DLN: 93493319040273

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Open to Public

End of Year

249,317

230,784

18,533

514,579

40,082

474,497

Department of the Treasury

The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service Inspection , 2012, and ending 12-31-2012 A For the 2012 calendar year, or tax year beginning 01-01-2012 D Employer identification number B Check if applicable NIGHTLIGHT CHRISTIAN ADOPTIONS Address change 95-2254634 Doing Business As Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number 4430 E MIRALOMA AVENUE STE B Terminated (714)693-5437 City or town, state or country, and ZIP + 4 ANAHEIM HILLS, CA 92807 Amended return Application pending **G** Gross receipts \$ 2,821,234 F Name and address of principal officer $\mathbf{H}(\mathbf{a})$ Is this a group return for affiliates? **H(b)** Are all affiliates included? Yes ✓ No If "No," attach a list (see instructions) **H(c)** Group exemption number ► Website: ► http://www.nightlight.org L Year of formation 1963 M State of legal domicile CA Part I Summary Briefly describe the organization's mission or most significant activities ADOPTION AND HUMANITARIAN SERVICES Activities & Governance 2 Check this box 🚩 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . 11 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 11 Total number of individuals employed in calendar year 2012 (Part V, line 2a) 5 32 6 40 **6** Total number of volunteers (estimate if necessary) 0 7a Total unrelated business revenue from Part VIII, column (C), line 12. 7a \boldsymbol{b} Net unrelated business taxable income from Form 990-T, line 34 $\,$ 7b **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) . . . 1.037.945 1,657,969 1,614,111 1,144,555 Program service revenue (Part VIII, line 2g) . . . 26 0 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 95,832 18,710 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 2,747,914 2,821,234 13 92,567 102,880 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . 0 14 Benefits paid to or for members (Part IX, column (A), line 4) . . Salaries, other compensation, employee benefits (Part IX, column (A), lines **15 Expenses** 1,138,394 1,655,956 16a Professional fundraising fees (Part IX, column (A), line 11e) . 0 b Total fundraising expenses (Part IX, column (D), line 25) $\blacktriangleright 55,944$ **17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . . 1,352,698 1,306,111 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 2,583,659 3,064,947 18 -243,713 19 Revenue less expenses Subtract line 18 from line 12 164,255 t Assets or id Balances **Beginning of Current**

Net assets or fund balances Subtract line 21 from line 20 Signature Block

Total assets (Part X, line 16) .

Total liabilities (Part X, line 26) . . .

Under penalties of perjury, I declare that I have examined this return, including my knowledge and belief, it is true, correct, and complete Declaration of prepar preparer has any knowledge

Sign Here

Signature of office DANIEL NEHRBASS Executive Director Type or print name and title

Paid Preparer Use Only

20

21

22

Print/Type preparer's name Jeffrey T Gray CPA Preparer's signature Firm's name RONALD BLUE AND CO Firm's address ► 1551 N TUSTIN AVE SUITE 1000 SANTA ANA, CA 927058635

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

Par		ent of Program Servic chedule O contains a respo		Part III	
1	Briefly describe	the organization's mission			
<u>ADO</u>	PTION AND HUM	ANITARIAN SERVICES			
2	the prior Form 99	0 or 990-EZ?		the year which were not listed	on ☐ Yes
	If "Yes," describe	these new services on Sch	edule O		
3	services?			now it conducts, any program	
	If "Yes," describe	these changes on Schedul	e O		
4	expenses Section		organizations are required	of its three largest program se to report the amount of grants ted	
4a	(Code) (Expenses \$	2,698,122 including grant	s of \$) (Rever	nue \$ 1,144,555)
	HAGUE ACCREDITE HUMANITARIAN WO HOME STUDIES ANI INTERNATIONAL, TO	D THROUGH THE COUNCIL ON AC ORK FOR ORPHANS SERVICES INC D RELATED COUNSELING PROGRA D FIND LOVING FAMILIES, TO ASS	creditation Nightlight Providi Clude Domestic and Internat MS Nightlight's Mission is to IST Birthparents and Genetic	ES A VARIETY OF ADOPTION RELATED TONAL ADOPTION PROGRAMS, EMBRY O SHARE GOD'S LOVE BY HELPING CH O PARENTS IN MAKING A WISE AND L	O ADOPTION PROGRAMS, ADOPTION
4b	(Code) (Expenses \$	ıncludıng grants	of \$) (Reven	ue \$)
4c	(Code) (Expenses \$	ıncludıng grants	of \$) (Reven	ue\$)
	Other program	services (Describe in Sched	ule O)		
	(Expenses \$	•	ding grants of \$) (Revenue \$)
4e	Total program s	ervice expenses 🕨	2,698,122		

art IV	Checklis	t 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," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🐿	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
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		No
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		No
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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 💆	8		No
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^{\square}	9		No
.0	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
.1	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	Yes	
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		No
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		Νo
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e		 No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		No
.2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
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		No
.3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
.4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
.5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	Yes	
.6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		No
.7	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		No
.8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18		No
.9	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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
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		N o
24a	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 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νo
c	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		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		N o
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
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, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No
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		No
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		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
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		No
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		No
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		No
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	Yes	
		Fo	orm 990	(2012)

F C	Statements Regarding Other IRS Filings and Tax Compliance			_							
	Check if Schedule O contains a response to any question in this Part V	-	Yes	No							
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 7		163	140							
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0	-									
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	┪ ╿									
	gaming (gambling) winnings to prize winners?	1 c		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										
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes								
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Νo							
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		No							
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No							
b	If "Yes," enter the name of the foreign country										
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts										
52	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο							
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No							
		5b		110							
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c									
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No							
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b									
7	7 Organizations that may receive deductible contributions under section 170(c).										
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No							
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b									
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			Na							
А	file Form 8282?	7c		No							
u	The state of the manifest of total state and the state of	1									
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Νo							
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo							
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		No							
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		Νo							
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess										
	business holdings at any time during the year?	8		Νo							
9	Sponsoring organizations maintaining donor advised funds.										
а	Did the organization make any taxable distributions under section 4966?	9a		No							
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		Νo							
10	Section 501(c)(7) organizations. Enter										
	Initiation fees and capital contributions included on Part VIII, line 12 10a	-									
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-									
11	Section 501(c)(12) organizations. Enter										
а	Gross income from members or shareholders										
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	_									
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		Νo							
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year										
13	Section 501(c)(29) qualified nonprofit health insurance issuers.										
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		Νo							
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans										
С	Enter the amount of reserves on hand										
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	İ	Νo							
h	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule 0	14h									

Form 990 (2012) Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management 1a Enter the number of voting members of the governing body at the end of the tax 1a 11 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O **b** Enter the number of voting members included in line 1a, above, who are 11 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any Νo other officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct 3 Νo supervision of officers, directors or trustees, or key employees to a management company or other person? . Did the organization make any significant changes to its governing documents since the prior Form 990 was 4 Νo Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 Νo Did the organization have members or stockholders? 6 Νo Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Νo Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, Νo Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following **b** Each committee with authority to act on behalf of the governing body? Yes Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Νo

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) 10a **10a** Did the organization have local chapters, branches, or affiliates?

	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done
13	Did the organization have a written whistleblower policy?
14	Did the organization have a written document retention and destruction policy?

5	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?
а	The organization's CEO, Executive Director, or top management official
b	Other officers or key employees of the organization

b	O ther officers or key employees of the organization
	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?

	taxable entity during the year?	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
b	If "Yes," did the organization foll	ow a	wrı	tter	n po	licy	or	prod	cedu	ıre r	requ	ıırın	g th	ne o	rgar	ııza	tıon	to e	eval	uate	ıts	;
	participation in joint venture arra	ange	me	nts	unc	ler a	appl	ıcab	ole f	edei	ral t	ax	law,	an	d tak	ke s	teps	s to	saf	egua	rd	the
	organization's exempt status wit	h re	spe	ct t	0 S I	uch	arra	ange	eme	nts?	٠.											

Section	7	Disc	locura

- List the States with which a copy of this Form 990 is required to be filed
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply ☐ Own website ☐ Another's website ☐ Upon request ☐ Other (explain in Schedule O)
- Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►CAMELA REMIJIO 4430 E MIRALOMA AVENUE STE B ANAHEIM HILLS, CA (714) 693-5438

No

Nο

10b

11a

12a

12b

12c

13

14

15a

15b

16a

16b

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Νo

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

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

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

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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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

	-								-	
(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	more pers	than on is	one bot	not box h ar or/tr	offic ustee	ess er	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) TORREY HARMAN	1 00	,,						0	0	
Director	0 00	Х						0	0	0
(2) JERE VANDEWALLE	1 00									
Director	0 00	Х						0	0	0
(3) ROGER SONNENBERG	1 00							_	_	_
Director	0 00	Х						0	0	0
(4) JIM LIGHT	1 00									
Treasurer	0 00	X						0	0	0
(5) KEVIN O'NEIL	1 00									
Director	0 00	Х						0	0	0
(6) PATRICIA ESSER	1 00									
Director	0 00	Х						0	0	0
(7) BETTY BURNETT	1 00									
Director	0 00	Х						0	0	0
(8) DENEE PARKER	1 00									
Director	0 00	Х						0	0	0
(9) JEFF SLACK	1 00									
Secretary	0 00	Х		Х				0	0	0
(10) MICHAEL POWERS	1 00									
Director	0 00	Х		Х				0	0	0
(11) RICK BEE PHD	1 00									
Chairman	0 00	Х		Х				0	0	0
Chamman										
					<u> </u>					
										Form 990 (2012)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Tıtle	(B) A verage hours per week (list any hours	more t perso	tion (han d n is l	ne l both	oox, an c		i	(D) Reportable compensation from the organization (W- 2/1099-MISC)		(E) Reportable compensation from related organizations (W	-	(F) Estima mount o compens from t	ited fother ation :he
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099	-MISC)	2/1099-MISC)		rganizati relate organiza	ed
											+		
											_		
											+		
1b Sub-Total							. 🔻						
c Total from continuation sheets	-	ection A	١.	•	•	•							
d Total (add lines 1b and 1c) .2 Total number of individuals (inc	· · · ·		to the	se l	liste	d abov	e) w	ho receive	d more th	l nan			
\$100,000 of reportable compe							٠,						
												Yes	No
3 Did the organization list any fo on line 1 a? <i>If</i> " <i>Yes</i> ," <i>complete So</i>							yee,	or highes	t compen	sated employee	_		١.,
4 For any individual listed on line organization and related organi	1a, is the sum	of repo	rtabl	есо	mpei	nsatio					3		No
individualDid any person listed on line 1a		·		• catu	• on fr			· ·		or individual for	4		No
services rendered to the organi			-					_	• • •	· · · ·	5		No
Section B. Independent Co	ntractors												
Complete this table for your five compensation from the organization.	e highest comp											tax year	
Na	(A) ame and business	address							Des	(B) scription of services		(C Comper	
											+		
											1		
											\dashv		

\$100,000 of compensation from the organization $\blacktriangleright 0$

	Check if Schedule O contains a response to any quest	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or
<u>yı</u> 1a	Federated campaigns 1a				314
Other Similar Amounts	Membership dues 1b				
E c	Fundraising events 1c	_			
₹ a	Related organizations 1d				
Ë e	Government grants (contributions) 1e 1,209,80	<u> </u>			
	All other contributions, gifts, grants, and 1f 448,10	—			
- 를 <u>-</u>	similar amounts not included above	- <u> </u>	ļ		
<u>5</u> 9	Noncash contributions included in lines 1a-1f \$	_			
and •	Total. Add lines 1a-1f	1,657,969			
	Business Cod	e			
2a	HOME STUDY	225,474	225,474		
b	ADOPTION SERVICES	919,081	919,081		
c					
d					
e					
2a b c d e f	All other program service revenue				
g	Total. Add lines 2a−2f	1,144,555			
3	Investment income (including dividends, interest, and other similar amounts)	o			
4	Income from investment of tax-exempt bond proceeds	0			
5	Royalties	0			
	(i) Real (ii) Personal				
6a	Gross rents Less rental	_			
"	expenses	_			
C	Rental income or (loss)				
d	Net rental income or (loss)	0			
7a	(1) Securities (11) Other Gross amount	_			
	from sales of assets other				
Ь	than inventory Less cost or	_			
	other basis and sales expenses				
С	Gain or (loss)				
d	Net gain or (loss)	0			
8a	Gross income from fundraising events (not including \$				
	of contributions reported on line 1c) See Part IV, line 18 a				
b	Less direct expenses b	_			
C	Net income or (loss) from fundraising events	0			
9a	Gross income from gaming activities See Part IV, line 19				
ь	Less direct expenses b				
С	Net income or (loss) from gaming activities	. 0			
10a	Gross sales of inventory, less returns and allowances .	_			
ь	Less cost of goods sold b	┥			
С	Net income or (loss) from sales of inventory	0			
	Miscellaneous Revenue Business Code	— I		-	
11a	OTHER REVENUE	18,710			18,7
b					
C	Allahaman				
d e	All other revenue	-			
		18,710			
12	Total revenue. See Instructions	2,821,234	1,144,555		18,7

	IX Statement of Functional Expenses				
ectio	on 501(c)(3) and 501(c)(4) organizations must complete all columns All	other organizat	ions must comp	lete column (A)	
	Check if Schedule O contains a response to any question in this Pa	rt IX			<u> </u>
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	0			
2	Grants and other assistance to individuals in the United States See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	102,880	102,880		
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	1,655,956	1,407,563	215,274	33,119
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	0			
LO	Payroll taxes	0			
l1	Fees for services (non-employees)				
а	Management	0			
b	Legal	0			
С	Accounting	22,475	15,058	6,967	45
d	Lobbying	0			
e	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	0			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	7,882	5,281	2,443	157
L2	Advertising and promotion	232,876	209,588	18,630	4,65
	Office expenses	126,333	78,712	45,271	2,350
. 4	Information technology	120,333	76,712	43,271	2,33
.5	Royalties	0			
			05.717	12.110	2.01
.6	Occupancy	100,844	85,717	13,110	2,01
L7 L8	Payments of travel or entertainment expenses for any federal, state, or local public officials	76,632	76,632		
.9	Conferences, conventions, and meetings	0			
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	0			
23	Insurance	24,203	16,216	7,503	48
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)		,	.,	
а	TOURS	43,630	43,630		
b	BUSINESS DEVELOPMENT	75,492	75,492		
С	DOMESTIC ADOPTION	88,281	88,281		
d	ADOPTION FACILITATION	446,053	446,053		
е	All other expenses	61,410	47,019	1,683	12,70
25	Total functional expenses. Add lines 1 through 24e	3,064,947	2,698,122	310,881	55,944
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	379.894	1	209,000
	2	Savings and temporary cash investments	379,094	2	0.000
	3	Pledges and grants receivable, net		3	0
			112,085	_	40,317
	4	Accounts receivable, net	112,085	4	40,317
	5	employees, and highest compensated employees Complete Part II of Schedule L		5	0
its	6	Loans and other receivables from other disqualified persons (as defined under section $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and contributing employers and sponsoring organizations of section $501(c)(9)$ voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	0
Assets	7	Notes and loans receivable, net		7	0
₹ .	8	Inventories for sale or use		8	0
	9	Prepaid expenses and deferred charges	22,600	9	0
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 13,705	,		
	Ь	Less accumulated depreciation 10b 13,705		10c	0
	11	Investments—publicly traded securities		11	0
	12	Investments—other securities See Part IV, line 11		12	0
	13	Investments—program-related See Part IV, line 11		13	0
	14	Intangible assets		14	0
	15	Other assets See Part IV, line 11		15	0
	16	Total assets. Add lines 1 through 15 (must equal line 34)	514,579	16	249,317
	17	Accounts payable and accrued expenses	23,316		18,533
	18	Grants payable	,	18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
lities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
Liabilit		persons Complete Part II of Schedule L		22	
\Box	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule			
		D	16,766	25	
	26	Total liabilities. Add lines 17 through 25	40,082	26	18,533
ري d)		Organizations that follow SFAS 117 (ASC 958), check here ▶ and complete			
ĕ	27	lines 27 through 29, and lines 33 and 34. Unrestricted net assets	474,497	27	230,784
<u>ದ</u> ಪ	28	Temporarily restricted net assets	474,497	28	250,704
<u>~</u>	29	Permanently restricted net assets		29	
Ĕ	29	Organizations that do not follow SFAS 117 (ASC 958), check here ► and		29	
or Fund Balance		complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund		31	
AS.	32	Retained earnings, endowment, accumulated income, or other funds		32	
Š	33	Total net assets or fund balances	474,497	33	230,784
Z	34	Total liabilities and net assets/fund balances	514,579	34	249,317

Pai	Reconcilliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				୮
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2,8	321,234
2	Total expenses (must equal Part IX, column (A), line 25)	2		3,0	064,947
3	Revenue less expenses Subtract line 2 from line 1	3			243,713
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			 174,497
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		2	230,784
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				. $ abla$
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	wed or			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both	rate			
	☐ Separate basis ☐ Both consolidated and separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh audit, review, or compilation of its financial statements and selection of an independent accountant?	t of the	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	n			
За	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?	e	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the raudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equire	3b	Yes	

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DLN: 93493319040273

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

Total

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. ▶ See separate instructions.

Inspection

IIGHT	ЦGНІ	CHRISTIA	N ADOPTIONS						95-22546	34			
Pa	rt I	Reas	on for Pu	blic Charity Sta	tus (All org	ganizations	must comp	olete this p	art.) See ır	nstructio	ns.		
he c	rganı			te foundation becaus									
1	Γ	A chur	ch, convent	on of churches, or a	ssociation of	churches d	escribed in s e	ection 170(l	o)(1)(A)(i).				
2	\sqcap	A scho	ol described	in section 170(b)(1	.)(A)(ii). (At	tach Schedu	ıle E)						
3	Γ	A hosp	ital or a coo	perative hospital se	rvice organiz	atıon descri	bed in sectio	n 170(b)(1)	(A)(iii).				
4	Γ	A medi	cal researc	h organization operat	ed in conjun	ction with a	hospital desc	ribed in sec	tion 170(b)(1)(A)(iii)	. Ente	er the	
				ty, and state									
5	Г	Anorga	anızatıon op	erated for the benefi	t of a college	or universit	y owned or o	perated by a	a government	tal unit de	scrib	ed ın	
		sect ion	170(b)(1)((A)(iv). (Complete P	art II)								
6	Г	A feder	al, state, or	local government or	government	al unit desc	rıbed ın secti	on 170(b)(1	l)(A)(v).				
7 8	Г г	describ	ed in sectio	at normally receives on 170(b)(1)(A)(vi). described in section	(Complete P	art II)		_	ental unit or fi	rom the g	enera	l public	:
9	, -			at normally receives					uitions mam	harchin fa	AC 2	nd arns	. c
9	14	_		rities related to its ex					· ·	-	-	_	, ,
				oss investment inco	-	=							
			-	ganization after June				-		cax, nom	Dusii	103303	
10	\vdash			ganized and operated									
11	<u>'</u>	_		ganized and operated	•	•	•			o carry o	ut the	nurnos	ses of
		the box	that descri	ly supported organız bes the type of supp b Type II c	orting organ	ization and d	omplete line	s 11e throu	gh 11h				
е	Γ	other t	-	ox, I certify that the on managers and ot	_								
f		If the o	organization this box	received a written de						III suppo	orting	organı	zation,
g			August 1 / , 2 ng persons?	2006, has the organi	zation accep	ited any gift	or contribution	on from any	of the				
		(i) A p	erson who d	irectly or indirectly o	ontrols, eith	er alone or t	ogether with	persons de:	scribed in (ii)			Yes	No
		and (III) below, the	governing body of th	e supported	organızatıor	1?				.1g(i)		
		(ii) A f	amıly memb	er of a person descr	bed in (i) abo	ove?				1	1g(ii)		
		(iii) A	35% contro	lled entity of a perso	n described	ın (ı) or (ıı) a	ibove?			1	1g(iii))	
h		Provide	the followi	ng information about	the supporte	ed organizati	on(s)						
S	(i) Name (supporte		(ii) EIN	(iii) Type of organization	(iv) Is to organizati	on in	(v) Did you the organiz	zation	(vi) Is	ion in	(mone	nount of etary
or	ganiz	асіоп		(described on lines 1- 9 above	col (i) list your gove		ın col (i) o suppor		col (i) org			support	
				or IRC section	docume] 34501	-		-			
				(see									
				instructions))	Yes	No	Yes	No	Yes	No			
											\dashv		
											\top		

	(Complete only if you on Part III. If the organization	checked the bo	x on line 5, 7,	or 8 of Part I o	r if the organiza	ition failed to q	ualify under
S	ection A. Public Support	rtion rails to qu	anny ander the	tests listed bel	ow, picase con	piete i di c III.)	
	endar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the						
	amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
S	ection B. Total Support						
Cal	endar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	A mounts from line 4						
8	Gross income from interest,						
9	dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated						
	business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support (Add lines 7 through						
12	10) Gross receipts from related activiti	ı es, etc (see ınst	ructions)	ı	ı	12	I
13	First five years. If the Form 990 is this box and stop here	for the organizat	ion's first, second		•	501(c)(3) organ	ızatıon, check
S	ection C. Computation of Pub						
14	Public support percentage for 2012			11, column (f))		14	
15	Public support percentage for 2011	Schedule A, Pa	rt II, line 14			15	
	33 1/3% support test—2012. If the and stop here. The organization qua 33 1/3% support test—2011. If the	ilifies as a public	ly supported orga	inization		•	▶□
U	box and stop here. The organization				, and time 15 is 53	1/370 01 111010, 011	F □
17a	10%-facts-and-circumstances test- is 10% or more, and if the organiza in Part IV how the organization mee	–2012. If the org tion meets the "f	anızatıon dıd not acts-and-cırcum	check a box on lı stances" test, ch	eck this box and	stop here. Explair	n orted
b	organization 10%-facts-and-circumstances test- 15 is 10% or more, and if the organ Explain in Part IV how the organiza supported organization	nization meets th	e "facts-and-cırc	umstances" test	, check this box a	nd stop here.	•F :ly •F
18	Private foundation. If the organizationstructions	ion did not check	c a box on line 13	, 16a, 16b, 17a,	or 17b, check thi	s box and see	▶ □

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🟲	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 20	12	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	793,865	1,074,790	826,893	1,037,945	1,	,648,612	5,382,105
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	1,432,844	1,340,543	1,354,180	1,606,308	1,	,144,555	6,878,430
3	Gross receipts from activities that are not an unrelated trade or business under section 513							0
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							0
5	The value of services or facilities furnished by a governmental unit to the organization without charge							0
6	Total. Add lines 1 through 5	2,226,709	2,415,333	2,181,073	2,644,253	2,	.793,167	12,260,535
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons		12,500	7,000	15,475		5,550	40,525
b	A mounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	7,733	847	4,852	2,599		21,881	37,912
С	Add lines 7a and 7b	7,733	13,347	11,852	18,074		27,431	78,437
8	Public support (Subtract line 7c							12,182,098
Se	tion B. Total Support							
	ndar year (or fiscal year beginning	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 20	112	(f) Total
_	in) ►							
9 LOa	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,226,709	2,415,333	2,181,073	2,644,253 26	Σ,	793,167	12,260,535 26
Ь	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							0
c	Add lines 10a and 10b				26			26
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							0
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)			-58,717	95,832		18,710	55,825
13	Total support. (Add lines 9, 10c, 11, and 12)	2,226,709	2,415,333	2,122,356	2,740,111	2,	811,877	12,316,386
14	First five years. If the Form 990 is a check this box and stop here	for the organization	on's first, second	, thırd, fourth, or f	ifth tax year as a	501(c)(3) organ	ızatıon, ▶┌
Se	ction C. Computation of Pub							·
15	Public support percentage for 2012	(line 8, column (f) divided by line	13, column (f))		15		98 910 %
16	Public support percentage from 201					16		98 840 %
	ction D. Computation of Inve				- (6)	+ 1		
17 10	Investment income percentage for 2				n (†))	17		0 %
18	Investment income percentage from					18	-0/	
19a	33 1/3% support tests—2012. If the	organization did	not check the bo	x on line 14, and	line 15 is more t	nan 33 1/3	3‰,and	line 17 is not

b 33 1/3% support tests—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2012

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DLN: 93493319040273

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

SCHEDULE D (Form 990)

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

	me of the organization HTLIGHT CHRISTIAN ADOPTIONS	Employer identification number						
IVIC			95-2254634					
Pa	rt I Organizations Maintaining Donor Ad		unds	or Accounts. Complete if the				
	organization answered "Yes" to Form 990	(a) Donor advised funds	1	(b) Funds and other accounts				
	Total number at end of year	(a) Boner davised rands		(2) Fallas alla seller accounts				
	Aggregate contributions to (during year)							
	Aggregate grants from (during year)							
	Aggregate value at end of year							
	Did the organization inform all donors and donor advis funds are the organization's property, subject to the or		nor adv	ısed Yes No				
	Did the organization inform all grantees, donors, and dused only for charitable purposes and not for the bene conferring impermissible private benefit?							
a	rt II Conservation Easements. Complete if	the organization answered "Yes"	to Forn	n 990, Part IV, line 7.				
	Purpose(s) of conservation easements held by the org Preservation of land for public use (e.g., recreation Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held is	or education) Preservation of a	certifie	rically important land area d historic structure m of a conservation				
	easement on the last day of the tax year			T				
	Tabel number of concentration concentra		_	Held at the End of the Year				
a L	Total number of conservation easements Total acreage restricted by conservation easements		2a 2b					
b c	Number of conservation easements on a certified histo	oric structure included in (a)	2b 2c					
ı	Number of conservation easements included in (c) accommodation structure listed in the National Register	` '	2d					
	Number of conservation easements modified, transfer	red. released. extinguished. or terminat	ed by th	he organization during				
	the tax year 🕨	· · · · · · · · · · · · · · · · · · ·	,					
	Number of states where property subject to conservat							
	Does the organization have a written policy regarding enforcement of the conservation easements it holds?			☐ Yes ☐ No				
	Staff and volunteer hours devoted to monitoring, inspe	ecting, and enforcing conservation ease	ments o	during the year				
	*							
	Amount of expenses incurred in monitoring, inspecting	g, and enforcing conservation easement	s durin	g the year				
	▶ \$							
	Does each conservation easement reported on line 2(and section $170(h)(4)(B)(II)$?	d) above satisfy the requirements of se	ction 17	70(h)(4)(B)(ı) Yes No				
	In Part XIII, describe how the organization reports co balance sheet, and include, if applicable, the text of th the organization's accounting for conservation easeme	e footnote to the organization's financia ents	ıl stater	ments that describes				
a r	t III Organizations Maintaining Collection Complete if the organization answered "Y		or Ot	her Similar Assets.				
a	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar assesservice, provide, in Part XIII, the text of the footnotes	116 (ASC 958), not to report in its reve ets held for public exhibition, education,	orrese	earch in furtherance of public				
b	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar assesservice, provide the following amounts relating to thes	l 16 (ASC 958), to report in its revenue ets held for public exhibition, education,	statem	nent and balance sheet				
	(i) Revenues included in Form 990, Part VIII, line 1			▶ \$				
	(ii) Assets included in Form 990, Part X			► \$				
	If the organization received or held works of art, histor following amounts required to be reported under SFAS			,				
a	Revenues included in Form 990, Part VIII, line 1			▶ \$				
ь	Assets included in Form 990, Part X							
	maacta meruucu mii viili aav, rait A			FΨ				

cne	dule D (Form 990) 2012										Page
Par	Organizations Maintaining Co	llections of Art	, His	tori	cal T	reasur	es, or C	ther	Similar As	sets (c	continued
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other recor	ds, cl	neck a	•		_		significant use	e of its	
а	Public exhibition		d	Г	Loan	orexcha	ange prog	rams			
b	Scholarly research		е	Γ	Othe	r					
c	Preservation for future generations										
ŀ	Provide a description of the organization's co	ollections and expla	ın ho	w they	furthe	er the or	ganızatıor	ı's ex	empt purpose	ın	
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t								ılar	┌ Yes	┌ No
Par	t IV Escrow and Custodial Arrang Part IV, line 9, or reported an an	ements. Comple	ete ıf	the o	organ	ızatıon			es" to Form		1 140
la	Is the organization an agent, trustee, custod included on Form 990, Part X?						other ass	ets n	ot	┌ Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	II and complete the	follo	ving t	able		-				
							-		Aı	nount	
с	Beginning balance						-	1c			
d	Additions during the year						-	1d			
e	Distributions during the year						-	1e			
f	Ending balance						L	1f			
а	Did the organization include an amount on Fo	orm 990, Part X, line	e 21?							☐ Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I Check here if the	expla	anatio	n has	been pro	vided in F	art X	III		
₽a	rt V Endowment Funds. Complete										
_	Dagunung of warmhalance	(a)Current year	(Ь) Prior y	ear	b (c)⊤w	o years back	((d) ∏	hree years back	(e)Four	years bac
a	Beginning of year balance							+			
b	Contributions							+			
С	Net investment earnings, gams, and losses							_			
d	Grants or scholarships										
e	Other expenditures for facilities and programs										
f	Administrative expenses							╄			
g	End of year balance										
	Provide the estimated percentage of the cur	rent year end baland	ce (lır	ie 1g,	colum	nn (a)) he	eld as				
а	Board designated or quasi-endowment ►										
b	Permanent endowment ►										
C	Temporarily restricted endowment ►										
	The percentages in lines 2a, 2b, and 2c sho	uld equal 100%									
a	Are there endowment funds not in the posses	ssion of the organiz	atıon	that a	re hel	d and ad	mınıstere	d for t	the		
	organization by								3a	(i) Yes	No
	(i) unrelated organizations (ii) related organizations							•	3a	• • •	+
b	If "Yes" to 3a(II), are the related organization								3		+
	Describe in Part XIII the intended uses of th										
ar	t VI Land, Buildings, and Equipme	ent. See Form 99	0, Pa	art X,	line	10.					
	Description of property			(a) Cost	or other estment)	(b)Cost or basis (ot		(c) Accumulat depreciation		Book valu
a	Land			\top							
b	Buildings										
C	Leasehold improvements										
d	Equipment										
•											

Part VII Investments—Other Securities. See	Form 990, Part X, line 1	2.	
(a) Description of security or category	(b)Book value	(c) Metho	d of valuation
(including name of security)		Cost or end-of	-year market value
(1)Financial derivatives			
(2)Closely-held equity interests Other			
Other			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. See		<u> </u> 13	
(a) Description of investment type	(b) Book value		d of valuation
	(=, ===================================		-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, III			
(a) Descrip			(b) Book value
-			
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15	7.)		
Part X Other Liabilities. See Form 990, Part X			
1 (a) Description of liability	(b) Book value		
Federal income taxes			
reactar meanic taxes			
-			
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	İ		

Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue	er Re	eturn
1	Total revenue, gains, and other support per audited financial statements	1	3,121,837
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	300,603
3	Subtract line 2e from line 1	3	2,821,234
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII)		
С	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	2,821,234
Part 2	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	Return
1	Total expenses and losses per audited financial statements	1	3,156,240
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	91,293
3	Subtract line 2e from line 1	3	3,064,947
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII)		
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	3,064,947

Part XIII Supplemental Information

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

I dentifier Return Reference		Explanation				
·	Part XII, Line 2d Other expenses and losses per audited F/S	EXPENSES FROM CONSOLIDATED ENTITY \$91293				
ŕ	Part XI, Line 2d Other revenue amounts included in F/S but not included on form 990	REVENUE FROM CONSOLIDATED ENTITY \$300603				

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SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990. ► See separate instructions.

Statement of Activities Outside the United States

Name of the organization NIGHTLIGHT CHRISTIAN ADOPTIONS **Employer identification number**

					95-2254634				
Pa	"Yes" to Form 990, Pa	n on Activition on IV.	es Outside tl	he United States. C	omplete if the organiza	ition answered			
1 For grantmakers. Does the or assistance, the grantees' eligib		organization m	organization maintain records to substantiate the amount of the grants or public for the grants or assistance, and the selection criteria used to award						
2	For grantmakers. Describe in Part V the organization's procedures for monitoring the use of grant fun the United States.				ids outside				
3	Activites per Region (The follow	wing Part I, line 3	3 table can be d	uplicated if additional sp	ace is needed)				
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)		(f) Total expenditures for and investments in region			
	SUBSAHARAN AFRICA	0	0	PROGRAM SERVICES	HUMANITARIAN AID	80,183			
	RUSSIA	0	0	PROGRAM SERVICES	HUMANITARIAN AID	1,000			
	RUSSIA	1	1	PROGRAM SERVICES	ADOPTION SERVICES	16,327			
	SUBSAHARAN AFRICA	0	0	PROGRAM SERVICES	BABY HOME SUPPORT	5,370			
	Sub-total	1	1			102,880			
ı	Total from continuation sheets to Part I								

c Totals (add lines 3a and 3b)

102,880

. Fait 1 v	<u> </u>	1				nal space is needed		(I) Makhadas
(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other
		SUBSAHARAN AFR	HUMAN AID	80,183	WIRE TRANSFR			
		RUSSIA	ORPHANGE	16,327	WIRE TRANSFR			
		RUSSIA	HUMAN AID	1,000	WIRE TRANSFR			
		RUSSIA	BABY HOME	5,370	WIRE TRANSFR			
2 Enter total n tax-exempt	umber of recipions by the IRS, or fo	ent organizations listor which the granted	ted above that are re e or counsel has pro	ecognized as charit ovided a section 501	ies by the foreign o .(c)(3) equivalency	country, recognized letter	as	3
3 Enter total n	umber of other	organizations or en	tities					1
							Cahadula I	- (Form 990) 2012

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
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Part IV Foreign Forms

1	organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Γ	Yes	<u> </u>	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organizationmay be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Γ	Yes	⊽	Νo
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)	Г	Yes	<u> </u>	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Г	Yes	<u> </u>	Νo
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)	Г	Yes	<u> </u>	No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713).	Г	Yes	<u> ~</u>	Νo

Schedule F (Form 990) 2012

Part V	Supi	plemental	Inform	ation

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

ReturnReference	Explanation
	THE ORGANIZATION RECEIVES PERIODIC REPORTS AND CONDUCTS PERIODIC FIELD INVESTIGATIONS AS A MEANS OF MONITORING ITS FOREIGN ACTIVITIES THE ORGANIZATION ONLY WORKS WITH ENTITIES KNOWN TO BE IN HARMONY WITH ITS EXEMPT PURPOSES

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

2012
Open to Public Inspection

Name of the organization NIGHTLIGHT CHRISTIAN ADOPTIONS	Employer identification number	
MIGHTEGHT CHRISTIAN ADOFTIONS	95-2254634	

ldentifier	Return Reference	Explanation
	SCHEDULE D, PAGE 4	EFFECTIVE DECEMBER 1, 2011, THE ORGANIZATION ACQUIRED CONTROL, THROUGH COMMON GOVERNING BOARD MEMBERSHIP, OF A HELPING HAND ADOPTION AGENCY, A KENTUCY NONPROFIT CORPORATION ACCORDING TO GENERALLY ACCEPTED ACCOUNTING PRINCIPLES, THE ORGANIZATION IS REQUIRED TO CONSOLIDATE THE ASSETS, LIABILITIES, REVENUES AND EXPENSES OF A HELPING HAND IN ITS EXTERNAL USE FINANCIAL STATEMENTS THE RECONCILATION ITEMS SHOWN ON SCHEDULE D, PAGE 4 REPRESENT THOSE CONSOLIDATED AMOUNTS
Form 990, Part VI, Line 19	Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	FORM 990, GOVERNIING DOCUMENTS, CURRENT POLICIES, AND FINANCIAL STATEMENTS ARE AVAILABLE FOR PUBLIC VIEW BY ANYONE WHO REQUESTS TO SEE THEM DURING REGULAR BUSINESS HOURS
Form 990, Part VI, Line 15b	Form 990, Part VI, Line 15b Compensation Review and Approval Process for Officers and Key Employees	BOARD UTILIZES A PROFESSIONAL NONPROFIT SALARY SURVEY AND PERFORMS COMPARABILITY STUDIES TO DETERMINE APPROPRIATE COMPENSATION
Form 990, Part VI, Line 11b	Form 990, Part VI, Line 11b Form 990 Review Process	COPIES OF THE 990 ARE PRESENTED TO THE BOARD FOR COMMENT