of line 2 or line 3.	4			
	ne tax imposed in prior year	5			
	ibutable Amount. Subtract line 5 from line 4, unless subject to				
	rgency temporary reduction (see instructions).	6			

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

Schedule A (Form 990 or 990-EZ) 2020

Sect	V Type III Non-Functionally Integrated 509(a)(3) tion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish ex	vemnt nurnoses		1	Guirent real
2	Amounts paid to perform activity that directly furthers exer			•	
2	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpo		3		
4	Amounts paid to acquire exempt-use assets		4		
5	Qualified set-aside amounts (prior IRS approval required - p		5		
6	Other distributions (<i>describe in Part VI</i>). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp		-	
Ū	(provide details in Part VI). See instructions.	the organization is roop		8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020		(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
С	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from				
	Section D, line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2016				
b	Excess from 2017				
С	Excess from 2018				
d	Excess from 2019				
е	Excess from 2020				

Page 8

Schedule A (Form 990 or 990-EZ) 2020

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) Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2020

Name of the organization

THE NIGHT STALKER FOUNDATION INC.

Employer identification number

38-3804705

Organization t	ype ((check	one):
----------------	-------	--------	-------

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

Check if your organization is covered by the General Rule or a Special Rule.

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

General Rule

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

Special Rules

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

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

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

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

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1	N/A	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2	N/A	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3	N/A	\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4	N/A	\$12,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
5	N/A	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
6	N/A	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

art I Contri	butors (see instructions). Use duplicate cop		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$125,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	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.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization THE NIGHT STALKER FOUNDATION INC.

Employer identification number 38-3804705

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

1 6	Form 990, 990-EZ, or 990-PF) (2020)		Page -
lame of or	ganization THE NIGHT STALKER FOUN	DATION INC.	Employer identification number
			38-3804705
Part III	Exclusively religious, charitable, etc.	, contributions to organizations d	lescribed in section 501(c)(7), (8), or
	(10) that total more than \$1,000 for	the year from any one contribute	or. Complete columns (a) through (e) and
			otal of <i>exclusively</i> religious, charitable, etc
	contributions of \$1,000 or less for th	e year. (Enter this information onco	e. See instructions.) ► \$
	Use duplicate copies of Part III if addit	ional space is needed	
(a) No.		•	
from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		•	(d) Description of how gift is held
from		•	(d) Description of how gift is held
from		•	(d) Description of how gift is held
from		•	(d) Description of how gift is held
from		•	(d) Description of how gift is held
from		•	(d) Description of how gift is held

		(e) Transfer of gift		
	Transferee's name, address, and ZI	P + 4	Relationship of transf	eror to transferee
—				
(a) No.				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
latt				
		(e) Transfer of gift		
	Transferee's name, address, and ZI	P + 4	Relationship of transf	eror to transferee
(a) No				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held
—				
		(e) Transfer of gift		
	Transferee's name, address, and ZI	P + 4	Relationship of transf	eror to transferee
—				
(a) No.				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held
		(e) Transfer of gift		

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

			ental Financial Statemen		OMB No. 1545-0047
		-	8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, o		2020
Depa	rtment of the Treasury		Attach to Form 990.		Open to Public
	al Revenue Service	Go to www.irs.gov	/Form990 for instructions and the latest info		Inspection
	of the organization			Employer identifica	
		R FOUNDATION INC.	is a d Francis on Others Olympites Francis	38-380470	
Pa	-	-	ised Funds or Other Similar Funds of	or Accounts.	
	Complete	an the organization answered	"Yes" on Form 990, Part IV, line 6.	(h) Eurodo and	
_			(a) Donor advised funds	(b) Funds and	other accounts
1		nd of year			
2		of contributions to (during year)			
3		of grants from (during year)			
4		it end of year			
5	-		advisors in writing that the assets hele		
	-		e organization's exclusive legal control?		Yes No
6			and donor advisors in writing that grant		
			fit of the donor or donor advisor, or for		
			<u></u>		Yes No
Ра		tion Easements.			
		-	"Yes" on Form 990, Part IV, line 7.		
1			e organization (check all that apply).	· · · · · · · · · · · · · · · · · · ·	
		n of land for public use (for example		n of a historically im	
		of natural habitat		n of a certified histor	ric structure
_		n of open space			
2			eld a qualified conservation contribution		
		ast day of the tax year.			End of the Tax Year
а				2a	
b			8	2b	
С			historic structure included in (a)	2c	
d			c) acquired after 7/25/06, and not on a		
				2d	
3	Number of conse	rvation easements modified, tra	nsferred, released, extinguished, or terr	minated by the orga	anization during the
	tax year 🕨				
4			rvation easement is located \blacktriangleright		
5	Does the organiz	ation have a written policy reg	garding the periodic monitoring, inspe	ction, handling of	
	violations, and enf	orcement of the conservation ea	sements it holds?		└── Yes └── No
6	Staff and volunteer	hours devoted to monitoring, insp	ecting, handling of violations, and enforcin	g conservation easem	ents during the year
	▶				
7	Amount of expens	es incurred in monitoring, inspec	ting, handling of violations, and enforcing	conservation easem	ents during the year
	▶\$				
8			2(d) above satisfy the requirements of sec		
					└── Yes └── No
9		8	conservation easements in its revenue a		
		••	of the footnote to the organization's finan	cial statements that	describes the
		ounting for conservation easeme			
Pa			of Art, Historical Treasures, or Oth	er Similar Assets.	1
	Complete	e if the organization answered	"Yes" on Form 990, Part IV, line 8.		
1a	If the organization of art, historical t service, provide in	n elected, as permitted under FA treasures, or other similar asse Part XIII the text of the footnote	ASB ASC 958, not to report in its reven ts held for public exhibition, education to its financial statements that describes	ue statement and b n, or research in fu these items.	alance sheet works rtherance of public
b	If the organization art, historical treas	n elected, as permitted under Fa	ASB ASC 958, to report in its revenue Id for public exhibition, education, or re	statement and bala	ince sheet works of
	•	•		₽.€	
2			rt, historical treasures, or other similar		
-	•		ASB ASC 958 relating to these items:		
а				⊅ ◀	
	Assets included in	Form 990. Part X		► \$	

For Paperwork Re	eduction	Act Notice, see th	e Instructions f	or Foi	m 9	90.
JSA						
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Schedule D (Form 990) 2020

THE NICHT STALKED FOUNDATION INC

		S NIGHT STALKER	R FOUNDATION	INC.		38-38	04705	-
-	lule D (Form 990) 2020							Page 2
Ра	rt III Organizations Maintain	ing Collections of	Art, Historical Tr	easures, o	r Other S	Similar Assets	(continued	d)
3	Using the organization's acquisition	on, accession, and c	other records, cheo	k any of th	e followi	ng that make sig	gnificant us	se of its
	collection items (check all that app	oly):						
а	Public exhibition		d Loan	or exchange	e program	n		
b	Scholarly research		e Other	r				
с	Preservation for future gene	erations						
4	Provide a description of the orga		and explain how	they furthe	r the ora	anization's exem	nt nurnose	in Part
•	XIII.			they runned				in r art
5	During the year, did the organization	on solicit or receive d	lonations of art his	torical trace		thor similar		
3	assets to be sold to raise funds rat						Yes	No
Pa	rt IV Escrow and Custodial A		anieu as part or the	organization			103	
	Complete if the organiza 990, Part X, line 21.	ation answered "Ye					unt on For	m
1a	Is the organization an agent, trus							
	included on Form 990, Part X?						Yes	No
b	If "Yes," explain the arrangement i	in Part XIII and comp	plete the following ta	ıble:				
						Amour	nt	
С	Beginning balance			1c				
d	Additions during the year			1d				
е	Distributions during the year			1e				
f	Ending balance			1f				
2a	Did the organization include an am	nount on Form 990, I	Part X, line 21, for	escrow or c	ustodial a	account liability?	Yes	No
b	If "Yes," explain the arrangement	in Part XIII. Check he	ere if the explanatio	n has been p	provided o	n Part XIII		
Ра	rt V Endowment Funds.							
	Complete if the organiza	ation answered "Ye	es" on Form 990,	Part IV, line	e 10.			
		(a) Current year	(b) Prior year	(c) Two yea	ars back	(d) Three years back	(e) Four y	ears back
1a	Beginning of year balance	54,168.	24,925.					
b	Contributions	4,875.	29,358.	25	5,000.			
c	Net investment earnings, gains,							
U	and losses	-5,171.	-115.		-75.			
Ь	Grants or scholarships							
	Other expenditures for facilities							
C	and programs							
f	Administrative expenses							
	End of year balance	53,872.	54,168.	24	925.			
g	Provide the estimated percentage		and halance (line 1c) hold ac:			
∠ a	Board designated or quasi-endown	nent \blacktriangleright 100.0000		, column (a)) Heiu as.			
b	Permanent endowment							
	Term endowment	%						
-	The percentages on lines 2a, 2b, a	_,,,	100%.					
3a	Are there endowment funds not in			t are held ar	nd admini	stered for the		
• •	organization by:		ie erganzatien tild				Y	es No
	(i) Unrelated organizations						3a(i)	X
	(ii) Related organizations							X
h	If "Yes" on line 3a(ii), are the relat							
4	Describe in Part XIII the intended	•	•					
-	rt VI Land, Buildings, and Eq			1105.				
T a	Complete if the organiz	ation answered "Ye	<u>es" on Form 990,</u>	Part IV, lin	<u>e 11a. S</u>			
	Description of property	(a) Cost or (invest		or other basis other)	(c) Accu depre		(d) Book valu	e
1a	Land		(01101/	uepie			
b	Buildings							
с с	Leasehold improvements							
d	Equipment.							
	Other Add lines 1a through 1e. (Column	n (d) must equal Form	n 000 Part X colun	n (R) lina 1	l Oc)			
		, a, mast oquar i om		, <i>(u)</i> ,				

Schedule D (Form 990) 2020

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(a) Description of security or category	(b) Book value	(c) Method of valuation:
(including name of security)		Cost or end-of-year market value
Financial derivatives		
Closely held equity interests	•••	
Other(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
al. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		
art VIII Investments - Program Related. Complete if the organization answ	vered "Yes" on Form 99	0, Part IV, line 11c. See Form 990, Part X, line 1
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
)		
)		
)		
)		
tal. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		
art IX Other Assets.		
· •		0, Part IV, line 11d. See Form 990, Part X, line 1
	a) Description	(b) Book val
)		
· · · · · · · · · · · · · · · · · · ·		
, ;)		
)		
tal. (Column (b) must equal Form 990, Part X, col.	(B) line 15.)	
art X Other Liabilities. Complete if the organization answ line 25.	vered "Yes" on Form 99	0, Part IV, line 11e or 11f. See Form 990, Part X
	escription of liability	(b) Book val
I) Federal income taxes		
)		
3)		
)		
7)		
))		
•) tal. (Column (b) must equal Form 990, Part X, col. (B) line	e 25.)	•
,,		
Liability for uncertain tax positions. In Part XIII, provid-	e the text of the footnote to	the organization's financial statements that reports the

Schedu	le D (Form 990) 2020			Page 4
Part		er Return).	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total revenue, gains, and other support per audited financial statements		1	344,107.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а		5,605.		
b	Donated services and use of facilities	8,000.		
С	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	12,395.
3	Subtract line 2e from line 1		3	331,712.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	270.		
b	Other (Describe in Part XIII.)			
с	Add lines 4a and 4b		4c	270.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	331,982.
Part		per Retu	rn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total expenses and losses per audited financial statements		1	196,055.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	8,000.		
b	Prior year adjustments			
с	Other losses			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	18,000.
3	Subtract line 2e from line 1		3	178,055.
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	270.		
b	Other (Describe in Part XIII.) 4b			
c	Add lines 4a and 4b		4c	270.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	178,325.
Part	XIII Supplemental Information.			
Provid	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b	and 2b [.] P	art V lin	e 4 [.] Part X line

2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

Schedule D (Form 990) 2020

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, 2020 AND 2019. THE FOUNDATION DID NOT HAVE ANY TAX RELATED PENALTIES OR INTEREST FOR THE YEAR ENDED DECEMBER 31, 2020 AND 2019.

SCHEDULE G		Information Re	•		•	•	OMB No. 1545-0047
(Form 990 or 990-EZ)		organization entered I		5,000 on For	rm 990-EZ, line 6a.	o, oo	2020
Department of the Treasury Internal Revenue Service	► G	to to www.irs.gov/Form					Open to Public Inspection
Name of the organization						Employer identificat	
THE NIGHT STALK						38-3804705	
	g Activities. Comp EZ filers are not re				Yes" on Form 99	90, Part IV, line 1	17.
	the organization rais	sed funds through		0			
a Mail solicita		e			non-government g		
b Internet and c Phone solic	l email solicitations	f			government grants ising events	S	
d In-person so		9			Ising events		
b If "Yes," list the	tion have a written o es listed in Form 990 10 highest paid indi least \$5,000 by the	, Part VII) or entity viduals or entities	in connec	tion with p	professional fundra	ising services?	Yes No fundraiser is to be
(i) Name and addi or entity (fu		(ii) Activity	custody o	draiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total 3 List all states in registration or lice	which the organiza ensing.	tion is registered o	or licensed	to solicit	contributions or	has been notified	I it is exempt from

Schedule G (Form 990 or 990-EZ) 2020

Sched	ule G (Form 990 or 990-EZ) 2020				Page 2
Part	Fundraising Events. Complet more than \$15,000 of fundra events with gross receipts gree	aising event contributi			
		(a) Event #1 FUNDRAISER	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
		(event type)	(event type)	(total number)	col. (c))
Kevenue	1 Gross receipts	32,862.			32,862
ř	2 Less: Contributions	32,862.			32,862
	3 Gross income (line 1 minus line 2)				
	4 Cash prizes				
	5 Noncash prizes				
ses	6 Rent/facility costs				
Direct Expenses	7 Food and beverages				
nirec	8 Entertainment				
	9 Other direct expenses				
1	 Direct expense summary. Add lin. Net income summary. Subtract lin Gaming. Complete if the org \$15,000 on Form 990-EZ, lin 	ne 10 from line 3, colu anization answered "	ımn (d)	<u></u>	reported more than
Kevenue	· · · · · · · · · · · · · · · · · · ·	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
ч Ч	1 Gross revenue				
seuses	2 Cash prizes				
-xpen	3 Noncash prizes				
Ulrect Exp	4 Rent/facility costs				
	5 Other direct expenses			r - 1	
	6 Volunteer labor	Yes %	Yes% No	Yes%	
	7 Direct expense summary. Add lin	es 2 through 5 in colu	mn (d)	►	
	8 Net gaming income summary. Su	ubtract line 7 from line	1, column (d)	>	
9 a b	Enter the state(s) in which the organization licensed to con If "No," explain:	anization conducts ga duct gaming activities	in each of these state	es?	YesNo
		n licenses revoked susr	anded or terminated du	ring the tax year?	Yes No
0a b	Were any of the organization's gaming If "Yes," explain:	g licenses revoked, susp	bended, of terminated dt		

Schedule G (Form 990 or 990-EZ) 2020

	THE	NIGHT	STALKER	FOUNDATION	INC.
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Sched	dule G (Form 990 or 990-EZ) 2020		Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity		
		Yes	No
13	Indicate the percentage of gaming activity conducted in:		
a			%
b			%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and		70
14	records:		
	Name		
	Address ►		
15 a	Does the organization have a contract with a third party from whom the organization receives gaming		
	revenue?	Yes	No
b	· · · · · · · · · · · · · · · · · · ·		
	amount of gaming revenue retained by the third party ► \$		
С	If "Yes," enter name and address of the third party:		
	Name ►		
	Address ►		
16	Gaming manager information:		
	Name		
	Gaming manager compensation ► \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatary distributions		
	Mandatory distributions:		
а		Yes	No
		res	
b			
Dee	or spent in the organization's own exempt activities during the tax year s		
Par	t IV Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), a Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional informatic (see instructions).		

Schedule G (Form 990 or 990-EZ) 2020

SCHEDULE I (Form 990)	Go	vernmer	nts, and Ir	Assistance t Individuals in Wered "Yes" on F	n the United orm 990, Part IV	d States		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service		► Go t		ttach to Form 990 /Form990 for the I				Open to Public Inspection
Name of the organization			.0 www.ii s.gov	or or may be readed as the r		L.	Employer identificati	-
THE NIGHT STALK	CER FOUNDATION INC.						38-380470	5
Part I General I	nformation on Grants and	Assistance	9					
	zation maintain records to su							
	eria used to award the grants							X Yes No
	IV the organization's proced		8	8				
	nd Other Assistance to Do							es" on Form 990,
Part IV, li	ne 21, for any recipient th	at received	more than \$5	,000. Part II can b	be duplicated if a		needed.	
	d address of organization government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
_(1)		-						
(2)		-						
(3)		-						
(4)		-						
(5)		-						
(6)		-						
(7)		-						
(8)		-						
(9)		-						
(10)		-						
(11)		-						
(12)		-						
	per of section 501(c)(3) and g per of other organizations liste		•					
	on Act Notice, see the Instruction							hedule I (Form 990) 2020

Cabadula I (Farm 000) (2020)

Schedule I (Form 990) (2020)					
Part III Grants and Other Assistance to Do Part III can be duplicated if additiona	omestic Individuals	s. Complete if tl	he organization	answered "Yes" on Fo	rm 990, Part IV, line 22.
(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 assistanc
1 SCHOLARSHIP GRANTS	84.	169,500.		COST	SCHOLARSHIPS
2					
3					
4					
5					
6					
7					
Part IV Supplemental Information. Provide information.	the information re	equired in Part I,	line 2, Part III,	column (b); and any oth	ner additional
ART I, LINE 2; PART III, COLUMN (B	3); AND ANY OTH	HER ADDITION	AL INFORMAT	ION	
HE NIGHT STALKER FOUNDATION WAS ES	STABLISHED IN (OCTOBER 2009	AS A		
ON-PROFIT ORGANIZATION DEDICATED	TO SUPPORTING P	PAST AND CUR	RENT SOLDIE	RS	
AND FAMILIES OF THE 160TH SPECIAL	OPERATIONS AV:	IATION REGIM	ENT		
AIRBORNE). THROUGH DONATIONS AND S	SPONSORSHIPS, 1	WE ARE ABLE '	TO PROVIDE		
UPPORT TO THE NIGHT STALKER SOLDIE	ERS AND FAMILII	ES AND THE F	AMILIES OF		
UR FALLEN NIGHT STALKERS. ONE OF 7	THE WAYS WE SUI	PPORT OUR SO	LDIERS AND		
AMILIES IS THROUGH PROVIDING SCHOI	LARSHIP. THE PI	AST AND CURR	ENT SOLDIER:	S	
F THE 160TH SPECIAL OPERATIONS AVI	LATION REGIMEN	(AIRBORNE)	, THEIR		
POUSES AND CHILDREN ARE ELIGIBLE T	TO APPLY ANNUA	LLY FOR SCHO	LARSHIPS FRO	OM	

Schedule I (Form 990) (2020)

Part III Grants and Other Assistance to Domes Part III can be duplicated if additional spa			ne organization	answered "Yes" on F	form 990, Part IV, line 22.
(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					
Part IV Supplemental Information. Provide the information.		-		column (b); and any o	ther additional
THE NSF. ONCE THE APPLICATION IS FILL	ED OUT IT	IS SENT, IN H	PDF FORMAT,		
VIA EMAIL TO THE SCHOLARSHIP COMMITTEE	DIRECTOR.	THE APPLICAT	FIONS ARE		
CHECKED FOR COMPLETENESS AND THE APPLIC	CANT IS NO'	TIFIED WHEN 7	THEIR		
APPLICATION HAS BEEN ACCEPTED OR IS IN	NEED OF A	DDITIONAL INF	FORMATION.		
AFTER THE CUTOFF DATE FOR RECEIVING APP	PLICATIONS	HAS PASSED,	A COMMITTEE	2	
OF IMPARTIAL VOLUNTEERS IS FORMED TO S	SCORE ALL 2	APPLICATIONS	. THE		
APPLICATIONS ARE REDACTED OF ALL PERSON	IAL AND AN	Y IDENTIFYING	G INFORMATIC	ON	
BEFORE THE APPLICATIONS ARE GIVEN TO T	THE SCORING	G COMMITTEE.	THE		
COMMITTEE IS GIVEN A SCORING MATRIX TO	D ENSURE A	LL APPLICATIO	ONS ARE		
SCORED IN AN EQUAL MANNER. THE SCORES A	ARE ARRANG	ED FROM HIGH	EST TO		

Schedule I (Form 990) (2020)

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
2					
1					
l .					
1					
1					
art IV Supplemental Information. Provide the information.	e information re	equired in Part I,	line 2, Part III, o	column (b); and any c	other additional
	ADGED COLLAR	ARSHIP THAN 7	TUE IOWED		

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)

Department of the Treasury

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.



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

 Name of the organization
 Employer ide

 THE NIGHT STALKER FOUNDATION INC.
 38-38

Employer identification number 38-3804705

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 2020. THESE STUDENTS ATTENDED 72 SCHOOLS IN 25 STATES. TOTAL AWARDED FOR SCHOLARSHIPS GRANTS WAS \$169,500.

FORM 990, PART VI, SECTION A, LINE 2: ANGEL GONZALEZ AND GAYLE GONZALEZ HAVE A FAMILY RELATIONSHIP.

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.

JSA

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) 2020	Page 2
Name of the organization	Employer identification number
THE NIGHT STALKER FOUNDATION INC.	38-3804705
	ATTACHMENT 1 (CONT'D)
FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES	

DESCRIPTION		BEGINNING BOOK VALUE	ENDING BOOK VALUE
COMMON STOCKS		13,956.	13,226.
	TOTALS	13,956.	13,226.